


REGISTRATION 2018-2019



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



WHERE FUN AND LEARNING TAKE FLIGHT

**Before & After
School Program**

CLAY COUNTY
YOUTH DEVELOPMENT
3322 Moody Avenue
Orange Park, FL 32065
904.644.0072

YMCA OF FLORIDA'S FIRST COAST

FirstCoastYMCA.org

Before & After School Program

Registration Overview

REGISTRATION

Enrollment is open to any child attending a school where a YMCA Before and After School program is offered. Each YMCA Before and After School program is licensed for the children attending that school site. Registration is not complete until the registration packet has been completed and returned along with a \$50 registration fee, per child, and payment for the 1st week of attendance. Registration fee is waived for participants with a YMCA Family membership.

HOURS

Before School: 6:30am (Not available at Orange Park Elementary)

After School: End of school until 6:00pm

*** Late pick up fee is \$1 per minute, per child for any child picked up later than 6pm. The fee is due at pickup and must be paid before child may attend Before and After school again.**

2018/2019 Clay County Before and After School Rates

		AM Rates	PM Rates	AM/PM Rates
TIER 1				
Argyle • Discovery Oaks • Fleming Island • Lake Asbury • Orange Park • Oakleaf Village • Paterson • Plantation	Regular Rates	\$45	\$76	\$95
	Sibling Discount	\$42	\$72	\$90
Oaks • Shadowlawn • Thunderbolt • Tynes St Johns Classical Academy	3 Days a Week	\$35	\$61	\$71
	Sibling Discount	\$34	\$59	\$68

TIER 2

Charles E Bennett • Clay Hill • Coppergate • Doctors Inlet • Grove Park • Keystone Heights • Lakeside • McRae • Middleburg • Montclair • Rideout •Ridgeview • SB Jennings • Swimming Pen Creek • Wilkinson • WE Cherry	Regular Rates	\$37	\$64	\$79
	Sibling Discount	\$34	\$60	\$74
	3 Days a Week	\$29	\$51	\$61
	Sibling Discount	\$28	\$49	\$58

***Financial Assistance is available to those who qualify.

Extended programs and services are available on days when school is not in session. Additional fees are required for these services, contact your Before and After School site for more information.

FEE SCHEDULES

Regular fees are based on a five-days-per-week schedule. A three-day-per-week schedule is only available on a limited basis at Before and After School sites. Partial-week students choose the three days they will attend in advance and must commit to the schedule set in place. Any changes in schedule require a written two week notice.

Payment: All payments are due one week in advance. Weekly fees are due the **Monday before the week of care**. Payments made after Monday will be adjusted to include a **\$10 late payment fee**. Payments can be made online, automatic bank draft, check or money order. NO CASH, please. **Automatic payments can be scheduled weekly, bi-weekly, or monthly from credit card or bank accounts. Automatic payment is the most effective way to never have a late fee again!**

A Healthy Snack based on USDA guidelines is provided for children daily, included in weekly fee. Parents provide a healthy lunch and drink on ½ days. Please, no fast food or candy.

Contact the Site Director at your school for more information on daily activities, homework assistance, curriculum, Youth Fit for Life, and more.

For more information, you may contact the Before and After School site locations above during program hours or contact the Youth Development office at 904.644.0072 or by email at CCYD@fcymca.org.



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Office Use Only

Participant #:

Date Received: / / By:

Preferred Method of Payment: ☐ EFT ☐ Online ☐ At Site

Registration Fee: \$ Weekly Fee: \$
☐ FA ☐ ELC/Other ☐ No

YMCA BEFORE & AFTER SCHOOL PROGRAM REGISTRATION FORM | 2018-2019

YMCA of Florida's First Coast | Clay County Youth Development | 904.644.0072 | CCYD@FCYMCA.org

A completed registration consists of Registration Form, Child Information Form and all required fees paid. Your child may not attend BAS until ALL required forms are completed and on file with the YMCA Site Director at your site.

PROGRAM INFORMATION

ENROLLMENT (START) DATE / /	SCHOOL NAME
5-DAY PLAN <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM	
3-DAY PLAN <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM	WHICH 3 DAYS (PLEASE CIRCLE) MON. TUES. WED. THURS. FRI.

CHILD INFORMATION

CHILD'S NAME	NICKNAME	DATE OF BIRTH / /
GENDER	GRADE	ETHNICITY (CIRCLE ALL THAT APPLY) W B A H I OTHER
ADDRESS	CITY	STATE ZIP
HOUSEHOLD PHONE	HOUSEHOLD EMAIL	

PARENT/GUARDIAN INFORMATION

MOTHER OR LEGAL GUARDIAN NAME

ADDRESS	CITY	STATE	ZIP
EMPLOYER	WORK PHONE		
HOME PHONE	CELL PHONE	EMAIL	

FATHER OR LEGAL GUARDIAN NAME

ADDRESS	CITY	STATE	ZIP
EMPLOYER	WORK PHONE		
HOME PHONE	CELL PHONE	EMAIL	

WHO HAS LEGAL CUSTODY?

☐ MOM ONLY ☐ DAD ONLY ☐ BOTH PARENTS ☐ OTHER (PLEASE EXPLAIN)

WHO IS PERMITTED TO REMOVE THE CHILD?

☐ MOM ONLY ☐ DAD ONLY ☐ BOTH PARENTS ☐ OTHER (PLEASE EXPLAIN)

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

ID IS REQUIRED TO PICK UP YOUR CHILD (REQUIRED: MINIMUM OF 2 OTHER THAN PARENTS)

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

MEDICAL INFORMATION

CHILD'S PHYSICIAN	PHYSICIAN PHONE
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PLEASE SIGN ATTACHED WAIVERS



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MEDICAL INFORMATION

PLEASE INDICATE ANY OF THE FOLLOWING:

☐ MEDICAL CONDITION/DIAGNOSIS:

☐ CHRONIC ILLNESS:

☐ HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS:

☐ PHYSICAL RESTRICTIONS:

☐ ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.):

☐ SPECIAL DIETARY RESTRICTIONS:

☐ SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW): ☐ YES ☐ NO

SPECIAL NEEDS

PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERYDAY TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.

PLEASE DESCRIBE YOUR CHILD'S NEEDS:

DOES YOUR CHILD HAVE AN IEP? ☐ YES ☐ NO

MEDICATIONS

NAME OF MEDICATION:

DOSAGE/FREQUENCY:

NAME OF MEDICATION:

DOSAGE/FREQUENCY:

NAME OF MEDICATION:

DOSAGE/FREQUENCY:

ADDITIONAL INFORMATION

PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN CARING FOR YOUR CHILD:

PLEASE SIGN ATTACHED WAIVERS

CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

I understand the registration fee must accompany this application and is non-refundable. The registration fee is waived for all participants having a current YMCA Family membership. I understand that one week's tuition is required at the time of registration to secure the participant's enrollment.

I understand that I am responsible for ALL weekly payments, regardless of attendance. There will be no prorated fees for non-attendance. Part-time care is not available. Payment is due on Monday, for the upcoming week, and will be considered late after 6:00pm on Monday. The YMCA may bill any past due accounts and assess a \$10.00 per week late fee. My child may be dropped from the program for continuous non-payment of weekly tuition.

Children must be picked up no later than 6:00pm or a late charge of \$1.00 per minute, per child will be charged and is due at the time the child is picked up or the next morning before returning.

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

PRINTED NAME OF CHILD

SITE

DATE

PARENT / GUARDIAN SIGNATURE

DATE**PER DCF REGULATIONS**

ONLY THE INDIVIDUAL WHOSE SIGNATURE APPEARS ON THE ORIGINAL REGISTRATION FORM IS AUTHORIZED TO MAKE CHANGES TO THE REGISTRATION FORM, INCLUDING ADDING, DELETING, OR TEMPORARILY DESIGNATING INDIVIDUALS AUTHORIZED TO PICK UP THE CHILD.

I have received a copy of the DCF brochure "Know Your Child's Day Care" and a copy of the current year's Before and After School Parent Handbook containing the payment policies, discipline practices, and expulsion policy of the YMCA and I agree to abide by the YMCA's policies and procedures.

PARENT / GUARDIAN SIGNATURE

DATE

PLEASE SIGN WAIVER ON BACK OF THIS FORM

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the “Release”). You individually and on behalf of your minor child, release the YMCA of Florida’s First Coast, Inc. (“YMCA”), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, “YMCA”). You agree that this Release is effective immediately.

NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)

DATE

PARENT / GUARDIAN

DATE

PARENT / GUARDIAN

DATE



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AUTHORIZATION FOR SCHOOL YEAR DRAFT | 2018-2019

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School/Site Location:		County/District:	
Child(ren) Name(s):		Member ID:	
<input type="checkbox"/> Please draft my \$50.00 registration fee now			
Withdrawal Frequency:			
<input type="checkbox"/> Weekly- I request fees for the upcoming week to be collected on (please circle day): Monday Tuesday Wednesday Thursday Friday			
<input type="checkbox"/> Monthly- I request monthly fees to be drafted on (please circle): 1 st of every month 15 th of every month			
Automatic Withdrawal Billing Method:			
<input type="checkbox"/> Draft from a Checking Account (Please attach a voided check)			
<input type="checkbox"/> Use Account On File (Must list last 4 digits of card):		<input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Account
Name on Account:		Bank Routing Number:	Account Number:
<input type="checkbox"/> Draft from a Credit/Debit Card			
<input type="checkbox"/> Use Account On File (Must list last 4 digits of card):		<input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Account
Name on Card:	Address:		Zip Code:
Card Number:	Card Type:		Expiration Date (month/year):
Draft Terms of Agreement			
<ul style="list-style-type: none">• I understand that authorization is to remain in full force, and if I wish to terminate or change my draft in any way, I must give the YMCA a 30 day written notice.• Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee that my bank may charge.• I hereby authorize the YMCA of Florida's First Coast to initiate weekly or monthly debit entries to my account indicated above.			
Signature:		Date: / /	