



# After-School Registration Form 2024-2025

Start Date: \_\_\_\_\_

### Child's Information: (Please print)

Child's Name (First/Middle/Last): \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: African American Asian American Indian Pacific Islander White Hispanic (\*see info on back)

Grade in Fall 2024: \_\_\_\_\_ School: \_\_\_\_\_

### PEOPLE AUTHORIZED TO PICK UP:

#### 1st Parent/Guardian:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

#### 2nd Parent/Guardian:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Email Address (required):** \_\_\_\_\_

This is how we will communicate program information.

#### Emergency Information:

Known allergies: \_\_\_\_\_

Medications or medical concerns: \_\_\_\_\_

#### If Parents cannot be reached, who else should we notify in case of an emergency?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Is there anyone court ordered that is **NOT** authorized to visit or pick up your child?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**After-School Monthly Fees:** Please circle the option you are choosing to sign up for.

Full-Time	Part-Time	Middle School
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**There is a \$25.00 non-refundable registration fee per family.**

\*please note we will not pick up from schools with less than 5 students attending the program.

**Each year, our YMCA participates in Hello Insight.** These surveys measure the impact of the program on your child's development and capture your child's experiences within the program, allowing us to make critical improvements to meet their needs. All surveys will be kept anonymous.

- I give permission for my child to participate in Hello Insight
- I **DO NOT** give permission for my child to participate in Hello Insight

**Please read and check the boxes below concerning waivers and agreements:**

- I hereby release and discharge the Alamance County Community YMCA, its agents, volunteers and employees from any and all claims of injury, illness, death, loss or damage that my child/ren may suffer as a result of participation.
- I permit the Y to use images of my child as a YMCA participant in internal and external promotional materials, including printed material, broadcast advertising, promotional videos and the YMCA website.**
- I authorize the YMCA to draft the program payment balances for my child/ren from my account. I understand that should any draft not be honored by my bank for any reason, the draft will be re-submitted and a \$25.00 service charge will be added to my account.
- It is my complete understanding that if I wish to terminate this program or change my method of payment in any way, I must give the YMCA a two week written cancellation or change notice prior to the week of the draft date.
- Alamance County YMCA participates in the USDA Child and Adult Care Food Program. One of the requirements of this program is to collect ethnic and racial data on participants once a year. This data is summarized in numbers only for statistical use. Individual names are not identified in the statistical summary.**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Y Staff: \_\_\_\_\_ Date \_\_\_\_\_

Each year the Y raises money to provide financial assistance for kids to come to participate in programs. If you'd like to make a donation, please indicate below and someone will contact you. Thank you!

\_\_\_\_\_ Yes, I will help make a donation for a child to attend Y programs.