

YWCA IS ON A MISSION



YWCA After School Care 2018-19 School Year

Application Date: _____	Start Date: _____
Financial Assistance level: _____	Weekly Rate: _____
Membership Date: _____ Youth _____ Family _____	Date registration Paid: _____ Waived _____

Program Participant:	First Name: _____	Last Name: _____		
H O M E	Address: _____	___ Male ___ Female	Date of Birth: _____	Age: _____
	City: _____	State: _____	Zip: _____	Phone: _____
	School: _____	Grade: _____	Child lives with: _____	

P A R E N T O r G U A R D I A N	First Name: _____	Last Name: _____		P A R E N T O r G U A R D I A N	First Name: _____	Last Name: _____	
	Address: _____				Address: _____		
	City: _____	State: _____	Zip: _____		City: _____	State: _____	Zip: _____
	Phone: _____	Cell Phone: _____			Phone: _____	Cell Phone: _____	
	Email address: _____				Email address: _____		
	Employer: _____				Employer: _____		
Job Title: _____	Work Phone: _____		Job Title: _____	Work Phone: _____			

EMERGENCY CONTACT (other than parent/guardian) List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and be able to take responsibility for the child in case you cannot be contacted.

First Name: _____	Last Name: _____	Relationship to the child: _____
Phone: _____	Cell Phone: _____	

Is there anyone who CAN NOT pick-up your child?: _____



A U T H O R I Z E D P E R S O N	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	
P A R E N T	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	

A U T H O R I Z E D P E R S O N	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	
P A R E N T	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	

The YWCA staff will NOT release your child to any person other than those you have listed. Please do not send someone who is not on this list. Please inform anyone that you have requested to pick up your child, that a photo I.D. will be required before we will release your child to that person. This policy is for the safety of your child.

Preferred Hospital or Medical Center:							
D O C T O R	First Name:	Last Name:	D E N T I S T	First Name:	Last Name:		
	Address:			Address:			
	City:	State:		Zip:	City:	State:	Zip:
	Phone:	Fax:		Phone:	Fax:		

Does your child have a special health or medical condition? (check one)

No

Yes (Please explain)

Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours?

No

Yes -Please request a form for the administration of medicine.

Does your child have any food, medication or environmental allergies?

No

Yes (Please explain)

Does your child's allergy/allergies require child care staff to monitor for symptoms, take action if a reaction occurs or give emergency medication to your child? (check one)

No

Yes - Please request a form for the administration of medicine

Does your child have any dietary restrictions, including those for medical, religious, or cultural reasons? (Check one)

No

Yes (Please explain)

Does this dietary restriction require a modified diet that eliminates all types of fluid milk, peanuts, or an entire food group?

No

Yes (Written instructions must be provided.)

Child's Insurance Coverage and Policy Information

(Child's Legal Name) _____ is covered by an insurance policy held by:

Company's Name _____

Policy # _____

Group # (if applicable) _____

Policy Holder's Name _____

Medical Treatment and Transportation Permission for

(Child's Legal Name)

I authorize the YWCA of High Point, NC Inc. staff to take whatever emergency measures are necessary for the protection of my child while in their Child Care program, including transporting my child to a hospital or clinic while I am being contacted. I agree to indemnify, hold harmless and forever release the teachers, employees, agents of the YWCA of High Point, NC Inc. from all claims, damages, and injuries incurred and any matters arising out of my child's participating in the child care program.

(Parent/Guardian Signature)

(Date)

Please Read the following permission request answer and initial ALL that apply:

1. ACTIVITY / FIELD TRIP PERMISSION SLIP

My child has permission to be transported

by van or bus from school to the YWCA and also on activities or field trips planned by the YWCA of High Point Child Care Program. I understand that I will be notified in writing in advance of these trips as to the destination, date, time of departure, and time of return. The YWCA staff will supervise the children. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising out of my child's participation in the program.

Initial: ____ Date: ____

2. PERMISSION TO SWIM AT THE YWCA OF HIGH POINT POOL

My child has permission to participate in swimming in the pool of the YWCA of High Point, NC. The YWCA lifeguard(s) will be on duty at all times. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising out of his/her participation in the program.

Initial: ____ Date: ____

3. PERMISSION TO ATTEND BIBLE STUDY AT THE YWCA OF HIGH POINT

In an attempt to make sure to incorporate every aspect of the YWCA founding principals into our youth development program we are going to be doing bible study with the youth.

It will be simple with a focus on bible stories and morals. We will be incorporation drama, music, speakers and any other multimedia that will make it a fun and encouraging environment.

____ YES my child MAY participate in bible study at the YWCA.

____ NO my child may NOT participate in bible study at the YWCA.

Initial: ____ Date: ____

4. PERMISSION FOR PHOTO RELEASE:

I agree that YWCA of HIGH Point may use photographs of my child without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Initial: ____ Date: ____ NOT PERMITTED: ____

5. Permission to get copies of academic records:

The YWCA of High Point has my permission to call/ and or visit my child's school to check on my child's performance, homework and conduct with the parents permission or request. The YWCA of High Point may also get copies of my child's report cards and mid term reports.

Initial: ____ Date: ____ NOT PERMITTED: ____

I agree that the counselor may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

We do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. No medications will be administered without specific instructions from the physician or the child's parent or guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

***** I have read all 5 permission requests in details and have initialed all with full understanding of what I am giving or not giving my permission for *****

Parent/Guardian Signature

Date

Parental Obligations:

1. I agree to enroll my child/children in the YWCA After School Care Program. I agree to pay my weekly fee.

Please note:

Weekly fee is based on being either full-time or part-time.

Accounts **MUST** be paid the Friday prior to attending each week.

2. I understand that the YWCA will **NOT** deduct for any missed days.

3. The parent/guardian agrees to pay program registration fee of \$20.00 and a YWCA of High Point membership fee of \$20.00 before their child will be able to attend the program. This is a non-refundable fee.

Due at Registration:

Program Registration Fee (Non-Refundable)	\$20 per child
Yearly Child Membership (Non-Refundable)	\$20 per child
Non Refundable Deposit required in advance for first week of care	\$45 (1 st child)
	\$40 (2 nd child)

4. I agree to adhere to the YWCA of High Point Program policies as stated in the Parent Handbook.

5. The program is open from 2:30am-6:00pm. If your child is not picked up by 6:00pm, late fees will apply.

After **7:00pm**, the authorities will be notified.

6. For any returned check, **\$25** will be charged to the parent. Legal guardian/parent may terminate this contract, however, one week advanced notification of intention must be given in writing or you will receive a bill for one week.

(Signature of Parent/Guardian)

(Date)

(Authorized Signature of Program)

(Date)

IMPORTANT:

The YWCA does not deduct any days missed from weekly fees.

Staffing, materials, snacks, and transportation are based on registration, regardless of attendance.