 YMCA of ACADIANA 2016-2017

AFTER SCHOOL ENRICHMENT

# REGISTRATION

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_ Male/Female:\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell & Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell & Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_

E-mail Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LIST ALL PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL CHILD ATTENDS, PLEASE CHECK:**

[ ] Carencro Heights Elementary [ ] Milton Elementary

[ ] Ernest Gallet Elementary [ ] Myrtle Elementary

**\*[ ] Before Care [ ] After Care (Gallet ONLY)** [ ] S.J. Montgomery Elementary

[ ] Green T. Lindon Elementary [ ] Westside

[ ] L. Leo Judice Elementary [ ] Woodvale

**\*[ ] Before Care [ ] After Care (Gallet ONLY)**

**OFFICE USE ONLY**

**DEPOSIT CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOLARSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### HEALTH RECORD

1. Is there any significant health history that the staff should know about?
2. Is there any reason for physical restriction and to what extent?
3. Any medication to be taken? Please see the YMCA about a medical release form.
4. Any other medical information you feel would help the YMCA serve your child?
5. Preference of hospital or Doctor in case of emergency.

#### WAIVER

I understand that the YMCA of Acadiana assumes no responsibility for injuries or illness that my child may sustain as a result of a physical condition or resulting from participation in any athletic activities.

I specifically waive, give up, and release the YMCA and staff from liability from any claim for damages which I or my child may have relating to injuries or illness that he/she may sustain at the YMCA while participating in YMCA activities. I agree to indemnify and hold harmless the YMCA from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities equipment of the YMCA or participating in any programs affiliated with the YMCA whether caused by the negligence of the YMCA or otherwise.

In signing the waiver, I certify that my child is in good health with no chronic illness or abnormal tendencies. In the event of any emergency in which my child requires medical care, I authorize the YMCA to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate; including, but not limited to, whatever medical and/or dental examination, diagnosis, and/or treatment is deemed necessary.

I understand the YMCA of Acadiana is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give permission to the YMCA of Acadiana to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child’s image or voice for purposes of promoting or interpreting YMCA programs.

I further understand that if my child is not picked up from camp by 6:30 p.m. and the YMCA has tried to contact all authorized persons, the YMCA will notify the necessary agencies to come and get my child. The YMCA has been instructed by the Lafayette Police Department to carry out this procedure.

##### **PRICES Registration Fee: (required for all services)**

$**70.00** for each child ($**50.00** ea. Additional child)

**After School Prices: $42.00** Weekly fee (**$30.00** ea. additional child)  
**Before School Fee:** (Ernest Gallet & L. Leo Judice Elementary)

**$20.00** Weekly fee per child

**\*\*All Payments are Non-Refundable\*\***

##### **POLICIES AND PROCEDURES**

1. I understand that my registration fee of $\_\_\_\_\_\_\_\_\_\_ is a one time fee for the After School Enrichment Program.
2. I agree to pay the YMCA the following charges for my child(ren’s) participation in the YMCA After School Enrichment Program: $\_\_\_\_\_\_\_\_\_\_ per week.
3. **I agree that all PAYMENTS ARE DUE ON MONDAY**
4. **I will provide credit/debit card information to be held at the office in case my child(ren)’s account becomes 2 weeks behind. At that point I give the YMCA of Acadiana my permission to charge the card on file.**
5. **If accounts are not current and 2 weeks behind the YMCA of Acadiana has the right to refuse service.**
6. The YMCA will accept payment at the YMCA office or school site. Payments are due by Monday to avoid a late fee.
7. **I understand that the full weekly fee is due for 3 or more days of attendance. The rate for 1 or 2 days is $10 per day per child. The only exception is if the child is absent for the entire week.** I agree to pay a $25.00 fee for all retuned checks.
8. I understand the YMCA does not carry medical insurance and this coverage is my responsibility.
9. I agree to pick up my child no later 6:00 p.m. I further agree to pay a late fee of $1.00 per minute that I am late.
10. **IF YOUR CHILD IS PICKED UP LATE 3 TIMES, THEY WILL BE RELEASED FROM THE PROGRAM.**
11. **The YMCA OF ACADIANA reserves the right to discontinue service to any child/children due to any of the following: Foul language, lewd behavior, physical abuse toward another camper or YMCA staff, disrespect or foul language from parent or guardian.**

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PARENT OR GUARDIAN DATE