



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Stanly County Family YMCA 2016-2017 Afterschool Registration Form

Child's Name _____

PARENT CHECKLIST

- Form is complete
 - Camper Info Healthy History/General Health ??
 - Responsible Parties Info Allergies/Medications
 - Emergency Info Signed Waiver
 - Family E-mail Afterschool Site Attending
 - Code Word
- \$25 Registration Fee
- Open Doors Scholarship Application attached with requested information
- Preferred payment method form complete
- I would be willing to help send a kid to afterschool by making a donation to the YMCA "Strong Communities Fund".
 - Yes! Not at this time. Parent Initials

Please circle site attending:

Aquadale Badin
 Endy Locust
 Stanfield Y Pavilion
 Richfield
 West Stanly Middle School

STAFF CHECKLIST

- Form is complete
- ODS form attached with requested information, if applicable
- Registration fee collected (not applicable if attending SDC 2016 or registered before Aug. 12)
- Participant is a member Yes/Pin # _____ No/Is family planning on joining before school begins? _____
- Amount paid w/ registration \$ _____ Rec. # _____ Ck# _____ CC# _____ Cash _____
- Date _____ Staff Initials _____

Full-time 4-5 days/week
 Part-time 1-3 day/week
 If part time, what days will child be attending? _____

Notes _____

ADMINISTRATION CHECKLIST

- Form is complete
- Correct fee collected
- ODS Yes % _____ No
- BD or CC draft set up
- Notes _____

Monthly Program Fee _____
 Transportation Fee _____
 ODS SD ED _____
 Sib Disc. _____
 Monthly Fee Due _____



Emergency Information Sheet

Stanly County Family YMCA Afterschool 2016-17

CHILD INFORMATION:

Child's Full Name _____ (name child likes to be called)

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ (circle one please) Male / Female Camper is a Y member?

School _____ Grade 2016/17 _____ Yes/Pin# _____ No

Email is our preferred form of communication during the school year. All electronic communications should be sent to:

Primary email: _____

RESPONSIBLE PARTIES: (Please check to indicate the parent to contact for payment or other questions.)

___ PARENT'S NAME _____ Authorized to pick up? ___Yes ___No

Birthdate _____ Home Phone _____ Work _____ Cell _____

Address _____

Employer (if self-employed, please list name of co.) _____

Y member? ___Yes/Pin # _____ ___No

___ PARENT'S NAME _____ Authorized to pick up? ___Yes ___No

Birthdate _____ Home Phone _____ Work _____ Cell _____

Address _____

Employer (if self-employed, please list name of co.) _____

Y member? ___Yes/Pin # _____ ___No

***Child lives with: ___Parents ___Mother ___Father ___Grandparents ___Other _____

CODE WORD

(All children must have a code word.) Code words are used as an added assurance when your child is being picked up. This code will be confidential. Anyone who picks up your child must use this code. They may also be asked to show a driver's license.

Emergency Contact/Authorized to pickup Child:

1. Name/Relationship to Child _____

Phone 1 _____ Phone 2 _____

2. Name/Relationship to Child _____

Phone 1 _____ Phone 2 _____

3. Name/Relationship to Child _____

Phone 1 _____ Phone 2 _____

Participant Information/Medical Form

Child's Name: _____

Insurance and Medical Information:

Carrier/Plan Name: _____ Group #: _____

Name of Insured: _____ Relationship to Camper: _____

Preferred Provider: Physician: _____ Phone: _____

I HAVE INCLUDED A COPY OF MY CHILD'S IMMUNIZATION RECORDS.

Is child currently taking prescription/over the counter medications? Yes No

List Medication/Dosage/Purpose: _____

****We may only administer meds that are sent in original container. A green medication form must be completed by parent and given to Site Director before camper begins.****

• Does your child have any condition that requires special care? Yes No

If yes, please specify: _____

• Has your child had surgeries, illness or any severe injuries? Yes No

If yes, please specify: _____

• Does your child have allergies? Yes No

If yes, please describe in detail: _____

• Does your child have dietary restrictions? Yes No

Please explain: _____

• Does your child (please circle) wear glasses wear contacts have braces have frequent headaches

other _____

• Please provide information we may not have asked that you feel is important for us to know as we include your child in our programs.

WAIVER

****This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.**

****I understand that the Stanly County Family YMCA assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in camp.**

****Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, psychological, or medication needs) with the Family Services Coordinator, or site director.**

****Children will be transported on any field trips by SCUSA. My child has permission to ride SCUSA buses without holding the Stanly County Family YMCA or its Staff or Board liable if an accident occurs.**

****I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature/media/social media published and used by the YMCA.**

****In the event that I cannot be reached in an emergency, I give permission to the physician selected by the site director to secure and administer treatment, including hospitalization for my child.**

****I understand that I am responsible for primary insurance for my child.**

****I have read and agree to all of the policies and financial expectations listed in the Parent Packet for Stanly County Family YMCA Afterschool Care.**

Signature _____ Date _____



Stanly County Family YMCA
2016-2017 Afterschool Payment Options Form

Child's Name _____

Parent's Name _____

School _____

___ Processing Fee of \$25 paid (not applicable if child attended SDC 2016 or registered before August 12)

___ Option 1: Payment in full for the year. \$ _____ amount paid

___ Option 2: If I didn't pay in full, then I give permission for the Stanly County Family YMCA to bankdraft my account monthly, beginning in August/September 2016. By chance, if my YMCA draft is declined, the YMCA has the right to redraft me at any time. If payment is not made on time, there will be a \$20 late fee added if your balance is not taken care of within five business days. If the monthly payment is not made within 15 days of my draft date, child care will be suspended until the balance has been paid.

Draft my account on the (check one):

___ 1st of each month (Sept 1-June 1) or ___ 15th of each month (Aug 15-May 15)

Bank Name _____ Account Type: ___Checking or ___Savings

Routing Number _____ Account Number _____

Name on Account (please print) _____

Signed _____ Date _____

___ Option 3: If I didn't pay in full, then I give permission for the Stanly County Family YMCA to charge my credit card/debit card monthly beginning in August/September 2016. By chance, if my YMCA draft is declined, the YMCA has the right to redraft me at any time. If payment is not made on time, there will be a \$20 late fee added if your balance is not taken care of within five business days. If the monthly payment is not made within 15 days of my draft date, child care will be suspended until the balance has been paid.

Draft my account on the (check one):

___ 1st of each month (Sept 1-June 1) or ___ 15th of each month (Aug 15-May 15)

Below is my credit/debit information:

(circle one) VISA Master Card American Express Discover Exp. Date _____

Name on Card (please print) _____

Card # _____

Signed _____ Date _____