



YMCA of Greater Williamson County

Child's School _____

Start Date _____

Child's Name _____ Grade (20__ -20__) _____

Child's Address _____ Date of birth ___/___/___ Boy/Girl (circle)

City _____ Zip _____ **PASSWORD:** _____

Parent/Legal Guardian 1

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone #	Work Phone #	Mobile/Pager Phone #	Alternate Phone #
Employer			
Email Address: _____			

Parent/Legal Guardian 2

First Name _____ Last Name _____ Eligible to pick child up? Yes _____ No _____

Address _____ City _____ If No, attach copy of legal document

Home Phone #	Work Phone #	Mobile/Pager Phone #	Alternate Phone #
Employer			
Email Address: _____			

Local person other than those listed above to contact in case of emergency if the parent/legal guardian cannot be reached: (To be in compliance with the YMCA Associations policies and the TDFPS, the individuals authorized to pick up your child must be 18 years old).

Name:	Relationship to Child:
Contact Number:	Contact Number:
Address:	

In addition to parent/legal guardian and local person listed above, I hereby authorize the YMCA staff to allow my child to leave the facility ONLY with the following person(s): (To be in compliance with the YMCA Associations policies and the TDFPS, the individuals authorized to pick up your child must be 18 years old).

Name:	Relationship to Child:
Contact Number:	Contact Number:
Address:	

Name:	Relationship to Child:
Contact Number:	Contact Number:
Address:	

Name:	Relationship to Child:
Contact Number:	Contact Number:
Address:	

All information on this form is required by Texas Department of Family and Protective Services or the YMCA to ensure the safety of your child. This information can only be changed through the Afterschool office by an authorized parent or guardian.

EMERGENCY INFORMATION

MEDICAL INFORMATION: In the event of an emergency and a parent/guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Refer to medical waiver on back page.

Immunizations: My child's immunization record, including tuberculosis (TB) test is current and on file at the _____
 Elementary School. (Child's School)

	Name	Phone	Address	City/Zip
Licensed Physician				
Hospital or Clinic				

In order to best meet your child's needs we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of: _____

Treatment to be given: _____

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

PART I

Please **Initial** all lines to indicate received written policies/materials and agree to terms.

____ **Family Guide:** I acknowledge that I received a copy of the YMCA Afterschool Family Guide. I accept responsibility to read and adhere to billing procedures and all policies as set forth in the Family Guide.

____ **ADA Policy (Required):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

____ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I can not be reached, I hereby authorize the YMCA Afterschool staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

____ **Waiver for Participation (Required):** I understand that YMCA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the YMCA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

____ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, trainings or display.

PART II

TUITION INFORMATION

- A) Is either parent or guardian employed by the Pflugerville, Round Rock, Leander, Taylor, Hutto, Thrall or Liberty Hill school districts? ___ Yes ___ No **(To receive teacher rate, please provide current pay check stub)**
- B) Is your family a member of the YMCA of Greater Williamson County? ___ Yes ___ No YMCA Member # _____
- C) I understand that a non-refundable \$40 registration fee is due at time of registration. This fee is charged per child for registration processing and curriculum materials.
- D) I understand withdrawal from the program requires 2 weeks written/faxed notice. The YMCA reserves the right to dis-enroll a participant for non-payment and/or behavioral issues.
- E) I understand that my tuition is due on or before the 1st of each month. Failure to pay by the 2nd of the month will result in a \$25 late fee and could possibly result in removal from program.

 Parent/Guardian Signature

 Date

YAFTERSCHOOL™

Discipline and Guidance Policy for YMCA Afterschool

Child's Name: _____

Child's School: _____

- ❖ Discipline must be:
 1. Individualized and consistent for each child
 2. Appropriate to the child's level of understanding
 3. Directed toward teaching the child acceptable behavior and self-control
- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:
 1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
 2. Reminding a child of behavior expectations daily by using clear, positive statements
 3. Redirecting behavior using positive statements
 4. Using brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group
- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 1. Corporal punishment or threats of corporal punishment
 2. Punishment associated with food, quiet time or bathroom use
 3. Pinching, shaking or biting a child
 4. Hitting a child with a hand or instrument
 5. Putting anything in or on a child's mouth
 6. Humiliating, ridiculing, rejecting or yelling at a child
 7. Subjecting a child to harsh, abusive or profane language
 8. Placing a child in a locked or dark room, bathroom or closet with the door closed
 9. Requiring a child to remain silent or inactive for inappropriate periods of time

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Please Check One:

Parent/Legal Guardian

OR

Employee/caregiver

YMCA OF GREATER WILLIAMSON COUNTY

CHILD CARE AGREEMENT ACH/CC AUTOMATIC PAYMENT OPTION

STEP #1

CHILD'S FULL NAME		
CHILD'S ADDRESS		
CITY, STATE ZIP		
PHONE NUMBER	(DAY)	(EVENING)
CHILD'S SCHOOL		

STEP #2

BEGIN DRAFT DATE: ____/____/____

STEP #3

Draft Dates	Amount
Monthly Drafted on the 1 st	\$
Semi-Monthly Drafted on the 1 st & 15 th	\$

STEP #4

<input type="checkbox"/> Option A: Use current information on file.	<input type="checkbox"/> Option B:	ACCOUNT TYPE Checking Savings Credit Card (Circle One) (Need Voided Check) (Need Voided Check) (Visa or MC)
		Credit Card Number#: _____ Credit Card Expiration Date: _____
		Name on Card: _____

**AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK
DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY**

1. I understand that this transfer will occur monthly on the 1st; semi-monthly on the 1st and 15th of each month for checking/savings and credit card drafts. First draft begins August 1st.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types, or Child Care Plan in anyway, I must provide the YMCA with at least a 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee the amount will be drafted from my account on the next draft date.
6. The YMCA only accepts Visa and Mastercard.
7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.

_____ /_____/_____
Account Holders Signature

_____ /_____/_____
Date

Staple Voided Check Here

Please staple here. Please staple here.