the

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

FCYMCA

YMCA OF FLORIDA'S FIRST COAST

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 1**st **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 ½ 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



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Office Use Only			
Participant #:			
Date Received: / / By:			
Preferred Method of Payment:] Online	At Site
Registration Fee: \$	Weekly Fe	ee: \$	
	🗆 FA	ELC/Othe	er 🗆 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 (S	TART) DATE / / SCHOOL NAME							
CHILD INFO	RMATION							
CHILD'S NAME			NICKNAM	1E	DA	TE OF BI	RTH	/ /
GENDER		GRADE	ETHNICI	TY (CIRCLE ALL THAT APPLY)	W B	А Н	I OTHE	ΞR
ADDRESS			CITY	/	STATE		ZIP	
HOUSEHOLD PHO	NE			HOUSEHOLD EMAIL	_			
PARENT/GU	ARDIAN INF	ORMATION						
MOTHER OR LEG								
ADDRESS				CITY	STATE		ZIP	
EMPLOYER				W	ORK PHONE			
HOME PHONE		CELL PI	HONE		EMAIL			
FATHER OR LEG	AL GUARDIAN	NAME						
ADDRESS				CITY	STATE		ZIP	
EMPLOYER				WO	ORK PHONE			
HOME PHONE		CELL PI	IONE		EMAIL			
WHO HAS LEGA	L CUSTODY?							
□ MOM ONLY		🗆 BOTH PARE	NTS 🗌 🤇	OTHER (PLEASE EXPLAIN)				_
WHO IS PERMIT	TTED TO REMO	VE THE CHILD?						
□ MOM ONLY			NTS 🗌 🤇	OTHER (PLEASE EXPLAIN)				_
EMERGENCY	CONTACTS	& AUTHORIZI	ED TO PIO	CK UP				
ID IS REQUIRE	D TO PICK UP Y		IRED: MINIMUM	OF 2 OTHER THAN PARENTS)				
NAME		PHONE		RELATION	ISHIP			
NAME		PHONE		RELATION	ISHIP			
NAME		PHONE		RELATION	ISHIP			
NAME		PHONE		RELATION	ISHIP			
MEDICAL IN	FORMATION	l						

CHILD'S PHYSICIAN

PHYSICIAN PHONE



AFTER SCHOOL PROGRAM

CHILD INFORMATION FORM | 2019-2020

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MEDICAL INFORMATION

PLEASE IDICATE 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

SPECIAL NEEDS

PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERDAY 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:

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.

PARENT /	GUARDIAN SIGNAT	URF

DATE

PARENT / GUARDIAN SIGNATURE

ENROLLMENT DATE

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



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:							
Please draft my \$50	0.00 registration fee r	now					
Withdrawal Frequence	y:						
Weekly- I request for Monday Tue	ees for the upcoming esday Wednesday Thu		ed on (please (circle da	y):	
□ Monthly- I request 1 st of every r			cle):				
Automatic Withdrawa	l Billing Method:						
Draft from a Checki	ng Account (Please a	ttach a voided chec	:k)				
Use Account On File (Mus	t list last 4 digits of card):	Add New Account Change Account			t		
Name on Account:		Bank Routing Number	r: A	Account Number:			
Draft from a Credit	Debit Card	-					
Use Account On File (Mus	it list last 4 digits of card):	Add New Account		🗆 Chang	e Accoun	t	
Name on Card:	Address:		Code:				
Card Number:	Card Type:		Expirat	xpiration Date (month/year):			
Draft Terms of Agree	nent		1				
 draft in any way, I m Should any draft not that payment plus a my bank may charge 	ne YMCA of Florida's Firs) day written notice. k for any reason, I re by the YMCA. This is	alize th in addit	at I am ion to a	still res ny servi	ponsible for ce fee that	
Signature:			Γ	Date:	/	/	