



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# AfterSchool Application

2011 – 2012

Start Date \_\_\_\_\_ School Site \_\_\_\_\_

Facility Member       Non-Member       LEAP/ENCORE

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

*For Indian Springs or Miller Perry:*  Morning only     Afternoon only     Morning/Afternoon

**Child's Name** \_\_\_\_\_ Name child likes to be called \_\_\_\_\_

M  F    Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Primary Parent/Guardian (responsible for bill)** \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address \_\_\_\_\_

**Second Parent/Guardian** \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address \_\_\_\_\_

**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 a 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 only accept checks and money orders. **To terminate enrollment, you must fill out a withdrawal form at 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, 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.  yes  no

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

**Greater Kingsport Family YMCA \* 1100 Franklin Square \* Kingsport, TN 37664  
423.247.9622 \* www.ymcakpt.org**

## 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 In-service Days. Parents who are late picking up their child will be charged **\$1 per minute per child**. 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. Upon enrollment, a \$20 non-refundable registration fee is due for each child who is not a member of the YMCA.
4. Financial assistance is available for families who qualify. You may pick up the Financial Aid form at the main YMCA Facility or you can print it from our website, [www.ymcakpt.org](http://www.ymcakpt.org)
5. Part-time enrollment is available either 1 or 2 days a week at some of the school sites. These days must be determined at the time of enrollment and must remain consistent throughout the school year in order to staff accordingly.
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. *We are unable to provide care for snow days.*
10. To terminate enrollment, you must fill out a withdrawal form, available at the main YMCA Facility 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. Payments may be made via the Y's website, see separate instructions. Bank or credit card draft payment plans are available.
2. A **\$1 per minute per child** 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 \$15 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 parents' 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)**