

2022-2023 YMCA After School Registration Form

STUDENT INFORMATION Please print clearly!

School Name: _____ Grade Level: _____ (Please circle): Male/Female
Child's Name: _____ Birth Date: _____
Address _____ City _____ State _____ Zip _____

PRIMARY CONTACT INFORMATION

Name: _____ Relationship to Child: _____
Best Contact Number: _____ Email Required: _____
Employer: _____ Work Number: _____
Is this person authorized: to pick up child? Yes / No to be an Emergency Contact? Yes / No

SECONDARY CONTACT INFORMATION

Name: _____ Relationship to Child: _____
Best Contact Number: _____ Email Required: _____
Employer: _____ Work Number: _____
Is this person authorized: to pick up child? Yes / No to be an Emergency Contact? Yes / No

ADDITIONAL EMERGENCY CONTACTS (Other than parents)

Name: _____ Relationship to Child: _____
Best Contact Number: _____ Driver's License Number: _____
Street Address _____ City _____ State _____ Zip _____
Is this person authorized: to pick up child? Yes / No to be an Emergency Contact? Yes / No

Name: _____ Relationship to Child: _____
Best Contact Number: _____ Driver's License Number: _____
Street Address _____ City _____ State _____ Zip _____
Is this person authorized: to pick up child? Yes / No to be an Emergency Contact? Yes / No

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the YMCA unless there is a YMCA Staff member present,
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 are authorized to sign out and pick up the child,
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I understand that I will be charge a late fee if I fail to pick my child on time.
- I understand that YMCA Staff may NOT baby-sit, transport, or care for children other than during YMCA Program hours.
- I understand that my child may be removed from YMCA for any of the following reasons:
 - Failure to pay program fees by designated deadlines
 - Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - Failure to observe any of the conditions listed in the YMCA After School Parent Handbook or the Student Behavioral Contract.

NOTE: Failure to sign this agreement does not nullify this agreement.

Parent/Guardian Print Name: _____ Signature: _____ Date: _____

PHYSICIAN/MEDICAL FACILITY INFORMATION

Physician Name _____ Phone 1 _____

Street Address: _____ City _____ State _____ Zip _____

Dentist Name _____ Phone 1 _____

Street Address: _____ City _____ State _____ Zip _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

1. Please Check any special medical condition your child may have

- No specific medical condition
- Asthma
- Diabetes
- Cerebral Palsy/ motor disorder
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism / Other condition requiring special care - specify:

Milk Allergy / Food Allergies (*If child is allergic to any food, attach statement from medical professional including the acceptable alternative*) - specify foods : _____

Non-food allergies - specify: _____

2. Triggers that may cause problems - specify: _____

3. Signs or symptoms to watch for - specify: _____

4. Current Medications: _____

5. Operations/Serious Injuries: _____

6. Disability/Chronic/Recurring Illnesses/Allergies: _____

AUTHORIZATION FOR MEDICAL CARE

- IMMUNIZATION: I can provide my child's immunization records. All required immunizations and/ or Tuberculosis test are current.
- AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/ or perform any medical attention deemed necessary. If I am unable to be contacted, I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its staff members can be held responsible in the event of accident or accidental death.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

I hereby consent to and authorize the use and reproduction of any and all photographs and videos which have been taken of my child for the promotional purposes of the YMCA, or anyone authorized by the YMCA. I understand I receive no reimbursement for allowing my child's photo or video to be taken and the use of the photo or video.

I authorize my child to be photographed. Yes No

Parent/Guardian Print Name: _____ Signature : _____

AUTHORIZATION FOR ACTIVITY PARTICIPATION

I authorize my child to participate in the following activities while enrolled in YMCA programs:

View a PG Rate Film Yes / No Water Activities Yes / No

Parent/Guardian Print Name: _____ Signature : _____

REASONS FOR TERMINATION

Reasons for termination may include, but are not limited to:

- Excessive unsafe behavioral problems
- Disrespectful use of language towards staff, parents or other children. This applies to children, parents/guardian and others picking up/dropping off children.
- Failure to pay fees and/or penalties, including issuing non-sufficient fund checks
- Failure to submit complete enrollment forms
- Continual late pick-ups (3 or more)

STATEMENT OF RESPONSIBILITY

I understand and acknowledge that the YMCA of El Paso does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

I understand that I will receive a written copy of the YMCA Parent Handbook on or before the first day of my child's enrollment. This information is also available at www.elpasoymca.org

Parent/Guardian Print Name: _____ Signature : _____

PARTICIPATION AND PAYMENT AGREEMENT

I approve this application and certify that the applicant is capable of such an experience. I grant permission for the applicant to participate in all planned after school activities. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment, Prudent attempts will be made to contact the parents immediately. The YMCA is not responsible for lost, stolen or damaged personal articles. I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

I agree to pay all After School Program fees prior to my child attending program. I understand that if I do not pay by the Sunday of the intended week my child will attend program a \$30 late fee will be applied to my weekly fee. We cannot hold reserved space for students who have not paid for that intended week, I understand that no refunds are given for disruptive behavior as determined by the Childcare Director.

Parent/Guardian Print Name: _____ Signature : _____



STUDENT BEHAVIOR CONTRACT

It is the goal of the YMCA to provide a healthy, safe, and secure environment for all child care program participants. The YMCA teaches the core values of Respect, Responsibility, Caring and Honesty. Youth attending the program, are expected to follow the behavior guidelines and appropriately interact in a group setting at all times.

PROGRAM BEHAVIOR GUIDELINES

- People are RESPONSIBLE for their own actions
- RESPECT each other, the staff, the environments, and others' belongings.
- HONESTY will be the basis for all relationships and interactions
- We will demonstrate a CARING nature for ourselves and those around us at all times

When a participant does not follow the behavior guidelines the following steps may be taken:

- Staff will redirect the participant to a more appropriate behavior.
- The participant will be reminded of the behavior guidelines and program expectations. A discussion with the staff and the participant will take place regarding the inappropriate behavior.
- The staff documents the inappropriate behavior on a Behavior Notification Form and parents are asked to sign the form. A copy can be provided upon request.
- A conference with the parent and staff may occur to determine appropriate next steps to be taken.
- A progress check or follow-up conference may occur,
- If the problem persist a conference will occur with the parents, staff, and participant.
- If the participant's behavior at any time threatens the immediate safety of themselves, other participants, or the staff the parent will be expected to pick up the participant immediately. It may be determined by the YMCA staff that the participant will be suspended and/or expelled from the program due to the unsafe behavior.
- If a problem persists and a participant continues to disrupt the program the YMCA reserve the right to suspend the participant or terminate services.

The following behaviors are not acceptable and will result in immediate suspension (and possible expulsion).

- Endangering the health and safety of themselves, other participants, or staff.
- Theft or damage of YMCA or other's personal property.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or Day Camp rules
- Use of profanity, vulgarity, and/or obscenity.

The following behaviors are not acceptable and will result in immediate expulsion:

- Possession and/or use of tobacco, alcohol, illegal drugs, knives, firearms, firecrackers or explosives,
- Violent behavior that threatens the safety of themselves, other participants, or staff,

Texas department of Social Services prohibits child care providers from using corporal (physical) punishment, imposing humiliating discipline or mental abuse, or from interfering for punitive reasons with daily functions of living (such as eating, sleeping, or use of the bathroom). Under Texas law, a parent may not contract with a provider to give permission to administer corporal punishment. YMCA staff will use physical contact only in the extreme case of needing to provide containment for a participant who is endangering the health and safety of themselves, other participants, or staff and after all other tactics have been tried,

PARENTS SIGNATURE REQUIRED

I have reviewed with my child the above Behavior Guidelines, I understand and agree to all of the terms outlined in this document,

Printed Name of Parent/Guardian: _____

Parent Signature: _____ Date: _____