



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Stanly County Family YMCA

2020-2021 Elementary Afterschool Registration Form

2020-2021 Middle School Afterschool & Full-Day Academy

Student'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 (not applicable to Y Family Members)
- Open Doors Scholarship Application attached with requested information
- Preferred payment method form complete (Registration will not be accepted unless this is completed)
- 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
- Participant is a member Yes No
- Amount paid w/ registration \$ _____ Rec. # _____
 - Ck# _____ CC# _____ Cash _____
- Date _____ Staff Initials _____

Program Fee:	
Elementary Afterschool	_____
(monthly)	
Middle School Afterschool	_____
(weekly)	
Middle School Academy	_____
(weekly)	
ODS SD ED	_____
Sib Disc.	_____
Monthly Fee Due	_____



Stanly County Family YMCA
2020-2021 Afterschool/Academy Payment Options Form

Student's Name _____

Parent's Name _____

School _____

____ Processing Fee of \$25 paid (not applicable if Y Family Member)

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

Amount pd \$ _____ Date _____ Rec # _____ Staff initials _____

____ Option 2:

Elementary Afterschool

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 2020. 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 (Aug 1-May 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) _____

Or

Draft my credit/debit card on the (check one):

____ 1st of each month (Aug 1-May 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 _____

____ Option 3:

Middle School Afterschool & Full-Day Academy:

If I didn't pay in full, then I give permission for the Stanly County Family YMCA to charge my credit card/debit card weekly beginning in August 10, 2020. 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 weekly payment is not made within five days of my draft date, the student 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 **5 days before your next draft.**

Draft my account on the Monday before each week:

Bank Name _____ Account Type: ____ Checking or ____ Savings

Routing Number _____ Account Number _____

Name on Account (please print) _____

Or

Draft my credit/debit card:

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/Academy 2020-2021

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 Participant is a Y member?

School _____ Grade 2020/2021 _____ Yes 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 company) _____

Y member? Yes No

____ PARENT'S NAME _____ Authorized to pick up? Yes No

Birthdate _____ Home Phone _____ Work _____ Cell _____

Address _____

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

Y member? Yes 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 (elementary only)

(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.

ELEMENTARY AFTERSCHOOL:

____ 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

MIDDLE SCHOOL AFTERSCHOOL _____

at school during weeks of in class learning

MIDDLE SCHOOL FULL-DAY ACADEMY _____

At YMCA during weeks of remote learning

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 child 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 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 _____