

Jamestown YMCA Y Care
After School Program Registration
2008-2009 School Year

Please print:

Child's Name _____ DOB ___/___/___ Age _____ Grade _____

Home Phone _____ Ethnicity _____ Primary Language _____

Street Address _____ City _____ Zip Code _____

Mailing Address (if different from Street Address) _____

School Attending _____ Teacher's Name _____

Child lives with _____ Email Address _____

Mother's Name _____ Cell Phone _____

Address if different than child's address _____

Place of employment _____ Work Phone _____

Social Security Number _____

Father's Name _____ Cell Phone _____

Address if different than child's address _____

Place of employment _____ Work Phone _____

Social Security Number _____

Name of Relative or Neighbor if Parent/Guardian cannot be reached in an emergency:

_____ Phone _____

Relationship _____

Enrollment

Please circle the days the child will be attending each week (3 days minimum)

M T W Th F

Please circle payment preference:

Bi-weekly Monthly

Are you receiving any funding from a Child Care Assistance Program? Yes No

If yes, list case worker's name _____ Case # _____

Parent Agreement

I, the undersigned, understand that I am responsible for all payments to be made on time and if payments fall behind, my child may be suspended from the program.

X Signature

Date

Note: Registration fee is non-refundable and is payable upon registration. A \$10.00 service charge is charged for all NFS checks and the YMCA business office reserves the right to require payment in cash for repeat offenders.

YMCA Member Status (check one): _____ YMCA Member _____ Program Member

YMCA Member Id Number _____ Expiration date _____

Registration Amount Due: \$25.00

Lift Bus Fee Due: \$30.00 in September and \$30.00 due in January

Amount Paid \$ _____ Receipt # _____ Date _____ Initials _____

Amount Paid \$ _____ Receipt # _____ Date _____ Initials _____

Jamestown YMCA
Y Care After School Care Program
Permission for Health Physical Report

I give permission for _____ to release
(your child's school)

the **Health Physical Report** for _____ to
(Child's name, first and last)

the 2008-09 Jamestown YMCA After School Care Program.

X _____
Signature of Parent of Legal Guardian

Date

Office Use Only
All Health Forms can be faxed
Attn: Youth and Family Director
Jamestown YMCA
(716) 488-7680
Phone: (716) 664-2802 ext. 228

Authorization to Release Youth Participants from designated YMCA Programs

I hereby authorize the YMCA after school and day camp program to release my child, _____, to the following individuals over the age of 18 years of age. I understand these individuals may be required to show picture ID upon arrival to the YMCA before my child will be released if they are unknown to the staff.

1.	<i>Name</i>	<i>Address</i>	<i>Phone</i>
2.	<i>Name</i>	<i>Address</i>	<i>Phone</i>
3.	<i>Name</i>	<i>Address</i>	<i>Phone</i>
4.	<i>Name</i>	<i>Address</i>	<i>Phone</i>
5.	<i>Name</i>	<i>Address</i>	<i>Phone</i>
6.	<i>Name</i>	<i>Address</i>	<i>Phone</i>
7.	<i>Name</i>	<i>Address</i>	<i>Phone</i>

Parent/Guardian Signature _____ *Date* _____

Special Notes:

Please note: If we do not know the individual you have authorized to pick up your child, we will ask for picture ID.

Child's Name _____ Grade _____ School _____
Address _____ Phone _____ Other _____

Permission for Bus Transportation Jamestown Public Schools

Dear Parent/Guardian,

The Jamestown YMCA, Boys & Girls Club, YWCA, and various other youth serving agencies, with financial assistance from the United Way, have arranged to provide transportation for children in Kindergarten through middle school from Jamestown Elementary and Middle schools to the participating after school / program agency.

In order for your child to participate in this program, it is necessary that you sign the permission slip below and return it to the agency to which your child is being bussed. No child will be permitted to board the "after school" bus unless this permission slip has been completed, signed, and returned to the appropriate agency. Once this permission slip is received by the agency, they will contact the coordinating agency to arrange for your child to begin riding the bus. Please understand there is a waiting period every week. New students begin riding on Mondays. In order for students to begin riding on Mondays, their permission slips must be turned in on or before Wednesday of the week before.

We also seek your cooperation in stressing to your child the importance of completing all school obligations as a prerequisite for participation in the after school program. If, for some reason, your child is required to stay after school to complete assignments, make up missed work or for disciplinary reasons, your child will not be permitted to board the "after school" bus on that day. If you wish to have your child attend the program after completing all school obligations, you will be responsible to arrange the necessary transportation to the program. Please contact the participating agency as soon as possible to let them know your child will not be on the bus.

During transportation to the YMCA, children are expected to follow the following rules:

1. Observe the same conduct as in the classroom
2. Be courteous, use no profane language
3. No pushing or shoving
4. Do not eat or drink on the bus
5. Keep the bus clean
6. Cooperate with the driver and bus aide
7. Do not be destructive
8. Stay in your seat
9. Keep head, hands, and feet to yourself

Please be aware that the bus driver or aide is authorized to assign seats, if necessary. If a child chooses to disregard the rules, they will receive disciplinary action. First, the student will be reminded of the rules and will receive a verbal warning of the rule they have broken. If the unacceptable behavior continues, there will be a written warning sent to the agency and home to parents. If a second incident occurs, the child will be suspended from the bus for 2 weeks. If a third incident occurs, the child will be suspended from riding the bus permanently.

Parent Agreement:

I have read the above rules and policies for the transportation services provided by the Jamestown Public School district to the YMCA. I understand and support the guidelines that have been established. In the event that my child is ill or is not going to the YMCA as regularly scheduled, I am responsible to notify the school and the YMCA by 12:00pm that day.

I hereby give my permission for my child, _____, to be transported by the "after school" bus from _____ - _____ to the YMCA.
(school) *(grade)*

Please check which days your child will be riding the bus Monday Tuesday Wednesday Thursday Friday

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (signature) _____ Date _____

**Jamestown Family YMCA
After School Care Program
Acceptable Use Contract for Student Access to the Internet**

Through a grant awarded to the Jamestown YMCA from the Chautauqua Region Community Foundation, the after school care program now has access to the Internet through newly installed computers in our center. Please read the following information carefully and review the information with your child so that he/she understands and is in agreement with the terms and conditions of the YMCA policies regarding computer use. If any user violates these terms, access to the computers will be suspended or denied.

Although there is no system that can protect 100% against inappropriate or offensive sites, the YMCA is taking every precaution possible. Children will not be permitted to use the computers without staff permission and direct supervision at all times.

Rules for Acceptable Use:

I agree to the following conditions for computer use:

Everyone must wash and dry their hands before using the computer to prevent the spread of germs.

No eating or drinking is permitted while using the computers.

You must have a signed permission form on file before you are permitted to use the computers.

Each time you wish to use the computers, you must have permission from the director and supervised by a YMCA staff.

No outside software or CDs are permitted.

You are not permitted to access, send or display offensive messages or pictures.

You may not use obscene language, insult or attack others.

You may not damage or do things that might damage computers, systems, networks, or data (for example, loading a file that may introduce a virus).

You may not load or download any software onto the computers.

You may not trespass in others' folders, work or files.

You may not post or distribute copyrighted material.

You may not send or receive Email on the YMCA computers.

You must have staff permission before scanning or printing on the computers.

You are not permitted to buy, sell, or advertise anything on the YMCA computers.

You may not attempt unauthorized access to computer systems, networks, or data.

To protect myself and others, I will follow the following safety rules:

I will never give out my own or anyone else's last name, address, or telephone number to any online source.

I will not send my or anyone else's photo out online.

I understand that use of the computers is a privilege. Administrators, Directors and staff will determine what is appropriate use of the computer; their decision is final. Any violations of the rules stated above will result in loss of all computer privileges.

(Continued...)

Parent/Guardian:

Permission for Internet Access under terms and conditions listed above:

As the parent or guardian of the minor student signing below, I have read the YMCA policies and grant permission for my child to access networked computer services including the Internet. I understand that although the YMCA has taken the precautions listed above to protect against inappropriate or offensive material, I understand that it is impossible to filter 100% of the materials on the Internet that may be considered objectionable. I understand the YMCA has established rules to protect itself, staff and children, and any violations of the rules will result in suspension or termination of computer privileges.

Parent/Guardian Name (please print) _____
Signature _____ Date _____

Permission for Computer Use without Internet Access:

I have read the information above and do not give my child permission to access to the Internet at the YMCA under the terms and conditions listed above. I understand the YMCA after school care program has a computer that does not have Internet access and I give permission for my child to use that computer only.

Parent/Guardian Name (please print) _____
Signature _____ Date _____

(All students must sign)

Student User:

I have read the policies and rules and understand my responsibilities while using the computer network and I agree to follow all of the rules.

Student Name (please print) _____ Age _____

Student Signature _____ Date _____

Received by: _____

YMCA Youth Health History Form

Information on this form is not part of the acceptance process, but is gathered to assist us in identifying appropriate care.

Name _____ Birth date ____/____/____ Sex _____ Age _____
 Home Address _____ City _____ State _____ Zip _____ Home Number _____
 1st Parent or Guardian _____ Relationship _____ Daytime Phone Number _____
 2nd Parent or Guardian _____ Relationship _____ Daytime Phone Number _____
 If those listed above cannot be reached in case of an emergency, notify:
 Name _____ Relationship _____ Phone _____ Other _____
 Address _____ City _____ State _____ Zip _____

Health History:

(Check, give approximate dates)

_____ Frequent ear infections _____
 _____ Heart defect/disease _____
 _____ Convulsions _____
 _____ Diabetes _____
 _____ Bleeding/clotting disorders _____
 _____ Hypertension _____
 _____ Mononucleosis _____

Diseases

_____ Chicken pox _____
 _____ Measles _____
 _____ German Measles _____
 _____ Mumps _____

Allergies

_____ Hay Fever _____
 _____ Ivy Poisoning _____
 _____ Insect Stings _____
 _____ Bee Stings _____
 _____ Penicillin _____
 _____ Other Drugs _____
 _____ Asthma _____
 _____ Other (Please List) _____

Medical Information

Operations or serious injuries & date: _____
 Chronic or recurring illness or medical condition _____
 Activities encouraged or limited by physician _____
 Dietary restrictions _____
 Allergies _____
 Current medications (must be sent with instructions) _____
 Other diseases _____
 Name of dentist/orthodontist _____ phone _____
 Name of family physician _____ phone _____
 Do you carry family medical/hospital insurance? ___Yes ___No
 If so, Carrier _____ Policy or Group # _____
 Suggestions on health related information for program personnel: _____

Vaccines	Year of basic immunization	Year of last booster	Vaccines	Year of basic immunization	Year of last booster
DPT			Tuberculin test given		
Oral Polio			(HIB)		
Injectable Polio			Hepatitis B		
Measles			Tetanus		
Mumps			Other		
Rubella					

FOR FEMALE:

Has this person menstruated? _____
 If not, has she been told about it? _____
 If so, is her menstrual history normal? _____
 Special Consideration _____

IMPORTANT – THIS BOX MUST BE COMPLETED FOR PROGRAM ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted.

Authorization for Treatment:
I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of the program facility.

Signature of parent or guardian _____ Date _____

* If for religious reasons, you cannot sign this, then the program director should be contacted for a legal waiver which must be signed for attendance.

Parental Agreement

Y care payments are budgeted monthly payments and remain the same regardless of the number of days a child attends in any particular month including vacations and holidays. Payments are based on 180 day school year divided evenly over a 10-month payment plan.

Monthly payment plan payments are due on the first day of each month. Bi-weekly payment plan payments are due on the 1st and 15th of each month. A \$5.00 late fee will be charged on all accounts when payments are made more than 7 days after the due date. If payments are not made on a consistent and timely basis, your child will be dismissed from the program.

Refunds are not issued for children who are absent due to illness or other situations. Your monthly payment reserves your child's space in the program, whether they attend or not. We require notification in writing at least 2 weeks prior to cancellations of Y Care program participants.

Parental Requirements and Agreement

I understand and agree to the following:

1. I must notify the YMCA by 12:00pm if my child will not attend Y Care on any given day that my child is scheduled to attend.
2. Regardless of the school my child attends, I understand that the Y Care program follows the Jamestown Public School calendar in reference to holidays, early dismissal days, snow days and conference days.
3. I understand that I will be notified if my child fails to arrive at the YMCA when expected.
4. I understand that all-day care will be provided, beginning no earlier than 9:00am, should the Jamestown Public School system close due to weather conditions, unless a travel advisory has been issued.
5. In the case of a medical emergency, I understand that the Jamestown YMCA will make every effort to contact me, the secondary parent/guardian or the emergency contact listed on the registration form.
6. I certify that I am aware of the YMCA Y Care fee for this program and agree to make payments to the YMCA on a bi-weekly or monthly basis. I understand there will be a \$5.00 late fee charged per month for any accounts that are 10 days past due.
7. I understand that a \$5.00 late pick up fee will be charged for every 15 minutes I fail to pick up my child past the designated pick up time.
8. I understand that my child will be expected to follow the instructions and rules of the YMCA and its staff. Disruptive and/or disrespectful behavior will not be tolerated and will result in the suspension and/or possible termination of Y care services for my child.
9. I understand that as child care workers in the State of New York, all Y Care Staff are mandated by law to report any suspected child abuse cases.
10. I grant permission to the Jamestown YMCA to access my child's school records for the 2007-2008 school year. I also grant permission for my child to leave the YMCA on supervised field trips and the use of his/her photo in program promotions.

I have read the above information provided to me and understand the Y Care policies and procedures and agree to follow them.

Signature of Parent or Guardian _____ Date _____