

TWIN PIKE FAMILY YMCA PROGRAM
21st CENTURY COMMUNITY LEARNING CENTERS
REGISTRATION FORM – 2017-18
Pike County R-III School District

This form must be completed by all year-round afterschool participants. Please print or type. Signatures are required on the forms with a signature line.

Start Date: _____ Estimated Drop off time _____ Pick up time _____

Clopton:

Before School After School Summer School Day Camp

_____ My child will ride the bus home. _____ I will pick my child up.

I would need: financial assistance

If a line does not apply to you, please write N/A in the space. Every line must be filled out

Personal Information:

Child's name _____
(first / middle / last) (name called)

Address _____ City/State _____ Zip _____

Birth date _____ Current age _____ Gender male female

Grade (as of July 2017) _____ Child's home phone # _____

Information About Your Child:

My child is in good health, is able to participate in group care, has no special health or medical requirements. If there are special health requirements please indicate them below.

Allergies _____

ADD AD/HD Use of medication (type) _____

Emotionally, behaviorally, intellectually or physically challenged. Please give details:

Information About the Family (Please check box to indicate which person to contact for payment and other questions. If there is no Father/Guardian or Mother/Guardian please put N/A in that section(s). All addresses must be physical, 911 addresses and employer addresses and work hours must be completed in full.)

Father/Guardian's name _____ Phone (H) _____

Address _____ City/State _____ Zip _____

E-mail address _____

Employer _____ Phone (W) _____ (C) _____

Employer Address _____ City/State _____ Zip _____

Typical work hours _____ to _____

Mother/Guardian's name _____ Phone (H) _____

Address _____ City/State _____ Zip _____

E-mail address _____

Employer _____ Phone (W) _____ (C) _____

Employer Address _____ City/State _____ Zip _____

Typical work hours _____ to _____

Office use only: F.R. - _____ T. 1 - _____ E.- _____ L.E. - _____ S.N. - _____

Date _____ Time _____ M.O.S.I.S. (If new) _____

Child's Name _____
 Campus/Program _____

* Availability of funding may limit the number of students in the program

Emergency Care Information (This section must be completed correctly with phone numbers for all doctors listed.)

Name of child's doctor _____ Phone _____

Hospital preference _____ Phone _____

Name of child's dentist _____ Phone _____

• **Emergency Contact person in the event that father, mother or guardian can not be contacted, (please list the relationship and all contact information must be completed).**

Name _____ Relationship _____

Phone (H) _____ (C) _____ Phone (W) _____

Address _____

Name _____ Relationship _____

Phone (H) _____ (C) _____ Phone (W) _____

Address _____

• **In addition to the above names, please give the names and relationships of persons to whom the child can be released:**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Name _____
Campus/Program _____

If Pike County R-III School District cancels school for a regularly scheduled school day, all YMCA youth programs in the district will be cancelled as well. After the regular school day ends, in the event that inclement weather forces the afterschool programs to close early, closing will be announced on 102.1 KJFM Radio and the school districts automated phone system will notify parents of the early closure.

Parent/Legal Guardian Signature: _____ Date: _____

DATA COLLECTION FORM

THIS INFORMATION HELPS US QUALIFY FOR GRANT FUNDING.

RACE AND ETHNICITY

In accordance with federal guidance and YMCA policy, the following two part questions will be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Child's Name _____ Date _____

Parent/Guardian Signature _____

Race/Ethnicity Two-Part Question: Please answer BOTH questions. The order of the questions is important. Please answer part 1, then part 2.

Part 1: Ethnicity

Is this student Hispanic or Latino? (Chose only one)

- NO, not Hispanic or Latino
- YES, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race

What is the student's race? (Regardless of how you answered the first question, chose one or more.)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

LANGUAGE SPOKEN AT HOME

Primary language spoken at home: _____

Secondary language spoken at home (if applicable): _____

FREE AND REDUCED LUNCH

Does your child qualify for Free or Reduced Lunch _____ YES _____NO

Twin Pike Family YMCA



Payment Form 21st Century Community Learning Centers at Pike County R-III Schools

**Once a child is enrolled fees are charged for a monthly slot regardless of attendance.
See Fee Schedule Calendar for payment amounts and due dates.**

The above rate represents only a small percentage of the actual per child cost of the programs. The greater portion of the program costs are paid by the 21st Century Community Learning Centers grant. Even though you are charged by the month, payments can be paid either weekly, monthly, semi-annually, or annually.

Please mark one of the following:

- I wish to pay weekly **See Fee Payment Calendar**
Payment is due each Monday or the first school day of the week.
 - I wish to pay monthly **See Fee Payment Calendar**
Payment is due on the first day of the month.
 - I wish to pay semi-annually (by semester) **Aug 15th - \$285.00 Jan. 3rd - \$300.00**
Payment is due on the first day of each semester.
 - I wish to pay for the entire year (based on 39 weeks) **\$585.00**
Payment is due on the day you register or the first day of school.
 - I would like to contribute a one-time \$_____ donation toward the fees of a child in the program needing assistance with fees.
- There will be a \$20.00 charge on checks returned from the bank.
 - Subsidy funding is available for low income families. Please contact your Site Coordinator.
 - Emergency Day Care - If a need arises for your child to attend after school in the event of an emergency they may do so. The rate is \$5.00 per day. We can't accept daily payment otherwise. Registration forms must be on file before an Emergency Day may be used. The Program Director must be notified by the parent **before** the child can attend. Emergency Day Care will be determined on a case by case basis and must be a true emergency situation.

Child's Name: _____ Parent/Guardian: _____

Male _____ Female _____ Age: _____ Date of Birth: _____ Grade _____

Address: _____ City/State/Zip: _____

E-mail Address: _____

Day Phone: _____ Evening Phone _____ Cell Phone _____

Parent/Legal Guardian Signature

21stCCLC Emergency Transportation Authorization Form
(to be returned with your child(ren)s registration papers)

Name of child: _____

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, medical treatment is necessary, I authorize the Twin Pike Family Y Clopton 21st CCLC Afterschool Program to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

I authorize the Program to use the doctor I designated on my child's registration form and I understand that my child will be transported to Pike County Memorial Hospital for emergency medical treatment. The hospital I designated on my child's registration form will be used if time or condition allows.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that the Pike County R-III School District will provide transportation to the designated evacuation locations in the event of an emergency evacuation of the program site.

I have read and understand the Emergency Evacuation/Relocation/Transportation information for my child(ren's) afterschool program.

Parent/Guardian Signature

Date

Twin Pike Family Y Clopton
21stCCLC Afterschool Program

Date

YOUTH PROGRAMS POLICY FORM

(Please read carefully and sign)

YMCA youth programs standards require that we have documentation that each child's parents understand and accept our policies on the following issues. Please read and sign your name to indicate your understanding of these policies.

- 1. Immunization Records** - For all youth programs the YMCA is required by State Law to have on file a copy of your child's current immunization records with a doctor's signature. The YMCA cannot accept a registration form without the immunization records.
- 2. Discipline Policy** – Parents are required to read and sign the **Behavior Expectations/Discipline Policy** form. Registration will not be processed until both forms are signed.
- 3. Field Trips** – A parent's signature on this form permits the child to leave the YMCA or school building on authorized trips under the supervision of the YMCA staff. Parents may review a written schedule of activities to be conducted off the YMCA premises; it will be posted on a weekly basis in advance of field trips.
- 4. Medical Treatment** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.
- 5. Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in the YMCA programs off-site. **Liability Waiver:** I understand that the Twin Pike Family YMCA assumes no responsibility for injuries or illness which my child(ren) may sustain as a result of his/her physical condition, or resulting from his/her observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself, my child(ren), and my heirs that I assume the risk for any and all injuries and illnesses which may result from my child(ren)s in these activities. I hereby release and discharge the Twin Pike Family YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage that my child(ren) suffer as a result of my participation in these activities. **Property Loss:** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the YMCA or participating in YMCA activities.
- 6. Space Policy** – A parent's signature on this statement permits the child to participate in activities the YMCA conducts outside the facility.
- 7. Payment Policy** – By signing this form, parents indicate that they understand the policies concerning payment, cancellation and refunds. Participants may not register for a new program until outstanding balances due on past programs are paid.
- 8. Photography Waiver** – **By signing this form, parents permit the YMCA to use video film, footage, sound track recordings, and photo reproductions of their child as a program participant in promotional literature, social media, grant promotions, advertising, publications and legitimate business uses of the YMCA without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however I shall not be stated by name to have endorsed any particular commercial products or commercial services.**
- 9. Cancellation** – **I understand the YMCA requires written notice of a cancellation two weeks prior to the last day of expected attendance in order to receive a refund for unused days for all youth programs.**
- 10. Refunds** – I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to unscheduled school closings such as inclement weather. All refunds or programs credits are issued on a pro-rated basis. Refunds are issued at the end of each month. Program payment is not transferable from one participant to another, from one YMCA program to another or from one YMCA branch to another.
- 11. Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of Twin Pike Family YMCA, if there is a situation in which a child is exposed to a body fluid or broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, the YMCA will contact parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the child that was exposed. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member. I have read and agree with the statements and specifically authorize the Twin Pike Family YMCA to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

Child's Name _____

Campus/Program _____

I have read and understand the eleven (11) policies stated above.

Parent/Legal Guardian Signature: _____ **Date:** _____

**TWIN PIKE FAMILY YMCA
BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY FORM**

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment.
2. Ridiculing, threatening, using an inappropriate loud voice.
3. Leaving children unsupervised.
4. Use of profanity.

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and him/(her)self.
4. Maintain a positive attitude.
5. Stay in program areas -- running away is not acceptable.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
2. Fighting.
3. Possession of a weapon of any kind.
4. Vandalism or destruction of YMCA, or school property or property of others.
5. Sexual misconduct.
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.
7. Running away.

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the Site Coordinator and/or Program Director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the Site Coordinator and/or Program Director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child, parent(s)/guardian and the Site Coordinator and/or Program Director. The behavior contract will include days of suspension and conditions for return to the Afterschool Program. (See Handbook, Discipline Policy)

I have read, understand and agree with the Behavior Expectations and Discipline Policy as stated in this document and I have discussed the expectations of behavior with my child(ren).

Parent/Legal Guardian Signature

Date

Child's Name _____

_____ Campus/Program _____

SPECIAL CIRCUMSTANCES

Parents or guardians are *required* to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the site coordinator and/or program director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that (i) it is responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.

Parent/Legal Guardian Signature

Date

I have read, understand and agree with the policies as stated in this document and the Parent Orientation Handbook. I also give my permission to the Y 21st CCLC Afterschool Program for examination of my child(ren)'s school records. Your child(ren)'s information will be secured. As required for evaluation purposes, we may share your child(ren)'s information with our evaluation partners, who we require to protect your child(ren)'s privacy and confidentiality.

Your signature below indicates that you agree with this policy. This agreement remains in effect until you withdraw your permission.

Parent/Legal Guardian Signature

Date

Child's Name _____
Campus/Program _____

EMERGENCY EVACUATION/RELOCATION AND TRANSPORTATION INFORMATION

(PARENTS KEEP THIS FORM)

Dear Parent/Guardian:

In the event of an emergency situation the YMCA 21stCCLC Before and Afterschool Programs at Clopton Elementary School have outlined below our Emergency Preparedness Plan. Please know that we will make every attempt to notify you so it is vital that you keep your emergency contact information up-to-date. Keep this letter with you so that you will know how to contact us in the event of an emergency.

Notification

- In the event of an emergency/evacuation/relocation, every effort will be made to contact you as soon as the children and staff are safe. If we cannot reach you, we will contact your secondary emergency contact. Children will ONLY be released to you or your alternate emergency contact/s listed during times of emergency.
- Information about the event will be conveyed to you via an Automessenger call to the numbers that you provided to the YMCA. It is of the utmost importance that you keep your emergency contact information up to date. Please notify us of any phone or address change that you may have when you have that change.

Evacuation/Relocation/Reunification:

- If the emergency requires us to relocate the students and staff you will be notified by an Automessenger phone call as to the location of the where you and your child(ren) can be reunited. The children and staff will remain at the designated locations while you or your emergency contact is notified of the situation. The reunification location will be disclosed via an Automessenger call when the emergency authorities have allowed us to reunite you with your child(ren).
- The Pike County R-III Schools will provide the bus transportation if needed for relocation. The reunification location may not be the same place as the evacuation relocation.
- Please sign the attached authorization for emergency care and transportation and return with your registration papers.

Emergency Care

- In the event that a child, or all children are in need of physical exam or emergency care, the child or children will be transported to Pike County Memorial Hospital, located at 2308 Georgia St., Louisiana, MO where they will be examined by a physician and you will be notified

Please rest assured the YMCA staff will remain with and care for the children at all times during an emergency to ensure the children's safety. As always, please don't hesitate to contact me if you have any questions or concerns.

Warm Regards,

Kathy Gregory
Site Coordinator
Clopton Before and Afterschool Program

