



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TIME TO EXPLORE



After School Program

**REGISTRATION PACKET
2019-2020**

**SAN JOSE ACADEMY &
PREPARATORY HIGH SCHOOL
YOUTH DEVELOPMENT**
4072 Sunbeam Road
Jacksonville, FL 32257
DCYD@FCYMCA.org

YMCA OF FLORIDA'S FIRST COAST

FCYMCA.org

After School Program

Registration Overview

REGISTRATION

Enrollment is open to any child attending a school where a YMCA After School program is offered. **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

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 After school again.

2018/2019 Duval County Before and After School Rates

San Jose Academy & Preparatory High School After School fees PM/Care

\$44.00/ weekly

At the Y, we offer financial assistance is available to those who qualify. Please contact your local Y for more information.

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

FEE SCHEDULES

Regular fees are based on a five-days-per-week schedule. 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 by check, money order or automatic bank draft. 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!**

***At time of initial registration, a weekly fee plus a registration fee of \$50 is due at time of registration. If you register after the program begins, at time of registration you owe a Weekly Fee plus a registration of \$50 plus a payment on Monday. Our payment are due 1 week prior to service week.**

A Healthy Snack based on USDA guidelines is provided for children daily and a Healthy Supper, included in weekly fee. Parents provide a healthy lunch and drink on 1/2 days. Please, no fast food or candy.

For questions about registration & payments:

- Contact the After School site location above during program hours or contact the Youth Development Administrative Office at 904.731.2006 ext. 200 or by email at DCYD@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 AFTER SCHOOL PROGRAM

REGISTRATION FORM | 2019-2020

YMCA of Florida's First Coast | Duval County Youth Development | DCYD@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**

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

CHILD'S PHYSICIAN _____ **PHYSICIAN PHONE** _____

PLEASE SIGN ATTACHED WAIVERS



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CHILD INFORMATION FORM | 2019-2020

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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

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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AFTER SCHOOL PROGRAM

AUTHORIZATION FOR SCHOOL YEAR DRAFT | 2019-2020

YMCA of Florida's First Coast | Duval County Youth Development | DCYD@FCYMCA.org

School/Site Location:		
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: / /