



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Stanly County Family YMCA 2019-2020 Afterschool Registration Form

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

### PARENT CHECKLIST

\_\_ Form is complete

- \_\_ Camper Info
- \_\_ Responsible Parties Info
- \_\_ Emergency Info
- \_\_ Family E-mail
- \_\_ Code Word
- \_\_ Healthy History/General Health ??
- \_\_ Allergies/Medications
- \_\_ Signed Waiver
- \_\_ Afterschool Site Attending

\_\_\$25 Registration Fee (not applicable if child is registered by August 2)

\_\_ 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 registered by August 2)

\_\_ Participant is a member      Yes/Pin # \_\_\_\_\_      No

\_\_ Amount paid w/ registration \$ \_\_\_\_\_      Rec. # \_\_\_\_\_      Ck# \_\_\_\_\_      CC# \_\_\_\_\_      Cash \_\_\_\_\_

\_\_ Date \_\_\_\_\_      Staff Initials \_\_\_\_\_

Notes \_\_\_\_\_

### ADMINISTRATION CHECKLIST

\_\_ Discount: ODS \_\_\_\_ Yes \_\_\_\_ %      SD      ED      SCS

\_\_ BD or CC draft set up

\_\_ Notes \_\_\_\_\_

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



Stanly County Family YMCA

2019-2020 Afterschool Payment Options Form

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

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

School \_\_\_\_\_

\_\_\_\_ Processing Fee of \$25 paid (not applicable if child is registered by August 2)

\_\_\_\_ Option 1: Pay in full for the school year. (Refunds will not be given for full payment)

\_\_\_\_ 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 2019. 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. In order to be removed from the draft for any reason, you must complete a "Termination Form" at least **10 days before your next draft.**

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 2019. 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. In order to be removed from the draft for any reason, you must complete a "Termination Form" at least **10 days before your next draft.**

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 2019-2020

### 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 2019/2020 \_\_\_\_\_ Yes/Pin# \_\_\_\_\_ No

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

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

### 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.

### Please circle site attending:

Aquadale    Badin    Endy    Locust  
 Oakboro    Richfield    Stanfield    Y Pavilion

\_\_\_ Full-time 4-5 days/week

\_\_\_ Part-time 1-3 day/week

If part time, what days will child be attending?

M    T    W    TH    F

## 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 Director, or Site Director.**

**\*\*\*\*I permit my child to travel on field trips under the supervision of the YMCA staff. A schedule of field trips requiring transportation will be posted for parents to see. By signing this form, you give your child permission to be transported in YMCA vehicles or SCUSA. My child has permission to ride YMCA bus or 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 \_\_\_\_\_