



After School Application



Name of Child _____ Birth date _____
(Last) (First) (Mi)

Child prefers to be called: _____
(Please note: derogatory or stereotypical nicknames are not in alliance with the Mission of the YWCA and will not be supported).

Address _____ ZIP Code _____

INFORMATION ABOUT THE FAMILY

Child lives with (Check all that apply): Mother Father Stepmother Stepfather
 Other Legal Guardian(s) _____

Father/Guardian's Name _____ Home Phone _____
Address _____ Cell Phone _____
Where Employed _____ Work Phone _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Cell Phone _____
Where Employed _____ Work Phone _____

EMAIL ADDRESS: _____ mother father

INFORMATION ABOUT YOUR CHILD:

Please list any **medications**:

Please list **any known allergies**: (if no known allergies **guardian** must write "No Known Allergies" and initial).

Please provide information that will be helpful to your child's experience in a group setting (ex: play, eating, or sleeping habits, specific fears, likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office phone _____
Address _____ Hospital preferred _____
Name of child's dentist _____ Office phone _____

If Child's father, mother or guardian cannot be contacted, please call:

Name	Relationship to child	Home phone	Other phone
_____	_____	_____	_____
_____	_____	_____	_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(Signature of Operator) (Date)

We do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. No medications will be administered without specific instructions from the physician or the child's parent or guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator) (Date)

Name of School Child is Entering in August 2011: _____

Child's current Age: _____ Gender: _____

Parental Obligations:

1. I agree to enroll my child/children in the YWCA After School Care Program.
I agree to pay my weekly fee.

Please note:

Weekly fee is based on being either full-time or part-time.
Accounts **MUST** be paid prior to each week.

2. I understand that the YWCA will **NOT** deduct for any missed days.
3. The parent/guardian agrees to pay program registration fee of \$10.00 and a YWCA of High Point membership fee of \$20.00 before their child will be able to attend the program. This is a non-refundable fee.

Due at Registration:

Program Registration Fee (Non-Refundable)	\$10 per child
Yearly Child Membership (Non-Refundable)	\$20 per child
Non Refundable Deposit required in advance for first week of care	\$40 (1 st child)
	\$35 (2 nd child)
	Total: \$70 (1 child)
	Total: \$65 (2 children)

Part Time Rate: \$12.50 per day per child

4. I agree to adhere to the YWCA of High Point Program policies as stated in the Parent Handbook.
5. The program is open from 2:30am-6:00pm. If your child is not picked up by 6:00pm, late fees will apply.
After **7:00pm**, the authorities will be notified.
6. For any returned check, **\$25** will be charged to the parent. Legal guardian/parent may terminate this contract, however, one week advanced notification of intention must be given in writing or you will receive a bill for one week.

(Signature of Parent/Guardian) (Date)

(Authorized Signature of Program) (Date)

My child will be enrolled

- Full-time**
 Part-time

If Part-time, please CIRCLE days of the week that your child will attend:

Monday Tuesday Wednesday Thursday Friday

IMPORTANT:

The YWCA does not deduct any days missed from weekly fees.

Staffing, materials, snacks, and transportation are based on registration, regardless of attendance.

We require a two-week notice for participants to claim the one free week of vacation.

All fees are based on the Full-time or Part-time status.



**YWCA of High Point
Pick-up Release Information**

Child's Full Name: _____

Our YWCA Child Care Program Staff wants to insure your child's safety while under the supervision of the YWCA Program Staff. Please help us to run the program efficiently in these ways.

1. Sign your child **IN AND OUT** on each day they attend.
2. Supply us with the names of those persons who are allowed to pick up your child and those who are not.

The YWCA staff will NOT release your child to any person other than those you have listed. Please do not send someone who is not on this list. Please inform anyone that you have requested to pick up your child, that a photo I.D. will be required before we will release your child to that person. This policy is for the safety of your child.

AUTHORIZED TO PICK UP MY CHILD	RELATIONSHIP to child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

DO NOT ALLOW MY CHILD/CHILDREN TO LEAVE WITH THE FOLLOWING PERSONS:

Name or Names used	Relationship to child (if any)
1. _____	_____
2. _____	_____

I am the parent or legal guardian of the child/children above mentioned. I understand the procedures concerning his/her release from the YWCA Child Care Program and agree to abide by them.

_____ (Parent/Guardian Signature) _____ (Date)

Child's Insurance Coverage and Policy Information

(Child's Legal Name) _____ is covered by an insurance policy held by:

Company's Name _____

Policy # _____

Group # (if applicable) _____

Policy Holder's Name _____

Medical Treatment and Transportation Permission for

_____ (Child's Legal Name)

I authorize the YWCA of High Point, NC Inc. staff to take whatever emergency measures are necessary for the protection of my child while in their Child Care program, including transporting my child to a hospital or clinic while I am being contacted. I agree to indemnify, hold harmless and forever release the teachers, employees, agents of the YWCA of High Point, NC Inc. from all claims, damages, and injuries incurred and any matters arising out of my child's participating in the child care program.

_____ (Parent/Guardian Signature) _____ (Date)

Please Read the following 4 permission request answer and initial ALL that apply:

1. ACTIVITY / FIELD TRIP PERMISSION SLIP

My child has permission to be transported by van or bus from school to the YWCA and also on activities or field trips planned by the YWCA of High Point Child Care Program. I understand that I will be notified in writing in advance of these trips as to the destination, date, time of departure, and time of return. The YWCA staff will supervise the children. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising out of my child's participation in the program.

Initial: ____ Date: ____

2. PERMISSION TO SWIM AT THE YWCA OF HIGH POINT POOL

My child has permission to participate in swimming in the pool of the YWCA of High Point, NC. The YWCA lifeguard(s) will be on duty at all times. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising out of his/her participation in the program.

Initial: ____ Date: ____

3. PERMISSION TO ATTEND BIBLE STUDY AT THE YWCA OF HIGH POINT

In an attempt to make sure to incorporate every aspect of the YWCA founding principals into our youth development program we are going to be doing bible study with the youth. It will be simple with a focus on bible stories and morals. We will be incorporation drama, music, speakers and any other multimedia that will make it a fun and encouraging environment.

____ YES my child MAY participate in bible study at the YWCA.
____ NO my child may NOT participate in bible study at the YWCA.

Initial: ____ Date: ____ NOT PERMITTED: ____

4. PERMISSION FOR PHOTO RELEASE:

I agree that YWCA of HIGH Point may use photographs of my child without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Initial: ____ Date: ____ NOT PERMITTED: ____

5. Permission to get copies of academic records:

the YWCA of High Point has my permission to call/ and or visit my child's school to check on my child's performance, homework and conduct. The YWCA of High Point may also get copies of my child's report cards and mid term reports.

Initial: ____ Date: ____ NOT PERMITTED: ____

***** I have read all 5 permission requests in details and have initialed all with full understanding of what I am giving or not giving my permission for *****

Parent/Guardian Signature

Date

***** For more information on the YWCA of High Points after school policies
Please see parent hand book*****



Client/Student Name: _____

Date: _____

School Group Participation Agreement / Consent Form

The following provides information regarding the requirements and expectations of your child’s participation in this Youth Focus group arranged by your child’s school. Group will take place at your child’s school as arranged by school staff (usually 45 minute group once a week for six weeks but this may be adjusted as needed by each school’s schedule).

It is our goal that your child, at the completion of group, will have new coping skills and strategies to better handle social situations.

Group expectations are that your child interacts with other group members in an appropriate manner, respects the privacy of others, and contributes to group discussion. If your child behaves in a way that is considered inappropriate by the group leaders, school staff will be notified. Inappropriate behavior may result in your child being asked to leave a group session, or not being allowed to return to group.

I, _____ have read the above participation agreement and give
(Parent/Legal Guardian)
permission for my child to participate in group counseling activities conducted at the school by staff from Youth Focus Inc. I understand that this service is provided free of charge and is completely voluntary on my child’s part.

Parent/Legal Guardian (Date)

Client/Student (Date)

Address: _____

Parent/Guardian’s Phone #: _____ Child’s Date of Birth: _____

Who does child live with? Name(s) and relationship of guardian(s): _____

Has your child had any out of school suspensions in the past year? If yes, please list how many: _____

Does your child have any legal involvement? (Example: court counselor assigned due to child getting in trouble at school): _____