

START DATE: \_\_\_\_\_

RATE: \_\_\_\_\_

School Attending & Grade \_\_\_\_\_

**YMCA PRIMETIME AFTER SCHOOL/VIRTUAL LEARNING  
Enrollment Form 2020 - 2021**

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  
Phone

Address, City, State, Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name  
Phone

Address, City, State, Zip

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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)

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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

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Child's Special Medical Needs and Conditions

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

Specify:

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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:

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### 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)

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**PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Please Choose One:

#### **Parental Agreement with Telford YMCA Primetime for 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 2020 – May 2021. 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).

#### **Parental Agreement with Telford YMCA Primetime for Virtual All Day Learning Program:**

The TELFORD YMCA PRIMETIME AFTERSCHOOL program agrees to provide School Age Childcare for \_\_\_\_\_ on Monday through Friday 7:00 am to 6:00 PM from August 2020 – May 2021 at the Telford YMCA.

## Price:

Member Rate for After School: \$45/week

Non-Member Rate for After School: \$65/week

Full Day Additional Fee for After School: \$15/day

Member Rate for Virtual Learning Program: \$110/week

Non-Member Rate for Virtual Learning Program: \$130/week

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

My child will participate in the following meal plan for Virtual Learning Full Day & After School Full Days: 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 be 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.

**Please Provide the Following:**

1. Name of the school your child will attend during the 2020 - 2021 school year: \_\_\_\_\_
2. Grade your child will be going into for the 2020 - 2021 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

**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.**

**PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PROGRAM DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\* FOR 2020 - 2021 AFTER SCHOOL PROGRAM/VIRTUAL LEARNING PROGRAM \*\*\*\*\*