



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Pre-K After School

This form must be completed and returned to the YMCA office with a \$30 enrollment fee plus first two weeks payment in order for your child to be enrolled in the program

Child's Name: _____ Male / Female

Parent's Name: _____

Ethnicity: Caucasian African American Hispanic Asian Mixed Other: _____

Address: _____ City/State: _____ Zip: _____

School Child Attends _____ Afterschool Location _____

1. I understand that I am enrolling _____ for the 2016-2017
(Child's Name)
School year.

He/She will attend Full Time (Monday - Friday)
 Part Time (Check any that apply) M T W Th F

Monday - Friday \$15 /day Member
\$30/day Non-Member

Part time enrollment is expected to be based on a set schedule of the same days each week. Situations where parents have alternating work schedules will be individually evaluated before enrollment and parents must be able to **provide attendance schedules at least 4 weeks in advance**. I understand that the failure to do so could result in my child being dropped from the program.

2. I understand that the program is open according to the official school calendar as set forth by the Board of Education of Putnam County School System. I understand the Program is therefore not in operation during vacations, inclement weather and other closings. I also understand **if school closes early for any reason**, children will be sent home and I must make arrangements in advance with the school for those situations.

3. I understand in the event of any absences during program hours I will be responsible for **PAYMENT OF FEES** for the **TIME RESERVED** in the program, **NOT ACTUAL TIME** spent in the program.

4. I understand my child must be picked up by 6:00pm and in the event that I am late, a fee of \$10.00 per each 15 minutes past 6:00pm will be incurred. This late fee must be paid in full at the time of occurrence.

5. I understand I am responsible for updating my child's file information as changes occur.

6. The program staff will assume full responsibility for my child from the time he/she arrives at the program until they leave the program according to instruction I have written on the departure form.

7. I understand if a medical emergency arises, the program staff will attempt to contact me. If I cannot be reached, I understand staff will take appropriate measures to ensure my child's safety, including transportation by ambulance to the hospital. I understand I will be responsible for payment of any fees as a result of this type of situation.

8. Property damage to YMCA equipment or the school will be the responsibility of the signed parent or guardian of the child.

Nondiscrimination policy

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, Tri-County YMCA will not discriminate against any individual on the basis of disability. Tri-County YMCA will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. Tri-County YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services. Tri-County YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual's association with a person with a disability.

I agree to adhere to all stated policies and procedures both here and as outlined in the Parent Information handbook, and give my permission for my child to participate fully in this program.

Signature of Parent/Guardian/Custodian: _____

Date: _____ Relationship to Child: _____