



START DATE: _____

RATE: _____

School Attending & Grade _____

YMCA PRIMETIME AFTER SCHOOL Enrollment Form 2023 - 2024

Child's Name _____ Gender _____ Ethnicity _____ Age _____ Date of Birth _____

Home Address, City, State, Zip _____ Home Telephone _____

Father's Name _____ Home Address, City, State, Zip _____ Cell _____

Place of Employment _____ Employer Address, City, State, Zip _____ Business Phone _____

Mother's Name _____ Home Address, City, State, Zip _____ Cell _____

Place of Employment _____ Employer Address, City, State, Zip _____ Business
Phone _____

Email _____

Child's Living Arrangements: () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): () Both Parents () Mother () Father () Other

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

Name Address, City, State, Zip DOB and Email Address Phone Relation



PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:

Name
Phone

Address, City, State, Zip

Do you receive assistance from the Dept. of Family and Children Services? **YES** **NO**

CHILD'S MEDICAL INFORMATION

Child's Physician or Clinic's Name (Child's Primary Health Source) _____
Telephone Number _____

REQUIRED :In case of an emergency, the following is the preferred hospital for my child to be transported to (Name, Address & City of Hospital)

DOES THE CHILD HAVE ALLERGIES OR OTHER PHYSICAL PROBLEMS, MENTAL HEALTH DISORDERS, MENTAL RETARDATION OR DEVELOPMENTAL DISABILITIES; WHICH WOULD LIMIT THE CHILD'S PARTICIPATION IN THE PROGRAM AND ACTIVITIES? () **YES** () **NO**

Specify: Current Prescribed Medication

Child's Special Medical Needs and Conditions

DOES CHILD HAVE ALLERGIES? (INSECT, MEDICATIONS, FOOD, ETC.) () **YES** () **NO**

Specify:



DOES THE CHILD HAVE A HIGHER RISK FOR SEVERE REACTION NEEDING EPINEPHRINE TO BE AVAILABLE IN THE PRIMETIME SITE AREA? () YES () NO

If yes, a FOOD ALLERGY ACTION PLAN FORM is available.

ARE ANY SPECIAL PROCEDURES REQUIRED IN CARING FOR CHILD? () YES () NO

Please specify and give details:

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer an injury or illness
Child's Name Date of Birth
while in the care of the Telford YMCA PRIMETIME program and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as necessary. I (we) shall assume responsibility for payment of services. I (we) agree to keep the Telford YMCA PRIMETIME program informed of changes in telephone numbers, etc. where I can be reached.

The program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Known medical conditions (i.e. diabetic, asthmatic, drug allergies)

PARENT/GUARDIAN: _____ **DATE:** _____

PARENTAL AGREEMENT WITH TELFORD YMCA PRIMETIME AFTER SCHOOL PROGRAM

The TELFORD YMCA PRIMETIME AFTERSCHOOL program agrees to provide School Age Childcare for _____ on Monday through Friday 2:00 PM to 6:00 PM from August – May. Full Days will be 7:00 am – 6:00 pm when there are school breaks, snow days and most holidays, (letters will be sent home in advance).



Price:

Member Rate \$55/week

Non-Member Rate \$75/week

Member Drop-In Rate \$15/day

Non-Member Drop-In Rate \$20/day

My child will participate in the following meal plan for After School: Snack.

My child will participate in the following meal plan for a Full Day: Breakfast, Lunch & Snack

TELFORD YMCA PRIMETIME AFTER-SCHOOL PROGRAM RELEASE/WAIVER

Child's Name _____ DOB _____

Parent/Guardian Name _____

Address _____ City _____ State ____

Zip Code _____ Phone _____

I, the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in the TELFORD YMCA PRIMETIME AFTER SCHOOL program. The minor is physically able and mentally prepared to participate in all PRIMETIME activities.

In consideration of said minor being permitted to enter the TELFORD YMCA PRIMETIME AFTER SCHOOL facility and participate in all activities I, as parent/guardian, hereby:

1. Release the YMCA, it's directors, officers, employees' agent and volunteers (collectively "Releases") from all liability to me or to my minor child or ward named above for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near the YMCA facilities or participating in YMCA PRIMETIME activities at other locations.
2. I covenant not to sue Releasees for any loss, damage, injury or death suffered by the above-named minor and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's facilities, whether caused by the negligence of Releasees or otherwise.
3. I assume all responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees.
4. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
5. I do hereby authorize the TELFORD YMCA PRIMETIME AFTER SCHOOL program as agent for the undersigned, to consent with respect to said minor, to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special



- supervision of, any physician and _____ surgeon licensed in the State of Kentucky and any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the
6. TELFORD YMCA PRIMETIME AFTER SCHOOL program is not responsible for costs incurred for medical care.
 7. Before any medication is dispensed to my child, I will provide a written authorization which includes: date; name of child; name of medication; prescription number; dosage; date and time of day for medication to be given. Medication will be in the original container with my child's name marked on it.
 8. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
 9. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. For example: telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.
 10. The TELFORD YMCA PRIMETIME AFTER SCHOOL program agrees to keep me informed of any incidents with the child, including illnesses, injuries, adverse reactions to medications, etc.
 11. The TELFORD YMCA PRIMETIME AFTER SCHOOL program agrees to obtain written authorization from me before my child participates in routing transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.
 12. I give the Telford YMCA PRIMETIME AFTERSCHOOL Program permission to take pictures of my child in his/her daily activities and use them in publications such as but not limited to: The Richmond Register, Newsletters, The YMCA Facebook & Instagram and Flyers.
 13. I understand that if my child should pose a threat to himself/herself, to other children, and/or staff, and/or property I will be asked to sign a behavior report acknowledging the problem. If my child continues to pose a threat to any of the above mentioned and together we have not been able to make improvements in the child's behavior, I am aware that I might be asked to remove my child from the program, giving me two weeks to find other means of school age childcare.

FOR AFTER SCHOOL

1. Name of the school your child will attend during the 2023 – 2024 school year:

2. Grade your child will be going into for the 2023 – 2024 school year: _____
3. Does your child have any non-food allergies? (Please be specific) **(Y)** or **(N)** Please list if Yes: _____
4. Please Attach Child's Updated Immunization Record
5. Please sign the Parent Handbook form



By signing below, I am stating that I understand and agree to abide by the policies and procedures for the Telford YMCA PRIMETIME program and acknowledge receiving a YMCA PRIMETIME Parent Handbook. I understand payment made after 6:00 PM on Friday will be subject to a \$10 late fee. I understand that cancellation must be made two weeks in advance, and I will pay for two more weeks of childcare after cancellation.

PARENT/GUARDIAN: _____ DATE: _____
PROGRAM DIRECTOR: _____ DATE: _____

******* FOR 2023 – 2024 AFTER SCHOOL PROGRAM *******