



# 2023-2024 After School Program Registration Form

Office Use Only Date registered: _____ Staff: _____
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**Registrations begins May 8 at 9am in person with completed Reg form. Please fill out this form entirely. If there are blanks it may slow down your child's enrollment process. If a line is intentionally left blank please write N/A. Thank you.**

**Please circle your site:** Alturas      Bellevue      Hailey      Ketchum      Carey

**Child:**  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian**

Name: \_\_\_\_\_ Authorized to Pick up: Yes No

Mailing Address (street, city, state, zip): \_\_\_\_\_

Physical Address (street, city, state zip): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian**

Name: \_\_\_\_\_ Authorized to Pick up: Yes No

Mailing Address (street, city, state, zip): \_\_\_\_\_

Physical Address (street, city, state zip): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**Emergency Contact Authorized Pick up:**

Please list anyone allowed to pick up your child. Identification by photo ID may be required at any time. Authorized pick up must be over the age of 16 with a valid ID. Please provide a password and make sure all family members/authorized pick up adults know this password. If individuals who are picking up your child do not know the password your child will not be able to leave with the unauthorized party until staff can contact you.

**Family Password:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Second Phone Number: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Second Phone Number: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Second Phone Number: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

**You may have as many authorized pick-ups as you would like. If you need more room please list them on the back of this form.**

**Additional Information:** Please take the time to answer the questions to help the Y determine the needs of your child and family. You are not obligated to answer, but we would appreciate any information you are willing to provide.

1. Does your child get along with other children?
2. Does your child have any fears?
3. What would you like your child to gain from his/her experience in the After School Program?
4. Any special instructions or other information you would like to share?

**Immunizations:** A current copy of your child's immunization records is appreciated during registration.

**Health History:** Write yes or no and give approximate dates; write N/A if not applicable.

Frequent ear infections	_____	ADHD	_____
Heart defect/disease	_____	Epilepsy	_____
Convulsions	_____	Ivy Poisoning	_____
Diabetes	_____	Hay Fever	_____
Bleeding/clotting disorders	_____	Insect Stings	_____
High Blood Pressure	_____	Other	_____

Allergies: \_\_\_\_\_

Disability or chronic or recurring illness: \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Current medications: \_\_\_\_\_

**Physician:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Please use closest available: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Please use closest available: \_\_\_\_\_

**Insurance Information:** If child is not insured by parents/guardian please indicate the name of person child is insured by.

Name of insured: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

If no insurance please check here:

# PARENT STATEMENT OF UNDERSTANDING

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must know my Family Password.
2. Should I, or another authorized person, arrive to pick up my child with the appearance of being under the influence of alcohol or drugs; I am aware that YMCA staff, for the child's safety, may contact the proper authorities.
3. I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
4. I understand that I will be charged late fees as detailed in the parent handbook should I fail to pick up my child by the scheduled end of the program.
5. I understand that YMCA staff are not allowed to baby-sit or transport children at any time outside of YMCA programs.
6. I understand that payment is due at the 1st of the month, if needed I can speak to Welcome Center staff to create a payment plan as needed.
7. I understand that my child may be removed from a YMCA program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I understand that participation in the program may be terminated for verbal abuse to any YMCA staff member by me or my child and that a refund will not be granted for involuntary termination.
10. I give permission for the staff of the YMCA to provide SPF30 sunscreen for my child to self-administer while participating in programs.
11. I give permission to the YMCA to transport my child in YMCA provided transportation which may include but limited to buses, vans and walking.
12. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the YMCA **WRITTEN NOTICE 2 WEEKS** before the draft date of the 1st of the month. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
13. Should any debit not be honored by my bank or credit card company for any reason, I understand that I am still responsible for that payment and an additional \$10.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company or bank may require.
14. I have received, read, and agree to follow the above stated rules, guidelines, procedures. I understand that I will receive a parent handbook at the beginning of the school year.

I have read, understand, and agree to all of the statements above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## **RATE PLAN\***

Rate plans are based on a monthly rate.

### **5 Days/Week**

Members

Alturas, Bellevue, Hailey \$180/month

Ketchum \$212/month

Non Members

Alturas, Bellevue, Hailey \$216/month

Ketchum \$252/month

### **3 Days/Week**

Members

Alturas, Bellevue, Hailey \$161/month

Ketchum \$178/month

Non Members

Alturas, Bellevue, Hailey \$174/month

Ketchum \$190/month

**If you chose a 3 day plan please circle the days that your child will attend:**

Monday

Tuesday

Wednesday

Thursday

Friday

**\*You can change your days of the week or rate plan during the year based on availability. Changes may only take affect at the beginning of a month, no mid-month changes are allowed.**

