

## Program Registration

**Childs Name:** \_\_\_\_\_  
 (Circle) Male Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Rising Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**1st Parent / Guardian:** \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Home Number (if different): \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

**2nd Parent / Guardian:** \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Home Number (if different): \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

**Other persons authorized to pick up your child or call in emergency**  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: Anyone NOT listed above will NOT be allowed to pick up your child.**

## Enrollment Agreements

**Enrollment Agreement:** I understand that I am responsible for paying for every week my child is enrolled in the child care program. I must give the site director a two-week written notice if I disenroll my child from the program. I also understand that registration fees and deposits are non-refundable. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability:** In the event an accident occurs, I am aware that the YMCA does not provide accident insurance, and I will not hold the YMCA responsible for any injury. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release:** I give consent for my child to be transported by YMCA staff in YMCA vehicles for pick up (if applicable) and field trips. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Care Release:** In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Swimming Release:** My child has permission to swim during the YMCA child care program. I would rate my child's swimming level as follows: (circle) BEGINNER  
 INTERMEDIATE ADVANCE Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Packet:** I have receive a copy of the Child Care Parent Packet which outlines policies, holiday schedule and other aspects of my child's participation in the child care program. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**PG movie:** My child has permission to view movies rated PG and deemed appropriate by the Child Care Director. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:** I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use. Parent Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Program  
(Circle One)**

**Afterschool**

**Holiday Camp**

**Summer Camp**

### Insurance Information

Is the Child Covered by family/medical hospital insurance?  YES  NO

If yes, indicate carrier plan name: \_\_\_\_\_

Group policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Allergies:** Please list ALL known medication, food, and other allergies. Also list ALL medications being taken, dosage and ANY dietary restrictions: \_\_\_\_\_

### Family Physician:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Please list any additional information about your child's health history, behavior and physical, emotional or mental health about which the child care staff should be aware.

## George I. Theisen Family YMCA Afterschool Service Areas

### **On-Site Programs:**

Duncan Chapel Elementary School

### **Pick up:**

*(Must have at least 4 kids enrolled from each school to provide pick-up at the school)*

Armstrong Elementary  
Gateway Elementary  
Heritage Elementary  
Slater-Marietta Elementary  
Northwest Middle

**THE YMCA of Greenville**  
is committed to providing the highest  
quality Afterschool Care possible.  
We are excited about the unique  
programming opportunities provided  
by our Afterschool program. We strive to  
develop the whole child through programs  
that build a healthy spirit, mind, and body  
for all, including the following:

**Healthy Spirit** - We offer a daily devotion time, and group discussion times, where youth have the opportunity to reflect on their day, talk about issues and concerns impacting their lives, and develop a stronger understanding of the core YMCA values of Honesty, Respect, Responsibility, and Caring.

**Healthy Mind** - We know how important homework time is. We provide a structured homework room where youth have 30-45 minutes of homework time. Staff are on hand to support youth as they work on their homework.

**Healthy Body** - In an effort to promote healthy living, the YMCA provides at least 30 minutes of daily fitness time. Programming could include: kickball game, team sports, relay races, and group games. Youth will be working through an organized curriculum that promotes healthy living, nutrition, and fitness.

### **REGISTRATION FEES:**

YMCA Members: **\$30.00 per child**

Non-Members: **\$45.00 per child**

### **WEEKLY FEES:**

YMCA Members and On-site participants: **\$65.00 / week**

Non-Members: **\$80.00 / week**

\*There is a **\$5.00** discount for each additional registered in the program.

**I agree and understand all enrollment agreements, registration and pricing fees and policies stated on this document.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

