



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Afterschool Program Registration  
Fort Myers YMCA  
2016-2017 School Year**

Child's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_ Age \_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_

Circle Location: Ft. Myers YMCA Country Oaks Moore Haven West Glades Eastside

Circle Rate Plan (Fort Myers Only): AM Care PM Care AM/PM Care Winter Break Spring Break

School's Out Days (Fort Myers Only): Oct. 3 Oct. 7 Nov. 11 Nov. 23  
 Jan. 16 Jan. 22 Feb. 20 Feb. 21 Mar. 17

We are required to collect the following information to report to the National YMCA and the United Way. All information is confidential. We do not sell or share our mailing list.

Race:  White/Caucasian  Black/African American  Black/African American/White  Asian  
 Asian/White  American Indian/Alaskan Native  Unspecified  Other Multi-Racial

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Household Income: (optional)  \$0 - 9,999  \$10,000 - 19,999  \$20,000 - 29,999  
 \$30,000 - 39,999  \$40,000 - 49,999  \$50,000 and over

**Mother's Name** \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Address \_\_\_\_\_

**Please list two people**, other than yourself, authorized by parents/guardians to assume responsibility for your child if you cannot be reached in case of illness or emergency. These people are authorized to pick-up your child from the Afterschool care program.

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_

ARE THERE ANY CUSTODY CONCERNS?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

The Sky Family YMCA Afterschool care Program has my permission to involve my child in photographs taken for publicity purposes.  Yes  No

Signature of Parent/Legal Guardian

Date

**Authorization of Medical Treatment**

Does your child have any allergies/special dietary needs?  Yes  No Please list \_\_\_\_\_

Does your child have any physical disabilities or are there activities in which he/she should not participate?  Yes  No Please list \_\_\_\_\_

Does your child have any emotional/physical conditions that our staff should be aware of?

Yes  No Please list \_\_\_\_\_

I understand the Fort Myers YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry **medical insurance** for my child. I authorize the use of available medical services and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of the facility to contact the following medical personnel or obtain emergency medical care if warranted.

Doctor's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone number \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**I hereby acknowledge that I have received the above items, agree to the medical & emergency provisions, understand the discipline policy and verify that all the information on this registration form is complete and accurate to the best of my knowledge.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**YMCA Afterschool care Program Behavior Policy**

If a child displays serious behavior problems (e.g., a high level of aggression, disruptiveness, or behavior that would jeopardize the child's safety), the Program Director, Coordinator and counselors will work closely with parents to redirect the behavior problem with positive behavior. However, occasionally a child's behavior is such that he/she is unable to function on a group situation and requires more specialization. If a child exhibits a continuous pattern of behavior, which is extremely disruptive and/or injurious to peers, staff or him/herself, parents will be asked to remove the child from the program.

I have read and understand the YMCA Behavior Policy Statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Fort Myers YMCA Authorization for Electronic Funds Transfer (EFT)

### Terms and Conditions

1. The YMCA Board may, at its discretion, adjust the rates applicable to my enrollment. I understand that I will receive at least four weeks' notice prior to any such change in my enrollment fee.

Initials \_\_\_\_\_

2. Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service fee of no more than \$25 applied by the YMCA's contracted collections agent, E cash flow. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Initials \_\_\_\_\_

3. I understand that I will be responsible for all EFT charges for registrations not cancelled 1 weeks before the draft date. I understand that this is a continuous authorization and the YMCA will not automatically terminate my EFT due to lack of attendance.

Initials \_\_\_\_\_

Check One	Draft Day	Draft Amount
<input type="checkbox"/>	Registration (\$30 + Current Due)	
<input type="checkbox"/>	Monthly (All on the 1 <sup>st</sup> )	
<input type="checkbox"/>	Due Date (Friday before enrolled week)	

### **AUTHORIZATION AGREEMENT**

I hereby authorize the YMCA to initiate EFT transactions from my account:

\_\_\_\_\_ Date \_\_\_\_\_  
Account Holder's Signature (Copy of ID required)

\_\_\_\_\_ Child's Name - Printed  
Account Holder's Name (Printed)

#### **Payment Policy**

All payments are due the Friday before the week of care. If your child will no longer attend, you must complete a cancellation form (in writing) and given to the Site Coordinator. A one week cancellation notice is required.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Child Name \_\_\_\_\_ Parent Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Children must be registered one week prior to attending care. Payment for the first week of Afterschool care is due upon registration.**

**\*\*\*Office Use Only\*\*\***

\_\_\_\_ Registration Paid    \_\_\_\_ Amount Paid    Received By \_\_\_\_\_    Date \_\_\_\_\_

Ck # \_\_\_\_\_    Cash \_\_\_\_\_    MC/Visa \_\_\_\_\_    Date Entered MST \_\_\_\_\_    Staff Initials \_\_\_\_\_