



Campbell County YMCA After School Program 2019-2020 Ft. Thomas Independent Schools

Office Use Only: Date Entered: _____ Processing Initials: _____ OC CC

Student Information	
Name	
Street Address	
Gender	
Date of Birth	
Age	
Upcoming Grade	

School	Start Date	Additional Siblings Enrolled
<input type="checkbox"/> Johnson Elementary 2:30 p.m. – 6:00 p.m.	_____	_____
<input type="checkbox"/> Moyer Elementary 2:45 p.m. – 6:00 p.m.		_____
<input type="checkbox"/> Woodfill Elementary 2:45 p.m. – 6:00 p.m.		_____

Parent/Guardian Information			
All listed parents/guardians and contacts have access to picking up your child from YMCA programming.			
Name (1 st Called)		Name (2 nd Called)	
Date of Birth		Date of Birth	
Street Address		Street Address	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email Address		Email Address	
The YMCA receives funding from many sources to support program scholarships and programming. Providing the following information helps us continue to make a case for support. All information is kept strictly confidential	# in Household		
	Race		
	Household Income		

Emergency Contact Information			
All listed parents/guardians and contacts have access to picking up your child from YMCA programming.			
Name (3 rd Called)		Name (4 th Called)	
Relationship to Child		Relationship to Child	
Street Address		Street Address	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email Address		Email Address	



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Health History

This section allows parents/guardians to indicate their preferences in doctors/ medical facilities and also allows for communication of any child's health history information that can help us ensure a safe and happy experience for all children. Please list any information regarding special medical issues special dietary needs, possible allergies, etc. in this section. If needed, an Administration of Medication form is available upon request if any medication is to be taken during program hours. **Please mark N/A where applicable.**
***Required per KY Division of Regulated Child Care.**

Preferred Physician	*Name:	Current Medications	
	*Address:	Dietary Modifications	
	*Phone:		
Preferred Dentist	*Name:	Operation/Serious Injury	
	*Address:	Disabilities	
	*Phone:		
Preferred Hospital	*Name:	Chronic Illness/ Reoccurring Illness	
	*Address:	Allergies (Food, Meds, Insects, Etc.)	
	*Phone:		

***Required per KY Division of Regulated Child Care. All boxes must be fully completed. 'Closest', 'First Available', or 'Any' are NOT accepted through DRCC.**

Social History

What are your child's favorite indoor activities?	
Are there any special circumstances in the family, which may be a factor in your child's behavior?	
In what ways would you like to see your child develop during his/her participation in our programs?	
Please add any additional comments that you feel might help us serve your child and family better.	



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Emergency Medical Authorization

A parent/guardian must provide the YMCA consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian has the right to grant consent. If you would like to deny consent, please contact Jessica Berberich at jberberich@myy.org

In the event reasonable attempts to contact me or a second parent/guardian at the numbers listed in my Emergency Contact information, have been unsuccessful, I hereby give my consent with my signature below (written or electronic) for: **(1)** the administration of any treatment of physician or dentist I have listed below, or in the event the designated preferred physician is not available, by another licensed physician or dentist; or **(2)** the transfer of the child to the designated preferred hospital I have listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

X	Date:
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Permission to Participate

Please indicate by checking yes or no to provide your child with authorization to participate in program activities.

I give my permission for my child to use all of the equipment and participate in all activities of the childcare programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Contact Program Director
I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which may occur as a result of my child's physical condition or resulting from his/her participation in any athletic event, sports programs, and the use of any equipment, exercise or other activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Contact Program Director
I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Contact Program Director
I acknowledge on behalf of myself and my dependents that I assume the risk for any injuries or illnesses, which may result from activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in the childcare programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Contact Program Director
I understand that the YMCA is not responsible for personal property lost or stolen while participating in the program. My child is responsible for all of his/her belongings.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Contact Program Director
I understand that the YMCA of Greater Cincinnati is not responsible for anything that occurs as a result of false information given by a parent or guardian.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Contact Program Director
I give my permission for my child's image, voice, or written comments to be included in evaluations, pictures, newsletters and marketing pieces associated with the program. The YMCA of Greater Cincinnati may use these indefinitely, without limitation or obligation for the purpose or promoting or interpreting YMCA programs. (In answering no, your child will be removed from all picture opportunities including group pictures)	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Acknowledgement of YMCA Policies and Family Handbook

- I understand that payment will be automatic deduction from the credit card/bank account provided at the time of registration on the 20th of each month my child is attending for 9 ½ months. I understand that there is a FLAT monthly fee and will NOT be prorated for days not attended such as sick days, vacation, special holidays, snow days, etc. Monthly fees are the same even when schools are on break.
- I understand that my child(ren) must be signed in and out of the program daily. This is a program requirement and must be done every day. If someone else picks up my child they will need to complete the sign in/out sheet and also provide staff with identification.
- I understand that if my child will be absent from the program I need to communicate with the YMCA staff prior to the start of the program.
- I understand that I MUST provide a current certified copy of my child's immunization form PRIOR to the start of the program.
- I understand that to make changes I must submit a Change of Program form two weeks prior to the change in order to make billing adjustments.

I have read and fully understand these policies and authorization statements. I do hereby give such authorization as indicated or document understanding of specified policies. I have read and understand the contents of the **2019 Family Handbook** and agree to all the terms that are covered in the manual. I understand that my signature (written or electronic) indicates that I have been previously made aware of all policies, procedures, and guidelines referenced in the handbook concerning this program.

X

Date:

Program Details and Monthly Pricing

Full Time 4-5 Days \$235	Part Time 1-3 Days \$180	Registration Fee \$30 per child \$60 per family Due at time of registration.	Even Billing Monthly payments due on the 20 th of each month.	Discounts (Choose one): Pay in Full – 10% Multi Children- 10% each child after the 1 st Ft. Thomas School Employees- 10%
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Registration

Check one for applicable discounts: Pay In Full Multi Child
 Ft. Thomas Independent School Employee

Full Time Monday Tuesday Wednesday Thursday Friday

Part Time Monday Tuesday Wednesday Thursday Friday

The above selected program is my responsibility to pay unless I have cancelled them in writing with a change of program form within two weeks to avoid billing. No verbal withdrawals will be accepted. I understand that there will be no prorated fee for holidays, breaks, or days off that fall during program dates. I understand that my signature (written or electronic) indicates that I have been made aware of all procedures and guidelines referenced regarding registration.

X

Date:

Office Use Only: Staff will obtain written signature from a parent/guardian during the first week of program to acknowledge any electronic signatures provided.

Name:

Signature:

Date:



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DRAFT AUTHORIZATION

Bank Account (Voided Check Required, Please Attach)
Bank Name:
Route/Transaction Number:
Account Number:
Name on Account:

Credit Card Information
Credit Card Number:
Exp. Date:
Name on Credit Card:

Signature:
Date:

Billing Address
Street:
City:
State:
Zip:

Annual Support Campaign Gift
Please sign below if you would like to pay the registration fee during the 'Waive the registration fee' event. Your payment during this time will be added as a gift to our Annual Support Campaign. By making a donation you are helping a child to enroll in a summer camp, school age, sports, or swim program that otherwise they may not have had the opportunity. Your gift shows that you believe in our cause and what we do. It shows the community that our work is important. Thank you for supporting the YMCA's Annual Campaign
2019-2020 SACC Waive the Registration Event: March 2-15 2019
<input type="checkbox"/> Donation of \$30 registration fee <input type="checkbox"/> Other:
X