

START DATE: _____
RATE: _____
SITE: _____

**YMCA PRIMETIME
Enrollment Form 2018-2019**

Does your child have food allergies?
Circle
YES or NO

Child's Name _____ Gender _____ Race _____ Age _____ Date of Birth _____

Home Address, City, State, Zip _____ Home Telephone _____

Father's Name _____ Home Address, City, State, Zip _____ Cell _____

Place of Employment _____ Employer's Address, City, State, Zip _____ Business Phone _____

Mother's Name _____ Home Address, City, State, Zip _____ Cell _____

Place of Employment _____ Employer's Address, City, State, Zip _____ Business Phone _____

Email _____ Child's Living Arrangements: () Both Parents () Mother () Father () Other
Child's Legal Guardian(s): () Both Parents () Mother () Father () Other

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

Name _____ Address, City, State, Zip _____ Phone _____ Relationship _____

PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:

Name _____ Address, City, State, Zip _____ Phone _____ Relationship _____

Do you receive assistance from the Dept. of Family and Children Services? YES NO

PARENT/GUARDIAN: _____

DATE: _____

CHILD'S MEDICAL INFORMATION

Child's Physician or Clinic's Name (Child's Primary Health Source) _____

Telephone# _____

DOES THE CHILD HAVE ALLERGIES OR OTHER PHYSICAL PROBLEMS, MENTAL HEALTH DISORDERS, MENTAL RETARDATION OR DEVELOPMENTAL DISABILITIES; WHICH WOULD LIMIT THE CHILD'S PARTICIPATION IN THE PROGRAM AND ACTIVITIES? YES NO

Specify: _____

DOES CHILD HAVE ALLERGIES? (INSECT, MEDICATIONS, FOOD, ETC.) YES NO

Specify: _____

DOES THE CHILD HAVE A HIGHER RISK FOR SEVERE REACTION NEEDING EPINEPHRINE TO BE AVAILABLE IN THE PRIMETIME SITE AREA? YES NO

If yes, a **FOOD ALLERGY ACTION PLAN FORM** is available.

ARE ANY SPECIAL PROCEDURES REQUIRED IN CARING FOR CHILD? YES NO

Please specify and give details:

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer an injury or illness
Child's NameDate of Birth

while in the care of the Moultrie YMCA PRIMETIME program and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as necessary. This may include calling for medical transportation or transporting your child in a staff person's vehicle. I (we) shall assume responsibility for payment of services. I (we) agree to keep the PRIMETIME program informed of changes in telephone numbers, etc. where I can be reached.

The program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Known medical conditions (i.e. diabetic, asthmatic, drug allergies)

PARENT/GUARDIAN: _____ **DATE:** _____

PARENTAL AGREEMENT WITH MOULTRIE YMCA PRIMETIME PROGRAM

The Moultrie YMCA PRIMETIME program agrees to provide School Age Childcare for _____ on Monday through Friday from 2:00 pm to 6:00 pm from August 2018 to May 2019.

My child will participate in the following meal plan: afternoon snack and/or supper.

Payments are due by 6:00 pm Friday, for the upcoming week. If a payment is not in by Friday at 6:00 pm, you will be charged a \$10 late fee. NO EXCEPTIONS.

The Moultrie YMCA PRIMETIME program ends at 6:00pm. There is a charge of \$1.00 per minute, per child for any child picked up after 6:00 pm. Late charge fees are due when the child is picked up.

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

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

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. For example: telephone numbers, work location, emergency contacts, child's physician, child's health status, etc. I also understand that I cannot add to the child's pick up list over the phone. **All additions to my child's pick-up list must be made at the YMCA or the PRIMETIME site.**

The Moultrie YMCA PRIMETIME program agrees to keep me informed of any incidents with the child, including illnesses, injuries, adverse reactions to medications, etc.

The Moultrie YMCA PRIMETIME program agrees to obtain written authorization from me before my child participates in routing transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.

I give the Moultrie YMCA PRIMETIME Program permission to take pictures of my child in his/her daily activities and use them in publications such as but not limited to: The Moultrie Observer, Social Media, Newsletters, Signage, and Flyers.

I understand that if my child should pose a threat to himself/herself, to other children, and/or staff, and/or property I will be asked to sign a behavior report acknowledging the problem. If my child continues to pose a threat to any of the above mentioned and together we have not been able to make improvements in the child's behavior, I am aware that I might be asked to remove my child from the program, giving me two weeks to find other means of school age childcare.

By signing below I am stating that I understand and agree to abide by the policies and procedures for the Moultrie YMCA PRIMETIME program and acknowledge receiving a YMCA PRIMETIME Parent Handbook. I understand payment made after 6:00 PM on Friday will be subject to a \$10 late fee.

PARENT/GUARDIAN: _____ **DATE:** _____

PROGRAM DIRECTOR: _____ **DATE:** _____

***** **FOR THE 2018-2019 SCHOOL YEAR** *****

Homework assistance will be offered at your PRIMETIME site at no additional cost from 4:00 pm – 5:30 pm by a paraprofessional.

Please sign below if you would like your child to participate.

PARENT/GUARDIAN: _____ **DATE:** _____

MOULTRIE YMCA PRIMETIME PROGRAM RELEASE/WAIVER

Child's Name _____ DOB _____
Parent/Guardian Name _____
Address _____ City _____
State _____ Zip Code _____ Phone _____

I, the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in the YMCA PRIMETIME program. The minor is physically able and mentally prepared to participate in all PRIMETIME activities.

In consideration of said minor being permitted to enter the YMCA PRIMETIME facility and participate in all activities I, as parent/guardian, hereby:

1. Release the YMCA, it's directors, officers, employees agent and volunteers (collectively "Releasees") from all liability to me or to my minor child or ward named above for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the YMCA facilities or participating in YMCA PRIMETIME activities at other locations.
2. I covenant not to sue Releasees for any loss, damage, injury or death suffered by the above named minor and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's facilities, whether caused by the negligence of Releasees or otherwise.
3. I assume all responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees.
4. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
5. I do hereby authorize the YMCA PRIMETIME program as agent for the undersigned, to consent with respect to said minor, to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician and surgeon licensed in the Sate of Georgia and any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA PRIMETIME program is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the law of the State of Georgia: If any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

PARENT/GUARDIAN: _____ **DATE:** _____

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Father's Name _____ Cell _____ Work Number _____
Mother's Name _____ Cell _____ Work Number _____

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED CONTACT:

Name _____ Phone _____

Child's Doctor _____ Phone _____

The Moultrie YMCA uses Colquitt Regional Medical Center located at

3131 S. Main St. Moultrie, GA 31768; 985-3420

Child's Allergies _____

Current Prescribed Medication _____

Child's Special Medical Needs and Conditions _____

In the event of an emergency involving my child, and if the Moultrie YMCA Primetime program cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

PARENT/GUARDIAN: _____ **DATE:** _____

PROGRAM DIRECTOR: _____ **DATE:** _____

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