



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parent/Caregiver:

CONGRATULATIONS! We are excited to have your child participate in the YMCA Afterschool Program in partnership with Walker County Schools, United Way of Central Alabama and Y-USA.

What is the Afterschool Program? It is a program that provides academic support, healthy activities and enrichment opportunities throughout the school year to kindergarteners through 8th graders, improving their grades, increasing social and emotional skills, and reducing risk-taking activities.

The program is sponsored by the YMCA of Greater Birmingham in collaboration with the Walker County School District. This program will start on **Monday, October 3, 2016** and end on **Thursday, May 18, 2017**. The program will begin every afternoon at **school dismissal** and end at **6:00pm** Monday through Friday. The location of the program will be **Oakman Middle School**.

What do I have to do? We believe that family involvement is the key to the positive development and academic success of any child. So, in order for your child to participate in the program we need your participation, too. Your family involvement will include attending the **initial parent/caregiver orientation meeting, registering your child for the program, understanding the program model and helping provide a way for your child to fully participate by staying for the full length of the program each day**. Kids who are picked up early miss out on valuable enrichment time and a lot of fun as well.

If you have any questions or concerns, please feel free to contact **Rhonda Elmore at 205-358-9733 or relmore@ymcabham.org**.

We look forward to working with you and your child this year!



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parent/Caregiver:

Thank you for participating in the YMCA Afterschool Signature Program as part of the 21st Century Learning Center. As you know, the program is focused on helping to increase your child's academic success and develop his or her social and emotional skills as well in a way that supports a child's overall youth development.

We believe that family involvement is the key to the success of any child. So, in order for your child to most effectively participate in the program we need your participation too. Your family involvement will include attending the initial parent/caregiver orientation meeting, registering your child for the program, understanding the program model and helping provide a way for your child to fully participate by staying for the full length of the program each day. Kids who are picked up early miss out on valuable enrichment time and a lot of fun as well.

We are also intending for your child to have **FUN**, be **ACTIVE** and make **HEALTHY CHOICES**—during the program AND at home!!

Please take a moment to review and sign the agreement below. We look forward to working with you and your child this year!

PARENT/CAREGIVER AGREEMENT

I, _____ (please print first and last name)

understand and agree to the following:

- To attend the program *ORIENTATION*
- To register the child for the program,
- To understand the program model with help from the YMCA staff
- To provide a way for the child to fully participate by staying for the full length of the program each day.

Child's Name

Parent or Caregiver Signature

Today's Date

Phone Number

**YMCA OF GREATER BIRMINGHAM
Afterschool Registration Form**

Camper 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		Current Grade	
Code Word (Please do not share with your child)			
Mother/Guardian Contact		Father/Guardian Contact	
Name		Name	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Work Email		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.):		Child in custody of:	
Name		<input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	
Name		<input type="checkbox"/> Mother <input type="checkbox"/> Other _____	
Name		<input type="checkbox"/> Father	
Health Information			
Name of health insurance		Policy Number	
Name of Insured	Relationship to child	Preferred Hospital	
Primary Doctor		Phone Number	
Primary Dentist		Phone Number	
Allergies- Please list all known medication, food or other allergies.	Medication - Please list ALL known medication being taken, dosage and ANY dietary restrictions.	Illness- Please list any physical, mental or psychological special needs your child may have.	
Waiver			
<p>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.</p> <p>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.</p> <p>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.</p> <p>I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY YMCA of Greater Birmingham Afterschool program.</p>			
Parent 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 camp children.
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 Manual.
Initial	I have attached a wallet size recent picture of my child for emergency purpose.
<p>Behavior Policy Statement-Please see parent manual for full policy.</p> <p>The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and facilities upon the following conditions:</p> <ul style="list-style-type: none"> • 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. • For any reason within the discretion of YMCA management. <p>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.</p> <p>By my signature, and of my free will, I do hereby agree to indemnify and save 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.</p> <p>Signature _____ Date _____ (Parent/ Legal Guardian)</p> <p><i>*Only the parent/guardian who submits their signature above can alter information.</i></p>	

YMCA of Greater Birmingham Childcare 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"/> Bank Account Details (preferred method) (attach voided check) Name on Account _____ Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number _____ Account Number _____		<input type="checkbox"/> Credit Card Details (attach copy of credit card) 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 _____	
Payment Policies-PLEASE INITIAL			
Initial	Payment will be drafted weekly on Fridays for the next week. 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 deposits are non-refundable or non-transferable.		
Initial	I understand that If I need to cancel a week, I must do so in writing to the YMCA		
This is a request to draft 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.			
_____		_____	
Account Holder's Signature		Date	



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA AFTERSCHOOL PROGRAM REGISTRATION/DATA FORM

Please complete the following information for each child enrolled in the program

Child's Name _____
(Please Print) Last First Middle

Child's Home Phone _____ **Emergency Phone** _____

Child's Home/Mailing Address: _____
No. & Street or P.O. Box City State Zip code

Sex: (circle one) M F

Date of Birth: _____ (Month/Day/Year)

Grade:

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> First Grade | <input type="checkbox"/> Sixth Grade |
| <input type="checkbox"/> Second Grade | <input type="checkbox"/> Third Grade | <input type="checkbox"/> Seventh Grade |
| <input type="checkbox"/> Fourth Grade | <input type="checkbox"/> Fifth Grade | <input type="checkbox"/> Eighth Grade |

Does your child qualify for free or reduced lunch? Yes N

Ethnicity Information

Please check the ethnic group the child most identifies with:

- | | |
|---|--|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Two or More | |

Primary Language Spoken at Home:

English

Polish

Spanish

Other, please specify _____

Secondary Language Spoken at Home: _____

-FOR YMCA USE ONLY-

Primary Priority Factor for Referral (Select Primary Factor)

5+ School Days Absent

5+ School Days Tardy

5+ Behavioral Referrals

State Assessment Reading Score (Non-Proficient)

State Assessment Mathematics Score (Non-Proficient)

N/A

CONSENT TO PARTICIPATE IN PROGRAM EVALUATION

Your local YMCA and YMCA of the USA evaluate our programs to see what we are doing well, to identify areas of the program that we can improve, and to make sure that the children we serve are benefitting from this program.

Part of the evaluation involves collecting information from program participants. Participation is voluntary and you can withdraw your consent to participate in the evaluation at any time. Your child's participation in the program will not be affected. If you choose to participate in the evaluation, your privacy and your child's privacy will be protected. We will not use your child's name in any report or publication. Individual responses will not be made public. Your child's information will be secured. As required for evaluation purposes, we may share your child's information with our evaluation partners, who we require to protect your child's privacy and confidentiality.

For evaluation purposes, we ask your permission to:

- Collect demographic information on your child
- Track your child's attendance in this program

Where applicable, we also ask your permission to:

- Survey your child about his/her program experience
- Interview your child about his/her program experience
- Receive the results of assessments your child takes as part of the program
- Observe your child participating in the program
- Receive academic data from your child's school in accordance with applicable state and federal laws

Please review the program-specific information sheet to see what information is collected in your child's program.

Yes, I agree to allow my child's information to be used as part of the program evaluation. I understand that this evaluation is part of the program my child is receiving and that my child's participation is voluntary.

No, I choose not to allow my child's information to be used as part of the program evaluation.

If you sign below but do not check either box, we will assume you have agreed to the use of your child's information in the evaluation. This agreement remains in effect until you withdraw your permission.

Child's name

Parent/guardian signature

Date

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____ Date: _____
Printed Name: _____ Age: _____
Address: _____

I am the Mother/Father/Legal Guardian of _____ [child’s name].
For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

AFTERSCHOOL PROGRAM: EVALUATION INFORMATION

As a leading nonprofit for strengthening community through youth development, the Y offers the Afterschool Program (ASP) to provide children and teens with a safe and nurturing environment. The program is focused on helping youth realize who they are and what they can achieve. This program offers academic assistance, health, and enrichment activities for school-aged children. The Y is conducting an evaluation to ensure these activities are meeting the needs of children.

Contact:

Maria D. Guzmán, Ph.D.
ASP Evaluation Specialist
Research & Evaluation
YMCA OF THE USA
800-872-9622 ex. 8329
maria.guzman@ymca.net

WHAT WE ARE EVALUATING?

The program goals are to increase student achievement, improve social-emotional skills, and provide programming for youth. YMCA of the USA, the national resource office of YMCAs in the U.S., wants to understand how this program helps school-aged children succeed in those program goals.

WHAT EVALUATION DATA WILL BE COLLECTED?

For evaluation purposes, we ask your permission to:

- **Collect demographic information on your child:** We would like to understand who the after school programs are serving and how the program can benefit all youth. You will be asked to complete a demographics form about your child. Only complete the information you feel comfortable with.
- **Track your child's attendance in this program:** We would like to know how often your child attends the program. This will help us to understand how attendance affects your child's experience in the program.
- **Observe your child participating in the program:** We will ask group leaders in your child's program to complete the Devereux Student Strengths Assessment (DESSA) for your child. Group leaders will answer a series of questions for each child to understand their growth in social-emotional skills. The assessment is based on strengths. This means that the group leaders will answer questions about your child's positive behaviors. (An example of this is how well your child gets along with others.) The DESSA assessment will be completed twice this year.
- **Collect your child's academic information:** YMCA staff will work with a school staff member to collect your child's academic information. We will ask the school staff member to provide your child's math and reading grades. We will also ask for your child's math and reading standardized test scores for both this year and last year. The grades and test scores will be collected twice this school year. We will also ask about your child's school attendance. The site staff can use this information to determine where your child needs more support. This information will not affect your child's ability to remain enrolled in the program.

If you choose to participate in the evaluation, your privacy and your child's privacy will be protected. We will not use your child's name in any report. Individual responses will not be made public.

QUESTIONS OR CONCERNS?

Contact Maria Guzmán, ASP Evaluation Specialist for Y-USA, at:
800-872-9622 ext. 8329

maria.guzman@ymca.net

YMCA OF THE USA

101 N Wacker Drive, Chicago IL 60606

P 800 872 9622 F 312 977 9063 ymca.net