



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

2017-2018 Y-CLUB AFTERSCHOOL PROGRAM

AFTERSCHOOL PROGRAM

The Y-Club Program is a fun place to be after school with lots of positive staff interaction and learning opportunities. We provide a healthy afterschool snack, physical fitness time, homework help and a wide variety of other activities, including STEM and time to socialize with friends or play games.

COST

\$50/week Members; \$65/week Non-member

PROGRAM HOURS/SCHEDULE

School Dismissal until 6:00 pm

No School Day Care 7:00 am-6:00 pm

When there is a half day at school or early dismissal, we will still have afterschool and we will pick the children up from school at dismissal. School In-service Days and Student Holidays are included in regular weekly fees. A separate registration must occur for child to be able to attend Y program on In-Service Days and/or Student Holidays. Free for afterschool participants Winter Break and Spring Break are also separate programs that must be registered and paid for child to attend.

Please see after school schedule for your school district included in this packet.

PLEASE SELECT PICK UP SITE LOCATION:

Lexington Family YMCA	Northwest Family YMCA	Jeep Rogers Family YMCA
401 YMCA Rd.	1501 Kennerly	900 Lake Carolina Dr.
Lexington, SC	Rd. Irmo, SC	Columbia, SC 29229
29073	29063	803-451-
803-359-	803-407-	8439
3376	8007	

- | | | |
|---|---|--|
| <input type="checkbox"/> Carolina Springs Elementary | <input type="checkbox"/> Ballentine Elementary | <input type="checkbox"/> Bethel Handberry Elementary |
| <input type="checkbox"/> Carolina Springs Middle School | <input type="checkbox"/> Crossroads Middle | <input type="checkbox"/> Bookman Road Elementary |
| <input type="checkbox"/> Oak Grove Elementary | <input type="checkbox"/> Dutch Fork Elementary | <input type="checkbox"/> Bridge Creek Elementary |
| <input type="checkbox"/> Red Bank Elementary | <input type="checkbox"/> Dutch Fork Middle | <input type="checkbox"/> Catawba Trail Elementary |
| <input type="checkbox"/> Saxe Gotha Elementary | <input type="checkbox"/> H.E. Corley Elementary | <input type="checkbox"/> Center for Achievement Elementary |
| <input type="checkbox"/> White Knoll Elementary | <input type="checkbox"/> Harbison West Elementary | <input type="checkbox"/> Kelly Mill Middle |
| <input type="checkbox"/> White Knoll Middle School | <input type="checkbox"/> Irmo Elementary | <input type="checkbox"/> Lake Carolina Primary |
| <input type="checkbox"/> Deerfield Elementary | <input type="checkbox"/> Oak Pointe Elementary | <input type="checkbox"/> Lake Carolina Secondary |
| | <input type="checkbox"/> River Springs Elementary | <input type="checkbox"/> North Springs Elementary |
| | <input type="checkbox"/> Nursery Road Elementary | <input type="checkbox"/> Pontiac Elementary |
| | <input type="checkbox"/> Irmo Middle School | <input type="checkbox"/> Rice Creek Elementary |
| | <input type="checkbox"/> Green Charter School | <input type="checkbox"/> Langford Elementary |
| | | <input type="checkbox"/> Sandlapper Elementary |
| | | <input type="checkbox"/> Round Top Elementary |

Child's Name: _____



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2017-2018 AFTERSCHOOL REGISTRATION

Register On-Line at www.columbiaymca.org

Child's name _____ DOB: / / Age: Gender: Grade/Fall 17: _____

Child's name _____ DOB: / / Age: Gender: Grade/Fall 17: _____

Child's name _____ DOB: / / Age: Gender: Grade/Fall 17: _____

CODE WORD _____ Home Phone # _____
(Children will not be released without proper code word, 1 per family)

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian's Legal Name _____ Date of Birth __/__/____ Gender F or M *(circle one)* Race _____

Email _____ Cell # _____ Employer _____ Work # _____

Parent/Guardian's Legal Name _____ Date of Birth __/__/____ Gender F or M *(circle one)* Race _____ Email _____

_____ Cell # _____ Employer _____ Work # _____

EMERGENCY CONTACT NAME (May not be the same as above Parent/Guardian)

Name _____ Relationship _____ Contact phone # _____

ADDITIONAL AUTHORIZED PERSON

Only Parent/Guardians listed above and Authorized Individual listed below will be allowed to pickup this child from the YMCA.

(Must present photo ID or know the family code word)

Legal Name of Authorized Person _____ Date of Birth __/__/____ Gender F or M *(circle one)* Race _____

EMERGENCY CARE INFORMATION

Routine scrapes and other minor injuries will be treated by our staff. In the event of an emergency or more serious accident/illness, staff will contact the parents/guardian directly. In the event the parent/guardian cannot be reached I give the YMCA permission to make the necessary measures to provide the appropriate treatment.

Name of child's primary doctor _____ Phone # _____

Insurance Carrier _____ Policy # _____

YMCA of Columbia association policy is to monitor the sex offender registry. Persons discovered to be on the sex offender registry will not be eligible for membership, program participation, facility access, volunteer opportunities or employment opportunities.

By signing below I attest that all information provided is true and correct to my knowledge.

Printed Name of Parent/Guardian completing form: _____

Signature of Parent/Guardian: _____ Date signed: _____



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AFTERSCHOOL 2017-2018 CALENDAR

Afterschool program dues based on weekly registration. \$50/member; \$65/non-member

Half days at school or early dismissal days are included in the regular Afterschool program dues and the Y will pick-up children from school at dismissal. School In-service Days and Student Holidays are included in regular weekly fees. A separate registration must occur for child to be able to attend Y program on In-Service Days and/or Student Holidays, regardless of being an afterschool participant or not.

Winter Break and Spring Break are not included in Afterschool program cost and must be registered / paid for separately. Program dues are based on all days included for each break and will not be prorated based on daily attendance.

\$120/members; \$160/non-members.

Payment plan must be provided at registration. Program dues must either be set-up on a weekly draft or paid in full at time of registration of all weeks registered. The option of drafting program dues weekly is available. Payments will be drafted weekly on Tues- days prior to the week of registration and attendance. Drafts can be set-up for payment from checking or savings account, or Visa, Mastercard, American Express, or Discover cards. Should draft payment option be chosen, no payment may be due at time of

registration. However, by signing the Bank Authorization form you have signed a promise to pay unless cancellation is received, in

writing, at least 2-weeks prior to the week of disenrollment.

Lexington Family YMCA 401 YMCA Rd. Lexington, SC 29073 803-359-3376	Northwest Family YMCA 1501 Kennerly Rd. Irmo, SC 29063 803-407-8007	Jeep Rogers Family YMCA 900 Lake Carolina Dr. Columbia, SC 29229 803-451-8439
<p> August 21 *Full Day Care August 22 First Day of School September 4 Labor Day - No Y Care October 13 *Full Day Care November 6 *Full Day Care November 22 *Full Day Care November 23 Thanksgiving - No Y Care November 24 *Full Day Care ***December 21 - January 2nd Winter Break January 15 *Full Day Care February 16 *Full Day Care February 19 *Full Day Care March 30 *Full Day Care *** April 2 - 6 Spring Break May 25 *Full Day Care May 28 Memorial Day - No Y Care June 5 Last Day of School *Full Day Care separate program: Days are designated above 7am-6pm **Winter Break separate program: December 21-January 2 7am-6pm No care on Dec 24, 25, 31, or Jan 1 \$115 Y Members and \$155 Non-Members ***Spring Break separate program: April 2- 6 7am-6pm \$115 Y Members and \$155 Non-Members </p>	<p> August 21 *Full Day Care August 22 *Full Day Care August 23 First Day of School September 4 Labor Day - No Y Care October 6 *Full Day Care November 6 *Full Day Care November 22 *Full Day Care November 23 Thanksgiving - No Y Care November 24 *Full Day Care ***December 18 - 29 Winter Break January 1 New Year's Day - No Y Care January 2 *Full Day Care January 15 *Full Day Care February 19 *Full Day Care March 30 *Full Day Care *** April 2 - 6 Spring Break May 28 Memorial Day - No Y Care June 8 Last Day of School *Full Day Care separate program: Days are designated above 7am-6pm **Winter Break separate program: December 18 - January 2nd 7am-6pm No care on Dec 24, 25, 31, or Jan 1 \$115 Y Members and \$155 Non-Members ***Spring Break separate program: April 2-6 7am-6pm \$115 Y Members and \$155 Non-Members </p>	<p> August 21 *Full Day Care August 22 First Day of School September 4 Labor Day - No Y Care October 19 *Full Day Care October 20 *Full Day Care November 6 *Full Day Care November 22 *Full Day Care November 23 Thanksgiving - No Y Care November 24 *Full Day Care ***December 18 - January 2nd Winter Break January 15 *Full Day Care February 19 *Full Day Care March 30 *Full Day Care *** April 2 - 6 Spring Break April 27th *Full Day Care May 28 Memorial Day - No Y Care June 7 Last Day of School *Full Day Care separate program: Days are designated above 7am-6pm **Winter Break separate program: December 18 - January 2 7am-6pm No care on Dec 24, 25, 31, or Jan 1 \$115 Y Members and \$155 Non-Members ***Spring Break separate program: April 2- 6 7am-6pm \$115 Y Members and \$155 Non-Members </p>

PAYMENT / ENROLLMENT AGREEMENTS

PAYMENT: *Payment of tuition (in full) or the set-up of weekly draft payments must occur for registration to be processed and accepted.* All tuition must be paid prior to child's attendance.

Weekly drafts are processed the Tuesday before the week of attendance. Payment is due for all weeks registered regardless of attendance. Weekly tuition is not prorated for any reason.

Cancellation

for any reason requires written notice, provided to Y, 2-weeks prior to the registered drafted weeks.

PAYMENT IN FULL AT TIME OF REGISTRATION FOR ALL WEEKS REGISTERED

DRAFT OPTION 1 FROM CHECKING or SAVINGS ACCOUNT*:

Name of Financial Institution _____

Type of Account: Checking Savings Routing Number _____ Account Number _____

DRAFT OPTION 2 FROM CREDIT CARD OR DEBIT CARD*:

Check box to indicate type of card: Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: __/__/____ Security Code: _____

*A voided check, account card for savings or the actual credit/debit card must be presented and a signed authorization form is required at registration to set-up a draft

BANK DRAFT AUTHORIZATION

All program dues will be drafted on the Tuesday before the week of attendance; unless paid at time of registration. Signature below indicates agreement to payment terms and covers payment of all program dues for children registered on my account. I authorize my bank to honor preauthorized drafts drawn by the YMCA of Columbia for payment of program dues. It is understood that the sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due for this program registration. When the financial institution honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said financial institution when received by them, I will remain liable for such payment and shall immediately pay to the YMCA of Columbia in full the amount of returned payment plus a return fee of \$30.00. This authority is to remain in effect until such notice is given to the YMCA of Columbia of intent to revoke the agreement in compliance with YMCA of Columbia's cancellation policy for program which states draft will be continuous throughout the program dates of registration until written notification has been received by the YMCA of Columbia 2-weeks prior to the draft date for payment of dues of intended week of disenrollment. Failure to comply with cancellation policy will result in that week's draft(s) being non-refundable. Payee has up to 90-days from draft date to dispute any program dues drafted. Printed proof of discrepancy will be required from payee for alleged discrepancy to be investigated by the Y.

Initial	<p>Payment Agreements:</p> <p>I understand that I am responsible for paying for every week my child(ren) are enrolled in the program, regardless of attendance.</p> <p>I understand I must provide written notification to the Y 2-weeks prior to week of intended disenrollment for any dues to not be payable.</p> <p>I understand that In-Service days and Student Holidays are included in weekly Afterschool program dues, but I must register to assure attendance.</p>
Initial	<p>Parent Packet:</p> <p>I have reviewed and agree to the terms and conditions outlined in the Y's Parent Packet.</p>

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of Columbia for any purpose including, not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVE-NANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the under-signed, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any the facilities or equipment therein or participating in any program affiliated with the YMCA. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. YMCA of Columbia association policy is to monitor the sex offender registry. Persons discovered to be on the sex offender registry will not be eligible for membership, program participation, facility access, volunteer opportunities or employment opportunities. I give permission to the YMCA of Columbia to use, without limitations or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs.

Printed Name of Person authorizing draft: _____

Signature of Person authorizing draft: _____ Date signed: _____

Printed Name of Parent/Guardian completing form: _____

Signature of Parent/Guardian: _____ Date signed: _____

HEALTH HISTORY FORM (must complete one for each child registered in program)

Child's Name: _____

Check any of the following conditions or difficulties that affect this child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies (food, insects, etc.) | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Frequent sore throats/colds | <input type="checkbox"/> Headaches | <input type="checkbox"/> Emotional/Behavior |
| <input type="checkbox"/> Ear infections or aches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> None |
| <input type="checkbox"/> Heart or Lung Conditions | <input type="checkbox"/> Vision | <input type="checkbox"/> Other, describe below |
| <input type="checkbox"/> Skin Programs | <input type="checkbox"/> Speech/Communication | |

If you checked any of the above please provide additional information that will help staff members meet your child's needs while attending the program. Attach additional pages if needed.

Please provide any additional information about your child that might affect their participation in the program, including any special needs, restrictions to activities, major changes at home or special instructions. Attach additional pages if needed.

Will this child need to take any nonprescription or prescription medication during their time at the program?

YES NO

If yes, indicate prescription and directions for administration of the medicine:

Medication Name: _____
Dosage _____
Date Medication Taken From _____ Until _____
Time(s) of Day: _____

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION. IF NOT, THE Y WILL NOT BE ABLE TO ADMINISTER.

X _____
Parent / Guardian Signature

Date