



Tri-County YMCA AfterSchool Registration form 2017-2018

PLEASE INDICATE AFTERSCHOOL LOCATION ATTENDING: Holy Trinity____ 5th St.____

Ferdinand____ Pine Ridge____

PLEASE CHECK IF THE CHILD IS A: ____ YMCA Member OR ____ Program Participant

CHILD 1:

First _____ Last _____

Birthdate ___/___/___ Age _____

2017-2018 Grade _____ Gender _____

School Attending _____

Special Conditions/Needs _____

Medications/Allergies _____

CHILD 2:

First _____ Last _____

Birthdate ___/___/___ Age _____

2017-2018 Grade _____ Gender _____

School Attending _____

Special Conditions/Needs _____

Medications/Allergies _____

Parent/Guardian Information:

1. Guardian Name _____

Relationship _____ D.O.B. ___/___/___

Address _____

City _____ St _____ Zip _____

Primary Phone _____

Alternate Phone _____

Place of Employment _____

Email Address _____

2. Guardian Name _____

Relationship _____ D.O.B. ___/___/___

Address _____

City _____ St _____ Zip _____

Primary Phone _____

Alternate Phone _____

Place of Employment _____

Email Address _____

Child Pick-up information:

Parent/Guardian(s) listed at the left are authorized to pick up child(ren), unless otherwise noted. You may also authorize the people named below to pick up your child(ren). For your child's safety, he/she will be released ONLY to those listed on the page. Changes to this list must be made in writing and may only be done by the parent or legal guardian.

1. Name _____

Address _____

Primary Phone _____

Alternate Phone _____

Relationship _____

2. Name _____

Address _____

Primary Phone _____

Alternate Phone _____

Relationship _____

3. Name _____

Address _____

Primary Phone _____

Alternate Phone _____

TALENT RELEASE FOR PHOTOGRAPHY, VIDEOTAPE, AND AUDIO PRODUCTIONS

I hereby release the Tri-County YMCA from any forms of remuneration involving the current or future use of photographs, videotapes, or audio recordings for which I have performed. This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, video, or audio tapes will be freely used by the Tri-County YMCA for public display in either printed or electronic material for the purpose of furthering the business of the Tri-County YMCA.

Signature _____ **Date** _____

PAYMENT POLICY

Please read and initial the following:

_____ I, _____, (Parent(s) responsible for payment) hereby agree to accept full responsibility for all fees required for my child(ren) to attend the Tri-County YMCA Afterschool Program.

_____ Payment is due the Friday of the week your child(ren) attends the afterschool program.

_____ If the payment is not received within 7 calendar days, an invoice will be sent to the parent(s) indicated above.

_____ If the payment is not received within 14 calendar days, this will result in suspension from the program. A child can be reinstated after the payment is received and approved by the AfterSchool Coordinator.

_____ Parents arriving after 6:00 pm to pick up their child(ren) will be charged a late fee of \$1.00 per minute per child. This fee will automatically be charged to the account.

*If there are extenuating circumstances, please discuss this with the Afterschool Coordinator to see if alternative arrangements can be made.

* Credit card payment is available upon request. Please contact the AfterSchool Coordinator for paperwork.

Signature: _____ **Date:** _____

AFTERSCHOOL FEES

With the generous support of local donors during our Annual, Campaign, the Tri-County YMCA is able to provide a pricing structure based on financial need. This structure will follow the free/reduced school lunch program. Please indicate which category applies to you:

Regular Lunch at School: _____ Reduced Lunch at School: _____ Free Lunch at School: _____

Registration Fee:

Regular Lunch at School: The cost for one child is \$25.00. If registering siblings, the registration fee is \$40.00 for the family.

Reduced Lunch at School: The cost for one child is \$15.00. If registering siblings, the registration fee is \$25.00 for the family.

Free Lunch at School: The cost for one child is \$5.00. If registering siblings, the registration fee is \$15.00 for the family.

Please visit our website for the list of daily/weekly prices.

I, _____, hereby give the Tri-County YMCA authorization to contact my child's school to verify the type of financial assistance I receive. I also give permission to the school corporation to release the information to the Tri-County YMCA.

Signature: _____ **Date:** _____

Please return completed registration form and registration fee to:

Tri-County YMCA
Attn: AfterSchool Program
131 E 16th St
Ferdinand, IN 47532

Please contact Jami Ferguson
at jami@tricityymca.org with any questions.

Staff use:

_____ Entered in Trinexum

Amount Paid: _____

Tri-County YMCA Behavior Management Policy

The YMCA teaches the core values of caring, honesty, respect, faith, and responsibility. It is our goal to provide a healthy, safe, and secure environment for all children and staff. Children who attend YMCA programs are expected to follow the behavior guidelines and to interact appropriately with other children and the staff. Due to the large format of our program, the YMCA is unable to provide one-on-one care for children except for an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

Behavior Management Techniques-YMCA Staff will:

- Involve the children in the development of the "afterschool rules."
- Maintain consistent behavior expectations and reinforce the YMCA's Five Core Values.
- Guide children by setting clear, consistent, fair limits for program behavior.
- Redirect children to a more acceptable behavior or activity.
- Make eye contact and listen when children talk about their feelings and frustrations.
- Guide children to resolve their own conflicts.
- Use effective praise that is immediate, sincere, and specific.
- Modify and structure the environment to attempt to prevent problems before they occur.

Discipline Action Steps-YMCA staff will utilize the following Behavior Management Guidelines:

- **Personal Time** - Removal of the child from a situation to he/she can regain control of his/her behavior
- **Parent Communication** - Parents will be informed at the end of the day about their child's behavior.
- **Behavior Report** - A child's behavior may result in the child being given a behavior report. Three behavior reports during the school year will result in a one-day suspension of the child. If the child receives a fourth behavior report after returning to the program, a staff member will suspend the child immediately and a meeting will be set up with the parents and child to discuss behavior management options and the future participation in the afterschool program.
- **Suspension** - Serious behavior problems will result in immediate suspension and the parent will be responsible for picking up the child immediately. The suspension period, which would be determined by the Afterschool Coordinator, could range from 1 to 3 days.
- **Removal**- The YMCA Afterschool Program cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to, the following:
 - Behavior that requires constant one-on-one attention from staff.
 - Behavior that inflicts physical or emotional harm on other children, self, or the staff.
 - Behavior that disrupts the program on a continuous basis.

If a child cannot adjust to the program setting and behave appropriately, the child may not be able to continue attending the program. Reasonable efforts will be made to assist children in adjusting to the program setting.

Please keep the top part for your records. Please complete the bottom and attach to your child's registration form.

I have reviewed the Behavior Management Policy and shared the information with my child. I understand and agree to all of the terms presented in this document.

Child's Name: _____

Parent's Name (PRINTED): _____

Parent's Signature: _____

Date: _____