# Twin Pike Family YMCA 21st Century Community Learning Centers
# Before and Afterschool Programs

******Return Completed Form to the Site Coordinator to Complete Your Child's Enrollment.******

## 2026-2027 REGISTRATION FORM

**This form must be completed in its entirety to enroll your child in the Twin Pike Family YMCA 21st CCLC Program. ***Please Note: All sections must be completed. Snacks are provided at all Afterschool Program sites.**

| BONCL Elementary – K-8<br>Before & Afterschool Program | Bowling Green Elementary – K-6<br>Afterschool Program | Frankford Elementary – K-6<br>Afterschool Program |
|---|---|---|
| *Leslie Lovell,*<br>*BONCL Site Director* | *Claire Graver,*<br>*Bowling Green Site Director* | *Alicia Gilbert,*<br>*Frankford Site Director* |

**Which 21st CCLC Site are you enrolling your child? Check one Site.**

| ☐ BONCL | ☐ Bowling Green | ☐ Frankford |
|---|---|---|
| **August 25, 2026 – May 27, 2027**<br>**Tuesday - Friday**<br>• Before School (6:50 – 7:35 a.m.)<br>• Afterschool (3:42 - 5:57 p.m.) | **August 24, 2026 – May 20, 2027**<br>**Monday – Friday:**<br>• Afterschool (3:10 – 6:10 p.m.) | **August 24, 2026 – May 20, 2027**<br>**Monday – Friday:**<br>• Afterschool (3:10 – 6:10 p.m.) |

| YMCA Member (Circle)<br>YES NO | Start Date: | Estimated Pick Up Time: |
|---|---|---|

**Transportation Information:**

| Transportation Plans: | ☐ I will pick my child up.<br>☐ My child will ride the bus home. *(BONCL only on Tuesdays – Fridays.)* |
|---|---|

**Student Information: when entering an address it must be a 911 compliant address**

| Student Name: First Name | Middle Name | Last Name |
|---|---|---|
| | | |

| Address of Student: Street Address, City, State, Zip Code | Best Contact Phone # |
|---|---|
| | |

| DOB mm/dd/yyyy | Child's Current Age | Child's Gender | Child's Current Grade | MOSIS # (to be completed by staff) |
|---|---|---|---|---|
| | | | | |

**RELATED CHILD** ☐ Yes ☐ No **IF YES, WHAT IS CHILD'S RELATON TO CHILD CARE PROVIDER STAFF MEMBER**_____

**Health Information: Please mark each Yes OR No box in Section 1 and Section 2**

1. My child is in good health, is able to participate in group care, and has no special health or medical requirements. ☐ Yes ☐ No
2. If your child has any special health requirements, please indicate them below:

   Allergies: ☐ Yes ➔ Please List: _____ ☐ No

   ADHD: ☐ Yes ☐ No

   Use of Medication: ☐ Yes ➔ Type: _____ ☐ No

   Emotionally, behaviorally, intellectually, or physically challenged:

   ☐ Yes ➔ Please List: _____ ☐ No

**Parent/Guardian Household Information:**

***Please Note: All sections must be completed. We will not be able to enroll your child until all information is provided. If a section is Not Applicable, please write N/A on all lines without information.

Father/Guardian's Name (First & Last): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Employer: _____ Employer Phone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Typical Work Hours: _____

## Parent/Guardian Household Information (CONTINUED):

***Please Note: All sections must be completed. We will not be able to enroll your child until all information is provided. If a section is Not Applicable, please write N/A on all lines without information.

Mother/Guardian's (First & Last): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Email Address: _____

Cell Phone Number: _____ Other Contact Number: _____

Employer: _____ Employer Phone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Typical Work Hours: _____

## Emergency Care Information:

***Please Note: All sections must be completed. We will not be able to enroll your child until all information is provided in its entirety. You must identify a doctor and name a hospital. Dentist is optional***

| | |
|---|---|
| **Name of Child's Doctor (First & Last):** | **Phone Number:** |
| **Hospital Preference:** | **Phone Number:** |
| **Name of Child's Dentist (First & Last):** | **Phone Number:** |

## Emergency Contact Information:

In the event that the child's parents/guardians cannot be contacted, please provide a minimum of two (2) emergency contacts that may be contacted by 21st CCLC staff in the event of an emergency and to whom the child can be released.

**Emergency Contact #1:**

Name (First & Last): _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Other Contact Number: _____

**Emergency Contact #2:**

Name (First & Last): _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Other Contact Number: _____

## Authorized Pickup Information:

In addition to the emergency contacts listed above, please provide the names of additional persons to whom the child can be released. Include the person's relationship to the child and phone number.

| | | |
|---|---|---|
| **Name:** | **Relationship to Child:** | **Phone Number:** |
| **Name:** | **Relationship to Child:** | **Phone Number:** |
| **Name:** | **Relationship to Child:** | **Phone Number:** |
| **Name:** | **Relationship to Child:** | **Phone Number:** |

***In the event that the school district closes during the regular school day or releases students early due to inclement weather, the YMCA 21st CCLC program will also be cancelled and will not be held.***

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

# 2026-2027 DATA COLLECTION FORM
# THIS INFORMATION HELPS US QUALIFY FOR GRANT FUNDING

**Student Information:**

| Student Name: First Name | Middle Name | Last Name |
|---|---|---|
| | | |

**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.

**Ethnicity: (choose one)**

☐ Hispanic/Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Non-Hispanic/Latino

**Race: (choose 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: | Primary Language Spoken at Home (if applicable): |
|---|---|
| | |

**FREE OR REDUCED PRICE LUNCH:**

**Does your child quality for Free or Reduced Price Lunch?** ☐ Yes ☐ No

## CACFP REQUIREMENT FOR STATE LICENSURE

**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED:**

**My child will attend** ☐ Full Time ☐ Part Time

**Check what days your child will attend. Program hours are on page 1.**
Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

**Describe any changes or variations in usual attendance including shift changes:**

**MEALS AT THIS FACILITY:**

☐ I understand my child will be provided an afternoon snack. Program snacks are supplied by each site's school district.

**HOLIDAYS MY CHILD IS IN CARE AT THIS FACILITY:**

Truman Day, Juneteenth, Columbus Day, and Veterans Day are program attendance days unless the school district has indicated that these days are NOT In Session days.

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

# 21ST CCLC EMERGENCY TRANSPORTATION AUTHORIZATION FORM 2026-2027

**Student Information:**

| Student Name: First Name | Middle Name | Last Name |
|---|---|---|
| | | |

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 YMCA 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 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: _____**

# EMERGENCY EVACUATION/RELOCATION AND TRANSPORTATION INFORMATION 2026-2027

**Student Information:**

| Student Name: First Name | Middle Name | Last Name |
|---|---|---|
| | | |

Dear Parent/Guardian:

In the event of an emergency situation, the YMCA 21stCCLC Before and Afterschool Programs 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 upmost 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 school district 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 Street, Louisiana, Missouri, 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.

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

# YOUTH PROGRAMS POLICY FORM

2026-2027 (Please read carefully and sign)

## Student Information:

| Student Name: First Name | Middle Name | Last Name |
|---|---|---|
| | | |

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 record. 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 will be required on a permission slip that is designated for a specific field trip. The permission slips have to be signed prior to the day of the trip. The permission slip 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. This is in addition to the Field Trip Permission Slip.
7. **Child's Late Pick Up Fee** – I understand that if I pick up my child after the program end time I will be charged a Late Pick Up Fee. The Late Pick Up Fee is $5.00 per 10 minute increments after the program closes.
8. **Cancellation** – I understand the YMCA requires written notice of a cancellation two weeks prior to the last day of expected attendance due to license capacity regulations.
9. **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.

***By signing below, you acknowledge that you have read and understand the nine (9) policies stated above.***

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

# TWIN PIKE FAMILY YMCA
# 2026-2027
# BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY FORM

**Student Information:**

| Student Name: First Name | Middle Name | Last Name |
|---|---|---|
| | | |

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
3. inappropriate loud voice.
4. Leaving children unsupervised.
5. 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/Guardian Signature: _____ Date: _____**

# SPECIAL CIRCUMSTANCS
# 2026- 2027

**Student Information:**

| Student Name: First Name | Middle Name | Last Name |
|---|---|---|
| | | |

**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.

**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 secure. 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/Guardian Signature: _____ Date: _____**

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

**<u>YES, YOU CAN USE</u> my child's photo, video, or sound on social media**

Child's Printed name: _____

Parent Signature: _____ Date: _____

**<u>DO NOT USE</u> my child's photo, video, or sound on social media**

Child's Printed name: _____

Parent Signature: _____ Date: _____

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