



2023-2024 YMCA OF GREENWICH AFTER SCHOOL AFTER SCHOOL ENROLLMENT FORM

Monday – Friday | 3:00pm – 6:00pm | \$595/month

Today's Date: _____
Child's Name: _____ Gender: _____
School Currently Attending: _____ Grade in Sept.2023: _____
Date of Birth: _____ Age: _____ Languages Spoken at Home: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Parent/Guardian Name(s): _____
Primary Emergency Contact & Relation to Child: _____
Home Address (if different from child): _____
Cellphone: _____ Work Telephone: _____ Work Hours: _____
Email: _____ Employer/ Address: _____

EMERGENCY CONTACTS / AUTHORIZED PICK-UP PERSONS

Please list, in order to be contacted, individuals we may contact in an emergency/non-emergency, if you cannot be reached. Persons listed as "Emergency Contacts" are authorized to pick up your child from the program and can reach the facility within one hour.

NOTE: Parents/Guardians may not be listed under this section. The YMCA of Greenwich requires at least three emergency contacts listed for your child in addition to parents/guardians.

Name: _____ Relation to Child: _____
Cellphone: _____ Work Telephone: _____
Name: _____ Relation to Child: _____
Cellphone: _____ Work Telephone: _____
Name: _____ Relation to Child: _____
Cellphone: _____ Work Telephone: _____

**I wish to enroll my child in the YMCA of Greenwich
After School Program 2023-2024**

Signature: _____

How did you hear about the Y? Word of Mouth Ad Social Media Flyer/Brochure Other

***Payments charged on 1st of each month**

PAYMENT METHOD:

Check Visa MasterCard AMEX Card on File: CVV _____ **TOTAL \$** _____

CC Number: _____ Expiration Date: _____ CVV: _____

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PARENT & PARTICIPANT STATEMENT OF AGREEMENT

- I acknowledge that I have read and understand the contents of the After School Parent Handbook.
- I acknowledge that I have read and understand the Behavior Management Policy as outlined in the After School Parent Handbook.
- I understand that I may not leave my child at the YMCA unless there is a YMCA Staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 are authorized to sign out and pick up the child.
- I understand that the YMCA is mandated by Connecticut state law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick my child on time.
- I understand that YMCA Staff may NOT baby-sit, transport, or care for children other than during YMCA Program hours.
- I understand that my child may be removed from YMCA for any of the following reasons:
 - Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - Failure to observe any of the conditions listed in the YMCA After School Parent Handbook.

NOTE: Failure to sign this agreement does not nullify this agreement.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION & CONSENT FORMS

PROMOTIONAL RELEASE

I hereby grant consent and authorize the use of photographs, slides, videotape, and film of my child participating in YMCA of Greenwich activities for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote YMCA of Greenwich programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.

Parent/Guardian Signature: _____ Date: _____

EDUCATIONAL RELEASE

I hereby grant consent and authorize the release of school records for the above named student.

Parent/Guardian Signature: _____ Date: _____

SUPPORT STAFF CONSENT

The YMCA of Greenwich Programs have support staff that consists of educational resource advisors, consultants, family support specialists, and social services staff. In addition, student interns and/or volunteers may work within the program. I give permission for my child to interact with these support staff.

Parent/Guardian Signature: _____ Date: _____

FACILITY USES

I grant permission for my child to use all of the play equipment and participate in all of the activities of the program with the exception of _____.

Parent/Guardian Signature: _____ Date: _____

SWIMMING CONSENT

I hereby grant consent for my child to participate in swimming in life guarded places only.

My child's ability to swim is: Non-Swimmer Beginner Intermediate Advanced Unknown

Parent/Guardian Signature: _____ Date: _____

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AUTHORIZATION FOR EMERGENCY CARE

Child's Physician: _____ Phone #: _____

Address: _____

Child's Dentist: _____ Phone #: _____

Address: _____

Medical Insurance Company: _____ Policy #: _____

Other Coverage (Including Dental): _____

MEDICAL HISTORY

All children having disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease are required to have an Individual Plan of Care developed by the child's parents/guardians and center Director. Additional related persons (i.e. child's physician, Health Consultant, Education Consultant, etc.) may be required to assist with developing the plan based upon the child's condition and needs. Please contact the center Director in order to develop the child's Individual Plan of Care. Please write "NONE" if there are none.

Allergies	Reactions	Treatments

Special Disabilities/Needs/Chronic Health Conditions:

Does your child have an IEP? Yes No If yes, the YMCA requests information to be shared to enable us to provide the best program experience for your child.

Parent/Guardian Signature:

Current Medications:

Emergency Medical/Dietary Information/Religious Restrictions:

Behavioral Issues:

Other Health Concerns:

MEDICAL TREATMENT CONSENT

I hereby authorize the staff of the YMCA of Greenwich to give First Aid and CPR to my child as needed. I understand that the staff is trained in the basics of First Aid and CPR. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility or to _____ and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately. Any expenses incurred will be the responsibility of the parent/guardian.

INITIAL _____ I certify that a licensed physician has examined my child in the last 36 months, and I have provided the YMCA of Greenwich with proper documentation, clearly stating date of physical & immunization records.

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

I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE

Parent/Guardian Signature: _____ Date: _____