

Y SCHOOL AGE™

We build strong kids, strong families, strong communities.

REGISTER NOW! Bring or mail this completed form with the registration fee and the 1st week's fee to the Downtown YMCA. See the after school information handout for locations and addresses. If you have any questions please call our office at: 266-3766.

CHILD'S PERSONAL INFORMATION: (Please, only one child per registration form.)

Child's Name _____ SS# _____ Birth date _____

Male ___ Female ___ Age _____ School _____

Grade _____ Hair Color _____ Eye Color _____ Height _____ Weight _____ Build _____

	Program	1st Child	2nd Child
Weekly Fees:	YMCA Member	\$40 per week	\$35 per week
	Non Member	\$50 per week	\$45 per week
	Part Time	\$12 per day (Select days below)	

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Total

(You are responsible for these days each week unless school is closed. Additional drop in days would be an extra \$15)

Drop In _____ Pay Each Day _____ \$15 per day

\$50 Registration Fee per Family

(Payments are due the Friday before each week. Pro-rated weeks are determined when the school is closed two or more days.

Drop In must pay each day upon pick up. You must fill out an exit form if you wish to drop from the program.)

*****Parents must pick up by 6:00 pm —late pickup incurs fee*****

Mother's Name: _____ Birth Date: _____ Father's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Mother's Employer: _____ Work Phone: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____ Cell Phone: _____

GIVE NAMES AND PHONE NUMBERS OF TWO PEOPLE TO CALL IF YOU CANNOT BE REACHED

Emergency #1: _____ Relationship: _____ Work #: _____ Home #: _____ Cell #: _____

Emergency #2: _____ Relationship: _____ Work #: _____ Home #: _____ Cell #: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy # _____

Email Address: _____ (Please include a copy of insurance card.)

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____ Relationship: _____ Work #: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Work #: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Work #: _____ Home #: _____ Cell #: _____

LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD: (Please Explain)

Name: _____

(If the person is a legal parent or guardian you must have legal documents attached stating from the court this person is not allowed to pick you this child.)

My signature below indicates that: This registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except those noted by me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I have read the rules and policies of the YMCA Parent Handbook and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriated authorities for investigation. I hereby consent to the use of my child's likeness in photographs, film, videotape or website for use in editorial, illustrated or promotional purposes.

Parent/Guardian Signature: _____ Date: _____

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child. Limited financial assistance is available.

YMCA AGREEMENT FORM

PLEASE READ CAREFULLY AND SIGN BELOW

1. The registration is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities, except noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.
2. I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA towards the staff and volunteers if a violation is discovered.
3. I understand that payment is expected in advance and that there will be a late fee assessed should I neglect to pay on time.
4. I understand that if I am late to pick up my child I will be assessed a late fee of \$1/every minute after 6:00pm .
5. I understand that by enrolling my child in the YMCA program that I have committed to the program for the school session and that I am charged regardless of my child's participation. I understand that in order to remove my child from the YMCA program I must fill out a YMCA exit form at least one week prior to my child's last day of attendance.
6. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
7. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.
8. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position in which they have to make a judgment call. (Example: If they smell alcohol then the child is not released.)
9. I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
10. I have received a copy of the YMCA employee Code of Conduct.
11. I hereby consent to the use of my child's likeness in photographs, film or videotape for the use in editorial, illustration or promotional purposes.
12. The YMCA considers all registrations without regard to race, color, religion, sex, national origin and presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE

Parent/Guardian Signature: _____ Date: _____

**Downtown Branch YMCA
301 West 6th Street
Chattanooga, TN 37402**

The YMCA Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Help Us Provide For Your Child By Answering The Following Questions.

Identify any medical diagnosis for your child.

What are some of the things that we need to know to better serve you.

How did you hear about the After Care Program?

Below, describe or give us information concerning your child's needs, personality, strengths and weaknesses.

Describe your personal goals and objectives for you and your child from this program.

Signature _____ Date _____