



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Stanly County Family YMCA 2017-2018 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

**Please circle site attending:**

Aquadale            Badin  
 Endy                    Locust  
 Stanfield            Y Pavilion  
 Richfield

- \$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

### STAFF CHECKLIST

- Form is complete
- ODS form attached with requested information, if applicable
- Registration fee collected (not applicable if attending SDC 2017 or registered by July 31)
- 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            \_\_\_\_\_



Stanly County Family YMCA

2017-2018 Afterschool Payment Options Form

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_ Processing Fee of \$25 paid (not applicable if child attended SDC 2017 or registered by July 31)

\_\_\_\_ 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 2017. 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 2017. 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 \_\_\_\_\_



# Emergency Information Sheet

## Stanly County Family YMCA Afterschool 2017-2018

### 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 2017/18 \_\_\_\_\_ 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 \_\_\_\_\_