



We build strong kids, strong families, strong communities.

Greater Kingsport Family YMCA
1100 Franklin Square
Kingsport, TN 37664

(423) 247-9622
askus@ymcakpt.org

APPLICATION

2010 - 2011

Facility Member
Non-Member
LEAP/ENCORE

Start Date School Site

Full Time Part Time 1 Day Part Time 2 Days Indicate Days M T W T F

(If enrolling for Indian Springs or Miller Perry)
(Morning only Afternoon only Morning/Afternoon)

Child Name child likes to be called

Sex Date of Birth Grade Teacher

First Parent/Guardian Home Phone
Email Address Pager/Cell Phone
Address City/St Zip
Employer Work Phone Work Hours
Business Address

Second Parent/Guardian Home Phone
Email Address Pager/Cell Phone
Address City/St Zip
Employer Work Phone Work Hours
Business Address

Person/s responsible for bill

Persons authorized to pick up my child

Persons NOT authorized to VISIT or PICK UP my child

**Note: If a parent is not allowed to visit or pick up a child, you must include copy of the court document.

Local persons to contact who are authorized to act for parent/guardian if they cannot be reached:

Name Relationship to Child Address Home Phone Work Phone/ Work Hrs.

1 _____

2 _____

MEDICAL INFORMATION

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital Preferred _____

ACCIDENT INSURANCE

The YMCA does not carry accident insurance.

REFUND AND CREDIT POLICY

There are no refunds or credits for absences, sickness, mishaps, or holidays. Fees may be mailed to the Greater Kingsport Family YMCA, 1100 Franklin Square, Kingsport, TN 37664, or paid to the Site Coordinator or his/her designee. All cash payments must be made at the YMCA Facility. Sites will accept only checks and money orders. **To terminate enrollment, you must contact the YMCA Facility and make any necessary payment arrangements.**

AUTHORIZATION FOR PARTICIPATION

I hereby authorize and give permission for my child to attend and participate in all activities including water activities, field trips, YMCA transportation, and to publish any photo or video that may be taken of my child for YMCA use.

AUTHORIZATION FOR BASIC FIRST AID, EMERGENCY MEDICAL AND DENTAL CARE

I hereby grant permission to the YMCA staff and/or medical personnel to give my child basic first aid. In the event I cannot be reached in an emergency, I give permission to medical personnel selected by the YMCA staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named above. The YMCA staff will make every effort to notify me whenever my child becomes ill or injured and, if required I agree to pick my child up thereafter as soon as possible.

IMMUNIZATION RECORDS

My child's immunization records are current and on file at the school my child is attending.

This completed form may be photo copied. The above information is correct. I have read and understand the above information and agree to abide by that which is set forth. My child will abide by YMCA rules and regulations and follow the guidance provided by YMCA staff while he/she is attending the program.

Enclosed are my child's registration payment and his/her first week's payment. I understand the registration payment is NON-REFUNDABLE.

Signature of Parent or Guardian

Date

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

DEVELOPMENTAL HEALTH HISTORY

Child's Name _____

PHYSICAL HEALTH

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Other Than What You Listed Above

Does your child have any allergies? If so, to what? _____

How severe? _____

Does your child take any medicine regularly? If so, what? _____

Has your child ever been hospitalized? If so, when and why? _____

Does your child have any recurring chronic illness or health problems such as:

___ asthma ___ cerebral palsy ___ developmental delay

___ diabetes ___ frequent earaches ___ hemophilia

___ seizure disorder other _____

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem? _____

Do you have any other concerns about your child's health? _____

DEVELOPMENTAL (Compared to other children this age)

Does your child have any problems with speech? Please explain. _____

Does your child have any problems with walking, running, or moving? Please explain.

Does your child have any problems seeing? Please explain. _____

Does your child have any problems hearing? Please explain. _____

DAILY LIVING

What is your child's typical eating pattern? Food likes and dislikes: _____

Is your child on any special diet? Please describe. _____

SCHOOL/SOCIAL RELATIONSHIPS

What grade is your child in school? _____

Is your child having any difficulties in school? Please explain. _____

Does your child receive any special education services at school? Please explain. _____

Does your child have trouble making friends? _____

How does your child get along with peers/friends? _____

Is your child involved in any sports/hobbies? Please describe. _____

What does your child do when he is stressed, angry, or frustrated? _____

What is the best way to discipline your child, EXCLUDING physical punishment?

Is there any other information that you wish to share that would assist in meeting your child's needs?

POLICY STATEMENT

PROGRAM POLICY

1. The after-school program operates from time school dismisses until 6:00pm (5:45pm at Rock Springs), Monday through Friday and 7:15am until 6:00pm on Inservice Days. Parents late picking up their child will be charged **\$1 per minute**. Parents who consistently pick up their child after closing may be asked to leave the program.
2. All enrollment forms must be completed by the parent/guardian before a child begins our program.
3. A non-refundable registration fee of \$10 for member and \$20 for non-member per child per school year is required upon enrollment.
4. Financial assistance is available for families who qualify.
5. Part-time enrollment is either 1 or 2 days a week, must be consistent, is to be determined at the time of enrollment, and may not be offered at every school.
6. If a child becomes ill during the after school program, the parent/guardian will be called and arrangements must be made to pick up the child immediately. Children may not attend with a fever over 100, vomiting, diarrhea, or any contagious disease. Children must be fever-free for 24 hours before returning to the program. A physician's statement may be requested in certain instances.
7. When a child is to be given medication by the site coordinator, the parent/guardian must complete a medication form (even for over-the-counter medication) or a note must be attached with clear instructions for giving the medication. Each prescribed medication must be in the original prescription bottle with the child's name.
8. As a part of the YMCA curriculum, your child will participate in outdoor activities, weather permitting. Please make sure that your child is dressed accordingly. If he/she is able to attend the YMCA program, then he/she should be well enough to go outside.
9. Every effort will be made to provide a program for in-service days, spring break, and holidays. Reservations must be made in advance and are binding. Fees must be paid in advance and are non-refundable. Sorry, but we are unable to provide care for snow days.
10. To terminate enrollment, you must contact the YMCA Office and make any necessary payment arrangements. Your account will continue to be charged and you will be responsible for the total amount if you do not contact us to withdraw your child.
11. The Department of Children's Services requires licensed child care centers to have a written policy regarding intoxicated adults picking up children. The YMCA will inform adults picking up children from our program who clearly appear intoxicated that we suggest they allow us to call another adult from the transportation list to pick up the child. Should the adult take the child in his car anyway, we are required to contact the police or Child Protective Services and report the incident.

PAYMENT POLICY

1. Weekly payments are due in advance NO LATER than Friday at the site or by Monday at the main YMCA facility. Monday's payment is for the current week. A \$5.00 fee is charged for late payments. You are responsible for the entire weekly amount for which you are enrolled (whether full or part time) even if your child misses days during the week.
2. A **\$1 per minute** charge will be added when you are late picking up your child.
3. Your child will be prohibited from attending when payments are past due. Services will not be continued for participants if payments are not made in a timely manner. A fee of \$25 will be added for each returned check.
4. All fees from previous YMCA programs must be current in order to enroll.
5. **Payments must be made whether your child is in attendance or not. You are paying to hold your child's space.**

I have read and received a copy of the Policy Statement and the Department of Human Services Summary of Licensing Requirements for Child Care Centers. The parent's copies are in the Parent's Handbook. I agree to accept full responsibility for payments for my child and to abide by the YMCA Policy Statement.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

(OFFICE COPY – Parent Copy in Parent's Handbook)