

YMCA at Thomas Jefferson Classical Academy ~After School Extreme 2011-2012



The YMCA's After School Extreme Program at Thomas Jefferson Classical Academy provides a safe, fit and fun environment for children to spend their afternoons. Guided in recreational and physical challenges, children also enjoy making and eating nutritious snacks, finding their creative sides with arts and crafts projects, and getting involved in their community with volunteer projects, all while developing age-appropriate skills and lasting friendships ! Our counselors model and reinforce the values of caring, responsibility, honesty, respect and faith in God.

Registration Begins:

July 26, 2011

Registration Hours:

You may register at the Membership Desk at the Ruby C. Hunt branch YMCA in Boiling Springs during regular operating hours. Registration will also be available at TJCA grammar school and during the TJCA Open House nights.

Questions ? Please contact the YMCA Membership Desk: 704-434-0441 or speak to our Family Programs staff at 704-669-3654.

YMCA MISSION: Helping all people reach their God given potential in spirit, mind and body.

PAYMENT OPTIONS:

Monthly Fee (5 day) (10 payments) (per child)

Nonmembers: 160.00
Cleveland County YMCA
Members: \$135.00

5 day option includes free attendance in all half days.

Monthly Fee (3 day) (10 payments) (per child)

Nonmembers: \$125.00
Cleveland County YMCA
Members: \$81.00

Daily Fee (per child):*

\$10.00

* Accounts accrue daily; billed and paid monthly.*

Half Days

Available to all students for daily rate of \$20.00. To assist our staff to plan accordingly, please register one week in advance. Forms are available on the TJCA website.

Registration Necessities:

- Completed original registration packet, including all emergency information (per child).
- Parent's signature agreeing to YMCA program policies.
- Bank Draft Authorization
- First Month's payment
- \$35 one-time Supply Fee (waived if you register by 08/15)

Payment Information:

- All monthly payments are by bank draft on the 28th of the month.
- Monthly After School consists of 10 equal payments with the first billed in August and the last in May.
- YMCA Scholarships may be available. Please direct your questions to Susan Smith at 704-669-3654 or email ssmith@clevecocymca.org.

Waivers/Permission

1. I permit my child to participate in activities the YMCA conducts outside the YMCA facilities.
2. **Field Trips** - I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.
3. **Photography** - I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA Web site which are produced or published by the YMCA. I also permit the YMCA to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

Payment Policies

I understand policies concerning payment, cancellation and refunds. **I may not register my child for a new program until outstanding balances due on past programs are paid.**

4. **Payments** - The Cleveland County Family YMCA has 2 payment options available:
 - 1) Automatic Bank Draft or Credit/Debit Card
Payments due one week prior to the start of the session.
 - 2) Payment in Full due at the time of registration.
Children will not be accepted into the program with balances due on their account.
5. **Insufficient Funds** - If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$30 for each returned check or draft. I will need to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from Debt Check Recovery System. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. **If I have two returned drafts or checks within a six-month period, I will no longer have the bank draft or check payment privilege and will be required to pay full program fees in cash, in advance.**
6. **Cancellations:** Non-attendance does not relieve me of the responsibility to pay for the program. **I understand that cancellations for day camp sessions must be given in writing 15 days prior to the beginning of the session.**
7. **Refunds** - I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation, cancellation or when YMCA programs are cancelled due to inclement weather. Program payment is not transferable from one YMCA program to another nor from one YMCA branch to another.

Medical Treatment Policies

8. **Accident Insurance** - Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs.
9. **Medication** - The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.
10. **Blood Borne Pathogen Exposure** - I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.
*I have read the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

Program Policies

1. **Babysitting Policy** - The YMCA strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.
2. **Inclement Weather** - I understand that programs are not available when weather creates an unsafe environment for staff and children.
3. I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.

2011 Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity.

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas - running away is not acceptable.

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate), parent(s)/guardian and the program director.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others.
5. Inappropriate Conduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

Special Circumstances: Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, site coordinator) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances. I understand and acknowledge that: (i) It is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.



YMCA at Thomas Jefferson Classical Academy ~After School

Please complete one form per child. Date of Registration: _____

My child is: a girl a boy

Person responsible for payment: Mother Father Other _____

Has anyone listed on this form been charged with or convicted of a felony? Yes No

Camper Information (Print neatly in pen. No pencils, please.)

Child's name _____
first/middle/last name called

Address _____ City _____ Zip _____

Birth date _____ Age (as of August 2011) _____ Grade (as of August 2011) _____

- Allergies (type) _____ ADD/ADHD
- Emotionally, behaviorally, intellectually or physically challenged (Attach additional sheet as necessary)

Will the YMCA need to administer medication to your child during program hours? yes no

Other special needs

Information About the Family

Mother/Guardian's Name _____ Date of Birth: _____ Employer _____
 Address _____ City _____ State _____ Zip _____
 Home # _____ Work # _____ Cell # _____ E-mail _____

Father/Guardian's Name _____ Date of Birth: _____ Employer _____
 Address _____ City _____ State _____ Zip _____
 Home # _____ Work # _____ Cell # _____ E-mail _____

Emergency Care Information

Name of child's Doctor _____ Phone # _____

Name of child's Dentist _____ Phone # _____

Insurance Carrier _____ Policy # _____ Hospital Preference _____

Other emergency contacts:

1. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

2. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

- In addition to the names above, please give the names of persons to whom the child can be released:

Name _____ Relationship _____

Name _____ Relationship _____

2011 PROGRAM POLICY AND PROCEDURES

I have read, understand and agree with all of the policies as stated on the back of this document. This signature acknowledges my receipt of all policies concerning waivers/permission, payment/cancellation, medical treatment, programs, behavior/discipline and special circumstances. I have discussed the expectations of behavior with my child/ward. I understand that if my child is dropped off for program days that I have not registered for, I will be billed at the daily \$10.00 Afterschool fee.

Parent/legal guardian

Date