



YMCA Fun Club 2011-2012

Georgetown County Family YMCA ~PO Box 1087 ~ 529 Brown's Ferry Road ~ Georgetown, SC 29442 ~ 843-545-9622 (phone) ~ 843-545-9601 (fax)
www.coastalcarolinaymca.org

PROGRAM SITE: (circle one)

Andrews Kensington Maryville Waccamaw Elem. Waccamaw Int. McDonald Sampit Georgetown Middle

PROGRAM OPTIONS: (circle one)

Full Time Fun Pass (Booklet of 10)

CHILD'S NAME: _____

Date of Birth: _____ Age: _____ Sex: M F School: _____ Grade: _____

Mailing Address: _____

City/State/Zip: _____ Home Phone: _____

Optional: To assist in data collection for funding opportunities, please answer the following two questions:

Ethnicity of Child: (Circle one) African-American Asian Caucasian Hispanic Other
Family Income: (Circle one) Less than \$75,000/year More than \$75,000/year

Child's parent/guardian is a member of the YMCA(circle one). Yes No If yes, who is the primary member? _____

Child currently receives free/ reduced lunch with the Georgetown County School District (circle one). Yes No

Child resides with: (NAME) _____ **Relationship:** _____

Guardian/Mother's Name: _____ Guardian/Father's Name: _____

Date of Birth (required) _____ Date of Birth: (required) _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Home: _____ Cell: _____ Home: _____

Email: _____ Email: _____

Please include your email so that we may send you monthly Fun Club Newsletters and weather emergency information.

*****Best number to reach you in case of an emergency (circle one): Cell Work Home**

Please be as thorough as possible when providing contact information. We must have accurate telephone numbers so that we may reach you in the event of an emergency involving your child. Any changes to the information on this form must be updated with the YMCA child care office immediately.



HOW WILL CHILD ARRIVE AT Y-FUN CLUB PROGRAM EACH DAY?

____ Child attends school at this campus ____ Parents will transport ____ Bus from school

HOW SHOULD CHILD BE DISMISSED IN THE RARE CASE THAT AFTER SCHOOL PROGRAMMING IS CANCELED?

____ Car Rider Bus Name _____

Persons Authorized to remove child OTHER than parent/guardian:(Must be 16 years or older and have valid ID)

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Parents/guardians and all persons picking up children will be asked to provide ID until staff know them well. If anyone else will be picking up your child, arrangements must be made prior to pick up. A signed note must be hand delivered by you or faxed along with a copy of your license to the YMCA office. Parents/guardians are the only persons who may authorize a pick up. Late pick up fees will be billed and must be paid prior to the next session.

Persons NOT Authorized to remove child:

(If person not authorized is a parent of the child, must have notary from judge showing such action)

1. _____ 2. _____

Office Use Only: 100% _____ Discount: Schol _____ Member _____ Sib _____ School _____ Hosp _____ Staff _____
Status: Full Time _____ Daily Pass _____ Pass Start up Only _____ Out of School _____
Amount Paid: Registration _____ (oldest sibling)Fee _____ Past Balance _____ Total Paid _____ Date to Start: _____
Bank Draft: 1st and 15th _____ Monthly: _____

Session Fee: (circle one)
Monthly _____
Bi-Weekly _____

Name of persons to contact in case of emergency other than parent/guardian:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____

Hospital Preference: _____ Health Insurance Co: _____

Known Allergies: **NO** **YES** (explain) _____

Will the child need medications regularly (please complete medication forms): **YES** **NO**

Are there medical conditions the staff should know about? **YES** (please explain) **NO**

Has your child been diagnosed with a disability or been evaluated or received treatment or counseling by a Psychologist or Physician for a nervous condition, emotional or behavioral problem, including hyperactivity? YES (please explain) NO

(If Yes, please provide information to our staff so that your child will be best served. Items include an IEP, a Behavior Management Plan and/or medical documentation of the disability and any special requirements)

Any activity or dietary restriction? _____

STATEMENT OF CONSENT

(Please initial in the spaces provided.)

1. _____ I grant permission for YMCA Staff to take whatever steps necessary to obtain emergency medical care if warranted.
2. _____ I give permission to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency, at which time I cannot be reached; I give consent to transport my child by ambulance if necessary and accept responsibility for the payment of any expenses incurred in the emergency treatment of my child.
3. _____ I hereby hold harmless the YMCA and those individuals acting on its behalf for any accident my child might have while attending the YMCA Fun Club afterschool program and further hold them harmless for any actions that they may take to provide emergency care for my child.
4. _____ I give permission for my child to participate in the YMCA Fun Club afterschool program and to use all play equipment and participate in all activities including neighborhood walks and field trips in authorized YMCA vehicles. I understand that my child may watch an occasional G/PG-rated movie approved by the Administrative Staff.
5. _____ I understand that the YMCA program is founded on Christian principles and that devotion time, spiritual music and meal time blessings will be part of the daily activities. If I do not wish for my child to participate, I will submit such request in writing.
6. _____ I understand that the YMCA Staff are trained in Behavior Management and that it is the goal of the YMCA to guide children to positive behavior through the YMCA values of Caring, Honesty, Respect and Responsibility and to prevent discipline problems from occurring. However, I understand that appropriate behavior will be expected and that the YMCA reserves the right to dismiss any child who becomes disruptive and/or unresponsive to our methods of discipline during the program.
7. _____ The YMCA does not employ corporal punishment as a means of discipline.
8. _____ I give permission for my child to appear in photography taken by bona fide members of the press and for my child to be included in YMCA program pictures and video taken by staff or volunteers that may be included in program marketing materials, including our website.
9. _____ I hereby certify that all information provided in this 2-page document is complete and accurate and that I will update the YMCA office if any of this information changes.
10. _____ I hereby understand that my child may not attend the YMCA Fun Club afterschool program unless all fees are paid and that no refunds or adjustments are granted for illness or when the YMCA programs are cancelled due to inclement weather.

SIGNATURE OF LEGAL GUARDIAN _____ **DATE:** _____

(COPY OF LEGAL GUARDIAN DOCUMENTATION IS REQUIRED IN Y OFFICE IF SIGNER IS SOMEONE OTHER THAN A PARENT)

REVISED 7/19/2011