



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2017-18 After School Academy Registration Form

Dear Parents,

We are gearing up for an exciting 2017-18 school year for you and your children! At the Youth Center, it's our goal to be *THE* premiere place for youth development, and an engaged, exciting, and enriching After School program is one of the ways we strive to do that! Thank you for considering us as your after school provider for the 2017-18 school year. The YMCA is the nation's leading provider of youth development programs, and at the Youth Center, your child will have the opportunity to make new friends, experience new things, and embrace new opportunities, through our dynamic program!

As you navigate this school year, please remember that we hire staff, purchase materials, and make schedules based on registration numbers. As spaces fill up, we reluctantly begin turning away students who do not show up in our program. Accordingly, all registration fees are non-refundable; however, if given proper notice (written, two weeks in advance), we will transfer a week or remove a child who will be absent in order to help accommodate you.

We're committed to serving you and your family and making this a dynamic experience. Should you have any questions or concerns, please don't hesitate to contact us. Again, thank you and here's to an amazing school year!

Cordially,

Terri Harvill  
Executive Director

---

### **After School Academy Fees**

- Registration Fee: \$25 per child
- YMCA members: \$48 per week
- Phillips Academy: \$48 per week
- General Public: \$65 per week

Additional Information: We do accept ChildCare Central (CCC) and offer financial assistance.

## **Communication**

As a top priority for our staff, communication will play a vital role this year. To do this effectively, we will rely heavily on online communication. To ensure effective communication:

- Please be sure to provide an accurate email address that you would like to receive information regarding ASA; **e-mail will be our primary method of communication.**
- We will provide you with regular updates (as necessary) and periodic newsletters.
- Please sign up for our **Remind101 Text Messaging** service. This is another great way to receive info regarding our program, such as special activities, cancellations, etc. We promise not to flood your inbox and will only text you necessary information.
  - **To sign up, please text @YCASA17 to 81010**
- We will have parent orientations as a way of allowing you to meet our staff and tour the Youth Center. Dates will be communicated via email and text at a later date.
- For additional questions or concerns, don't hesitate to contact us at 205.324.1643.

## **Policies & Procedures**

**Waiver** -By completing the registration form and signing the waiver, you agree to all policies and procedures as stated.

**Registration Dates** - Registration is processed on a first-come, first-serve basis according to Family Member and Program Member dates.

**Open Registration** - Registration begins July 11<sup>th</sup>. There is a non-refundable, \$25 per child registration fee. Be sure to speak to our Front Desk about how you can take advantage of lower prices by becoming a YMCA member or applying for financial assistance.

**Cancellations** - If you wish to cancel a week for your child, you must complete a cancellation/refund request form. All cancellations must be requested in writing (email or handwritten) two weeks before the desired week in order to receive a refund.

**Late Registration** - Registration is accepted as space is available.

**Attendance Policy** – After School Academy is an ongoing program. Weekly fees are due each week regardless of attendance. Three or more days are considered as full weeks. Any type of proration or excusing of time will only be considered when a valid written or typed excuse is presented and then decided upon by the Youth Development Director.

## **Payments & Scholarships**

All payments are required to be paid via any of the following methods: Bank draft, credit/debit card, cash, or money order. No checks are accepted. Payments are due Wednesday and are considered late after Friday for the upcoming week.

We also offer payment plan that can be tailored to your specific family needs. For more information on payment plans and bank drafts, please contact Justin Hendricks at (205) 324-1643 or [jhendricks@ymcabham.org](mailto:jhendricks@ymcabham.org).

**Financial Assistance** - The YMCA believes in serving the needs of everyone in our community regardless of their ability to pay full fees. Financial assistance, based on need, is available for our After School Academy program. We accept financial assistance applications throughout the school year, and awards are given on a first come basis and must be accepted within one week of award notification. For more information, please contact Travis Stoves at [tstoves@ymcabham.org](mailto:tstoves@ymcabham.org)

**Tax Information/Receipts** - For questions or tax information, contact the business office at 445-2850. Tax ID# is 63-0299894.

\*\*\* In order to ensure your child is registered for After School Academy 2017-18, please complete the following registration form in its entirety and submit the one-time registration fee of \$25. Once form is completed and registration fee is paid, your child is then officially registered for our After School Academy.

**YMCA Youth Center  
After School Academy Registration**

**Student Information**

Child's First Name		Child's Last Name	
Date of Birth	Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	City	State	Zip
Family Email		Home Phone	
School		Grade in the fall	
Parental Code Word (Please do not share with your student)			

**Mother/Guardian Contact**

Name
Home Phone
Work Phone
Cell Phone
Work Email

**Father/Guardian Contact**

Name
Home Phone
Work Phone
Cell Phone Work
Email

**Emergency Contacts and Authorized Pick Ups (other than parent or guardian)**

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

**Persons FORBIDDEN to pick up child (Biological parents may not be UNAUTHORIZED unless based on a court order.):**

Name
Name

**Child in custody of:**

Both Parents       Guardian  
 Mother             Other \_\_\_\_\_  
 Father

**Health Information**

Name of health insurance	Policy Number	<b>Administering of Medication</b> <input type="checkbox"/> I DO give permission for prescribed medications to be administered by Y staff <input type="checkbox"/> I DO NOT give permission for prescribed medications to be administered by Y staff
Name of Insured	Relationship to child	
Primary Doctor	Phone Number	
Primary Dentist	Phone Number	Preferred Hospital
<b>Allergies</b> - Please list all known medication, food or other allergies. _____ _____ _____	<b>Medication</b> - Please list ALL known medication being taken, dosage and ANY dietary restrictions. _____ _____ _____	<b>Illness</b> - Please list any physical, mental or psychological special needs your child may have. _____ _____ _____

**Waiver**

This health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand the Birmingham YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in day camps, athletics, sports programs, the use of any equipment, exercises or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities.

I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity.

I agree to have my child examined within a reasonable time period prior to camp by the family physician stating he/she is free of communicable disease and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA director to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity. I give permission to the Birmingham YMCA, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use. I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY THE BIRMINGHAM YMCA DAY CAMP PROGRAM.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**YMCA of Greater Birmingham**  
**After School Academy Electronic Withdrawal Agreement Form**

Please complete one per family

Today's Date _____	Staff Assisting _____
--------------------	-----------------------

**Personal Information**

Person responsible for payments _____	Relationship to Student _____
Student(s) Name	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Billing Information**

First Name _____	Last Name _____	Date of Birth _____
Home Address _____	City _____	State _____ Zip _____
Home Phone _____	Primary Email _____	
Employer _____	Work/Cell Phone _____	
Employer's Address _____	City _____	State _____ Zip _____

**Bank Information**

<input type="checkbox"/> <b>Bank Account Details (preferred method)</b> <b>(attach voided check)</b> Name on Account _____ Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings  Routing Number _____  Account Number _____	<input type="checkbox"/> <b>Credit Card Details</b> <b>(if paying by card draft)</b> Name on Account _____ Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover  Account Number _____  Expiration Date _____
--	---

Please use my account on file ending in \_\_\_\_\_ (list the last 3-4 digits)

**Payment Schedule Information (choose one)**

<input type="checkbox"/> <b>Weekly Draft</b> <table border="1" style="width:100%"> <thead> <tr> <th>School Year</th> <th>Draft Date</th> <th>Amount Due</th> </tr> </thead> <tbody> <tr> <td>2017-18</td> <td>Every Friday</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	School Year	Draft Date	Amount Due	2017-18	Every Friday																										<input type="checkbox"/> <b>Monthly Draft (Monthly drafts must end by July)</b> <table border="1" style="width:100%"> <tr> <td><b>Start Date</b></td> <td>_____</td> </tr> <tr> <td><b>Total Due after deposits</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Number of months</b></td> <td>÷ _____</td> </tr> <tr> <td><b>Monthly Amount Due</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Draft Date</b></td> <td><input type="checkbox"/> 1st                   <input type="checkbox"/> 15th</td> </tr> <tr> <td><b>Notes:</b></td> <td>_____</td> </tr> </table> <p align="center"><input type="checkbox"/> <b>I WILL PAY VIA CASH/CARD/MONEY ORDER AT BRANCH BY DUE DATE WEEKLY OR BI-WEEKLY</b></p>	<b>Start Date</b>	_____	<b>Total Due after deposits</b>	\$ _____	<b>Number of months</b>	÷ _____	<b>Monthly Amount Due</b>	\$ _____	<b>Draft Date</b>	<input type="checkbox"/> 1st <input type="checkbox"/> 15th	<b>Notes:</b>	_____
School Year	Draft Date	Amount Due																																									
2017-18	Every Friday																																										
<b>Start Date</b>	_____																																										
<b>Total Due after deposits</b>	\$ _____																																										
<b>Number of months</b>	÷ _____																																										
<b>Monthly Amount Due</b>	\$ _____																																										
<b>Draft Date</b>	<input type="checkbox"/> 1st <input type="checkbox"/> 15th																																										
<b>Notes:</b>	_____																																										

**Payment Policies-PLEASE INITIAL**

Initial	If I choose the draft method, I understand payment will be drafted weekly or monthly as indicated above. If payment is not received by the first day of care, the child will not be allowed to participate in the program until fees are paid.
Initial	Payments not honored by the bank for any reason, will incur a \$15 return payment fee. In the event a payment is returned, we will automatically redraft within 14 days.
Initial	I understand that the registration fee is non-refundable.
Initial	I understand that If I need to cancel a week, I must do so in writing to the YMCA and submit 2 weeks prior to the cancelled week in order to either receive a refund or not be charged.

I agree to the policies set forth on this form and confirm (if applicable) the draft of the above named financial institution for charges related to selected YMCA programs. I further agree this authorization is to remain in effect until receipt of written notice to the YMCA Central Business Office or branch Program Director to cancel such authorization.

Responsible Party Signature _____	Date _____
-----------------------------------	------------

## Parent Statement of Understanding & Behavior Policy

Please initial next to each statement:	
Initial	I understand the YMCA of Greater Birmingham staff and volunteers are not permitted to babysit students.
Initial	I understand that YMCA of Greater Birmingham staff and volunteers are not permitted to transport children in their personal vehicles.
Initial	I understand my child will not be allowed to leave or be picked up by any unauthorized person. Any person authorized to pick my child must either be listed on the registration form or arrangements in writing must be submitted to the childcare office. All authorized people must be over 18 and have proper ID.
Initial	I understand if a person arrives to pick up my child, who appears to be under the influence of drugs or alcohol; for the safety of my child, staff may have no other option but to contact the police. (Please do not put staff in a position to make this judgment call).
Initial	I understand YMCA childcare staff are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
Initial	In case of emergency, I understand the YMCA of Greater Birmingham and all persons engaged in YMCA childcare activities are released, indemnified, and held harmless of any claims against any or all of them.
Initial	I understand that I am responsible for Accidental Insurance coverage.
Initial	I have read and understand the Behavior Management Policy of YMCA Childcare programs.
Initial	I give my child permission to participate in water activities provided by the YMCA.
Initial	I give my child permission to be transported by the YMCA in YMCA owned mini-buses and school buses or school buses owned by Department of Education.
Initial	I have received a copy of the YMCA Childcare Parent Handbook.
Initial	I have attached a wallet size recent picture of my child for emergency purposes.

### Behavior Policy Statement-Please see parent manual for full policy.

The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and/or facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values (including, but not limited to: lewdness, profanity, fighting, stealing, leaving camp w/o permission, etc.)
- For any reason within the discretion of YMCA management.

I have read the Parent Statement of Understanding and Behavior Policy Statement and fully agree to its terms. I have also read and accept the policies and procedures listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying authorization and consent to medical treatment of minor and the parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

By my signature, and of my free will, I do hereby agree to indemnify and save/hold harmless the YMCA of Greater Birmingham from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/ Legal Guardian)

\*Only the parent/guardian who submits their signature above can alter information.

# Asset & Fitness Survey Waiver

Dear Parent or Guardian,

As part of our effort to provide excellent school-age programs to our community, we will survey participants in our Afterschool and Summer Camp Programs. Surveys will include information on the 40 Developmental Assets and fitness testing through the new CATCH Kids program. The survey was developed by the YMCA of the USA with Search Institute, a well-known and respected not-for-profit research organization.

Our goal in this process is to learn what the young people think and feel about the program in order to improve it for the future. The surveys young people will fill out are anonymous and the results will be summarized according to the program. In order for your child to participate in the survey, we must receive your signed consent. The form at the bottom of this page allows you to say yes or no to your child's participation. Please give serious consideration to this request. The value of this kind of survey depends on the participation of every young person. If no consent form is received from you, your child cannot participate in the survey.

We value your trust and confidence in us, and we thank you again for helping us make the YMCA programs even better. If you have any questions about this, please contact us at 205.324.1643, or email our Youth Development Director, Travis Stoves, at [tstoves@ymcabham.org](mailto:tstoves@ymcabham.org).

Sincerely,

Terri Harvill  
Executive Director  
YMCA Youth Center

-----CUT HERE-----

- YES, I give permission for my child to participate in the YMCA School-age Survey on Asset Building.
- NO, I do not give my permission for my child to participate in the YMCA School-age Survey on Asset Building

Child's Name \_\_\_\_\_

Age of Child \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_