



GEORGIA MOUNTAINS AFTERSCHOOL REGISTRATION

Para asistencia traducción española, consulte una de Servicios para Miembros personal de la J. A. Walters Family YMCA

<input type="checkbox"/>	Chestnut Mountain	<input type="checkbox"/>	Lifepoint Church	<input type="checkbox"/>	Mt. Vernon	<input type="checkbox"/>	Spout Springs	<input type="checkbox"/>	World Language
<input type="checkbox"/>	Flowery Branch	<input type="checkbox"/>	Oakwood	<input type="checkbox"/>	Myers	<input type="checkbox"/>	Sugar Hill	<input type="checkbox"/>	Gainesville Middle
<input type="checkbox"/>	Friendship	<input type="checkbox"/>	Martin	<input type="checkbox"/>	Riverbend	<input type="checkbox"/>	Towns County	<input type="checkbox"/>	North Hall Middle
<input type="checkbox"/>	Lanier	<input type="checkbox"/>	McEver	<input type="checkbox"/>	Sardis	<input type="checkbox"/>	Wauka Mountain	<input type="checkbox"/>	

Child's Information: (Please, only one child per registration form)

Child's Name: _____
 Birthday: _____ Male: _____ Female: _____
 Age: _____ Hair Color: _____ Eye Color: _____
 Height: _____ Weight: _____ Grade: _____
 Attendance Start Date: _____

Please submit current
 Immunization Records annually.
 Immunizations received: Y N

Parent/Guardian's Information:

Child lives with: Mother Father Both Other _____

Mother/Guardian's Information:

Mother/Guardian Name: _____ Birth Date: _____ Home Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 Mother's Employer: _____ Work Phone: _____ Cell Phone: _____
 Employer Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian's Information:

Father/Guardian Name: _____ Birth Date: _____ Home Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 Father's Employer: _____ Work Phone: _____ Cell Phone: _____
 Employer Address: _____ City: _____ State: _____ Zip: _____

Pick Up Information:

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:
 #1 Name: _____ Relationship: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 #2 Name: _____ Relationship: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____

How did you hear about us? (Check all that apply.)

How did you hear about us? (Check all that apply.)
 Social Media Outdoor Sign Friend Website Flyer

PICK UP INFORMATION (Continued):

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

#3 Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

LIST ANYONE NOT AUTHORIZED TO PICK YOUR CHILD (Please explain):

Name: _____

(If the person is a legal parent/guardian you must have legal documents from the court stating this person is not allowed to pick up your child.)

MEDICAL INFORMATION:

Physician / Clinic / Hospital Contact

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Special Accommodations:

My child has special needs YES NO If Yes, please explain: _____

My child has allergies (food, medication, immunizations, insects, etc.) YES NO If yes, please explain: _____

My child has hearing/speech problems YES NO If yes, please explain: _____

My child is on the following medications for long-term continuous use: _____

My child has pre-existing illness or health concerns YES NO If Yes, please explain _____

My child has special needs not indicated above YES NO If Yes, please explain) _____

Would you like to make a one time donation to the YMCA to help support our Youth Development Programs?
Please circle one: \$5 \$10 \$25 \$50 \$100 No thank you. \$0

My signature below indicates that this registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except those noted by me. I have read the rules and policies of the YMCA Child Care program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

Parent/Guardian Signature: _____ Date: _____

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child.

YMCA Agreement Form Please read carefully and sign below. Please initial beside each number.

_____ 1. This registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities, except noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection of surgery for my child.

_____ 2. I can provide evidence that my child has the age-appropriate immunizations.

_____ 3. I understand that the YMCA does not provide health insurance coverage for participants. I am responsible for my own coverage.

_____ 4. I have read the rules and policies of the YMCA Child Care Program. I understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in my child being discharged from the program. (Your signature below indicates that you have received the rules and policies of the program)

_____ 5. I understand that YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

_____ 6. I understand that payment is expected the week prior to service and that there will be a late fee assessed should I neglect to pay on time.

_____ 7. I understand that enrolling my child in this YMCA program that I have committed to the program for the program term and that I am charged regardless of my child's participation. I understand that in order to remove my child from the YMCA program, I must fill out a YMCA exit form at least ten days prior to my child's last day of attendance.

_____ 8. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

_____ 9. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

_____ 10. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position in which they have to make this judgement call)

_____ 11. 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.

_____ 12. I have received a copy of the YMCA Child Care Handbook/Parent Policies and Procedures and am aware of policies and procedures.

_____ 13. I hereby consent to the use of my child's likeness in photographs, film or videotape for use in editorial or promotional purposes, including Social Media.

_____ 14. I allow my child to participate in the Afterschool Curriculum which includes education on healthy eating, the option to eating fruits and vegetables during snack time, daily exercise periods and occasional fitness testing to determine the impact of the program on children's health, literacy and other educational enhancement exercises.

_____ 15. The YMCA considers all registrations without regard to race, color, religion, sex, national origin and presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which YMCA programs are designed to accommodate or require specialized training that may prevent YMCA staff from adequately meeting the needs of the child.

_____ 16. My child's health history and shot record is current and on file at the school location listed on the registration form and with the Georgia Mountains YMCA.

_____ 17. The YMCA agrees to provide afterschool care for my child (either "Full-Time" Monday-Friday, or on the indicated 3-day "Part-Time" schedule) when school is in session between the dismissal of school until 6:00pm. My child will be provided with an afternoon snack each day and eat with the YMCA.

_____ 18. Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of child, date, name of medication, prescription number, dosage, date of day, and time of day. Medicine will be in the original container with my child's name marked on it.

_____ 19. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parents, or facility personnel.

_____ 20. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records)

_____ 21. The YMCA agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.

_____ 22. The YMCA agrees to obtain written authorization before my child participates in transportation, special activities away from the facility, and water-related activities occurring in water that is more than two feet deep.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Parent/Guardian Signature: _____ Date: _____

Georgia Mountains YMCA, Inc.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, 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 programs 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, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, 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 releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees 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 releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees 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.
4. THE UNDERSIGNED HEREBY AGREES TO permission and consent, now and for all time, to the Georgia Mountains YMCA Association and third parties collaborating with the Georgia Mountains YMCA Association to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my family's visual and narrative account of my /our experience at the Georgia Mountains YMCA Association, for publication, thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me.

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 [GEORGIA] and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE

__/__/__

date

participant's signature

I HAVE READ THIS RELEASE

__/__/__

date

parent's or guardian's signature
(if participant is legally a minor)

PAYMENT POLICIES AND AUTHORIZATIONS

1. All fees associated with YMCA membership, program registration and first week of program are due at the time of registration.
2. Camp fees are based on the camp's calendar and do not vary regardless of program closures due to inclement weather or emergency situations.
3. As the enrolling parent, you are responsible for all fees related to your child's participation. This includes families that receive assistance through third party agencies such as co-pays or family fees. All DFACS certificates must be presented at time of registration.
4. For After School Care and Holiday Camps (during the calendar school year) all payments will be drafted the **FRIDAY** prior to each week of your child's attendance.
5. For weekly Summer Camps, all payments will be drafted on the **WEDNESDAY** prior to each week of your child's attendance. Fees will be collected by automatic bank draft of the checking account provided. Parents have the option to pay manually by choosing the advanced monthly payment plan which requires the parent to make a payment by the last day of the month for the upcoming month. (Note: the only payment options to make weekly payments are by automatic bank draft [which requires a complete routing number and account number] or Credit Card).
6. Prior balances on your account WILL result in your child being placed on an inactive status, which means the child cannot attend the program or any other YMCA program until the balance is paid in full and if applicable, loss of scholarship/financial assistance for the school year (parent will be billed the regular rate for Camp).
7. NO CREDITS FOR DAYS ABSENT will be given for any family without written approval from the YMCA Childcare Association Director.
8. Any credits that have not been used within 60 days will no longer be valid. Parents are responsible for contacting the Member Services desk located at the YMCA facility regarding their account.
9. The YMCA program requires 10 calendar days' notice of any changes in your child's enrollment including: changes in schedule, change in address, change in financial information and withdrawal from the program etc. Complete the CHANGE IN SCHEDULE FORM OR WITHDRAWAL FORM and submit it to the YMCA Member Services Desk. At that time, the YMCA staff will sign and write the date received on the form. There will be no changes made to any account unless the form has been completed and returned to the YMCA staff 10 calendar days in advance. The parent will be responsible for payment in full if at least 10 calendar days' notice is not given.
10. LATE PAYMENT FEES WILL BE ASSESSED IN THE AMOUNT OF \$10.00 PER WEEK (or portion thereof) AND CHARGED TO EACH ACCOUNT.
11. Any payments returned for any reason including non-sufficient funds will result in appropriate late fees, plus a YMCA service fee of \$30.00 per incident.
12. Families who are unable financially to pay the full cost of participation are encouraged to apply for financial assistance through the YMCA Financial Assistance Program made available through generous contributions from friends of the YMCA. Contact the YMCA Member Services desk for additional information and eligibility requirements.

I, _____, hereby make assignment of all programming tuition to the Georgia Mountains YMCA, Inc. I also make authorization for the same to release any personal information necessary to execute collection of payments due to the YMCA. I understand that I am personally responsible for all charges to my account, regardless of any reason unless approved and signed by the Professional Directors of the Georgia Mountains YMCA. I guarantee payment in full to the Georgia Mountains YMCA, Inc. for all charges made for the care of my children. I understand that should my account be placed for collection, I will be responsible for all costs including court cost, collection fees and attorney fees.

Parent/Guardian Signature _____ Date _____

YMCA Staff (Printed Name) _____ Date _____

Payment Policy and Authorization

(Please note that this is a prepaid payment program. Payment for services, except for where otherwise noted is due in advance. Weekly fees are established on a school calendar year and do not vary regardless of program closures, school holidays, in service/teacher work days, etc.)

Child's Name: _____ Program Location: _____

ENROLLMENT OPTION (Please select only one)

Full Time (Monday-Friday) – This plan provides care for children Monday through Friday and includes all minimum days, in-service days, and designated school holidays with no additional charge. There is no adjustment for absences or non-participation. Fee covers direct operating expenses (staffing, snacks, materials, activity fees, etc.). When you enroll your child, you are reserving a space, time, staffing and provisions whether or not he/she attends. No refunds or credits will be given unless a CHANGE IN SCHEDULE form is submitted to the Member Services desk located at the J. A. Walters Family YMCA 10 calendar days prior to the child's absence (i.e. family vacation). No fees will be charged for the weeks of Thanksgiving break, Christmas break and Spring break).

Part-Time (3 days per week, please indicate days of attendance: Mon Tue Wed Thur Fri)
This plan provides care for children up to three days per week. There is no adjustment to absences or non-participation. Fee covers direct operating expenses (staffing, snacks, materials, activity fees, etc.). When you enroll your child, you are reserving a space, time, staffing and provisions whether or not he/she attends. No refunds or credits will be given unless a CHANGE IN SCHEDULE form is submitted to the Member Services desk located at the J. A. Walters Family YMCA 10 calendar days prior to the child's absence (i.e. family vacation). Children will be charged the DAILY RATE for any days that exceed the partial week plan. (No fees will be charged for the weeks of Thanksgiving break, Christmas break and Spring break).

Parent/Guardian Signature: _____ Date: _____

YMCA Staff Member: _____ Date: _____

PAYMENT OPTIONS:

Weekly Draft Payment

This weekly automatic draft service saves you time, postage and ensures that your payment is made on time. The Georgia Mountains YMCA will keep you advised of your billing information through monthly statements. Weekly statements are emailed to you if you provide us with an email address. Monthly statements are available upon request and if you have a balance at the end of the month it will be emailed to you. To enroll in the Weekly Draft Payment option, simply complete and sign the authorization form, provide a check routing and account number, or credit card number, and return to the Member Services desk located at the J. A. Walters Family YMCA. After returning this form, your account will be active and all subsequent bill payments will be automatically deducted from your bank account weekly.

Advance Monthly Draft Payment

Monthly payments for all participants will be automatically drafted on the LAST FRIDAY of each month for the upcoming month. Fees become past due on the first business day of each month and must include a late fee of \$10.00 PER WEEK. Any balance due will result in your child being removed from the program roster effective the following day. No further YMCA participation is allowed until the balance is paid in full. Payments cannot be accepted at the program site. To enroll in the Weekly Draft Payment option, simply complete and sign the authorization form, provide a check routing and account number, or credit card number, and return to the Member Services desk located at the J. A. Walters Family YMCA. After returning this form, your account will be active and all subsequent bill payments will be automatically deducted from your bank account monthly.

GEORGIA MOUNTAINS YMCA

2455 Howard Rd. • Gainesville, GA 30501 • Phone: 770-297-9622 • Fax: 678-207-0167

Payment Type _____ Weekly Draft Payment (check routing and account number, or credit card number, must be provided)

_____ Advanced Monthly Draft Payment (check routing and account number, or credit card number, must be provided)

I understand that I am in full control of my payments and I will notify you if at any time I decide to make any changes, discontinue this service, or change or close my bank account.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____