



# YMCA SCHOOL'S OUT REGISTRATION FORM - 2011-2012

Southern District YMCA | PO Box 729 - Kingston, NH 03848 | Phone: 642-3361 | Fax: 642-4340

Complete one registration form **per child**, print neatly and update this form whenever information changes. Include a \$30 registration fee. Checks may be made out to "Southern District YMCA." *We do not accept cash at the School's Out site.*

**CHILD'S INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female \_\_\_\_\_  
 Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

This will be my \_\_\_\_\_ year at YMCA School's Out.

**PARENT/GUARDIAN INFORMATION:**

Include any special instructions for reaching parent/guardian (i.e. pager, cell phone).

**Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
**E-Mail (required):** \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Special instructions for reaching parent/guardian: \_\_\_\_\_  
 Is this your child's primary residence \_\_\_\_\_ Yes \_\_\_\_\_ No

**Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
**E-Mail (required):** \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Special instructions for reaching parent/guardian: \_\_\_\_\_  
 Is this your child's primary residence \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMERGENCY CONTACTS and PICK-UP AUTHORIZATIONS:**

Provide **at least 2 people** whom you (Parent/Guardian) would feel comfortable leaving your child with and who could assume responsibility for your child if you could not be reached immediately in an emergency or you could not pick up your child from School's Out.

I, \_\_\_\_\_, authorize the following people to pick my child up from the program. \_\_\_\_\_  
 (Parent/Guardian Signature) (Date)

<b>Name:</b> _____	<b>Name:</b> _____
Relationship to child: _____	Relationship to child: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____

**MEDICAL INFORMATION:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies, chronic conditions, operations or injuries that may affect your child's participation and could be important in case of sudden illness or injury: \_\_\_\_\_  
 Is your child taking any medications? Yes / No \_\_\_\_\_  
 If yes, what kind and why: \_\_\_\_\_

\_\_\_\_\_ If medication will be administered during the program, complete a Medication Permission Form, available from the Site Director or the YMCA office.

**EMERGENCY TREATMENT AUTHORIZATION:**

I hereby give permission for the staff of the **Southern District YMCA** to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/ rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child. I will hold harmless the YMCA and all SAU member districts for their part in conveying information on this voluntary program.

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**ENROLLMENT:**

Indicate when your **child's enrollment will start** and which days they will attend School's Out. Your child must attend on days enrolled only. There is a fee for changing days.

**START DATE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

	Full Time	Part Time	M	T	W	Th	F
<b>Before School</b>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After School</b>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stratham Kindergarten</b> 1:15-3:00pm	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For Office Use Only**

(To be completed by the Site Director or YMCA office.)

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Rec'd.: \_\_\_\_\_

Check #: \_\_\_\_\_

Director's Initial: \_\_\_\_\_

Physical Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check one:

Private Pay

State

DCYF

**YMCA SCHOOL'S OUT BUSINESS CONTRACT:**

**I have read and agree to follow the policies listed in the School's Out Parent Handbook and I understand that:**

- I am responsible for full payment of the program. If more than one parent provides payment, the bill will be sent to the parent's **EMAIL** who signs the registration form.
- Payments are due on the **first of each month**. If payment does not reach the YMCA office by the seventh of the month, I will be charged a late fee of \$20.00.
- My child may attend only on **enrolled days**. Absences will not be credited.
- Any changes in my child's enrollment must be made in writing and will incur a \$10.00 change fee.
- **A two week written notice is required for withdrawal from the program and payment is required for the two week termination period.**
- The \$30.00 registration fee is non-refundable and non-transferable.
- The tuition for ALL participants has been divided into 10 equal monthly payments based on the 180-day school year. Automatic payment is available via credit card authorization. Payment by check is also accepted. *Cash is not accepted at the site.*
- My monthly payment is based on enrollment and not my child's actual attendance at School's Out.
- No credit will be given for emergency or weather-related school cancellation days.
- Participants will not be charged extra for early release or delayed opening on days they are regularly enrolled.
- If payment becomes **30 days** overdue, my child may be removed from the program until the past due balance is paid.
- A charge of \$25.00 will be added for any checks returned to the YMCA by the bank and must be replaced with a certified check or money order.
- School's Out ends at 6:00pm. A late fee of \$1.00 per minute per child is incurred after 6:00pm and I will pay this to the Site Director at pick-up.
- Tuition will not be refunded if my child is asked to leave for behavioral reasons.
- If I, or an individual I have authorized to pick my child up from the program, is unable to, I will provide a written note indicating the name of an alternate pick-up person before the start of the program on that day.
- In the case of a school emergency dismissal, School's Out will be cancelled for the day. It is my responsibility to give the school alternate dismissal plans for my child.
- If my child is going to be absent it is my responsibility to notify the School's Out site director via site phone or additional note to school.

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**I have read and understand the Note to Parents about the Bureau of Child Care Licensing.** \_\_\_\_\_

Parent/Guardian Initials & Date

**A NOTE TO PARENTS ABOUT THE BUREAU OF CHILD CARE LICENSING:**

The licensing authority for this program is the Bureau of Child Care Licensing. Information regarding recent licensing and monitoring visits for this program is available by calling the Bureau at 271-4624 or 1-800-852-3345, extension 4624. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plans for the preceding visit and make them available to parents to review, upon request. Statement of findings and corrective action plans are also available by calling the Bureau at 271-4624 or 1-800-852-3345, extension 4624.

During licensing, monitoring and complaint investigation visits to licensed programs the bureau's licensing specialists, all of whom have education/experience in early childhood education, speak with children regarding the care they receive at the program, if in the judgment of the licensing specialist children's responses would be valuable in determining the quality and level of care provided. If you wish to be informed prior to your child being interviewed, or do not want your child interviewed, you must provide a signed, dated statement to the center director indicating your preference. This statement must be updated annually. The center director is required to inform the licensing specialist when any parent has completed such a statement. Program staff should not attempt to influence you regarding this choice.

The well being of children is our concern. BCCL staff recognize that interviewing young children is a delicate responsibility. Therefore, the licensing specialists will make every attempt to help any child they interview feel comfortable by being gentle, reassuring, sensitive and casual. They will spend time with the child and will take into account the child's level of maturity and willingness to talk to us.

The licensing specialists ask the teachers to introduce them to the children and briefly explain the licensing specialists' role. The licensing specialists ask open ended questions. They randomly select which children they will speak with, and invite those children to tell the licensing specialists about their child care program. However, no child is ever forced to speak with a licensing specialist. If a child appears uncomfortable about speaking or declines the licensing specialists' invitation, they select another child. No child is ever pressured to speak with a licensing specialist. Generally the children enjoy telling an interested person about their day at the child care program, and often, children who have not been selected ask the licensing specialists if they can talk to them.

Bureau staff believe it is important to interview children when monitoring child care programs because children often provide us with valuable information about the care they receive as well as important child care activities that are unlikely to observe. The licensing specialists ask questions about meals, snacks, activities, teachers, fire drills, rest, rules that children must follow, and what happens if children don't follow those rules.

**Tell Us About Your Child!**

1. My child's favorite snack foods are:
  
  
2. These are things my child would rather not eat:
  
  
3. Activities that are especially interesting to my child are:
  
  
4. Ways that my child enjoys being rewarded include (circle all that apply):  
Working toward a large reward   Stickers                      Small toys                      Special snacks  
Being chosen to be a "helper"   Award certificates   Verbal praise                      Other: \_\_\_\_\_
  
5. These are things that make my child nervous or uncomfortable:
  
  
6. When my child becomes nervous or uncomfortable, this is the kind of support he/she needs:
  
  
7. These are some positive ways we deal with behavior issues at home that you might try during School's Out:

# Southern District YMCA / Camp Lincoln

PO Box 729, 67 Ball Road Kingston, NH 03848  
Phone: (603) 642-3361 | Fax: (603) 642-4340 | www.ymcacamplincoln.org

## MEDICAL RELEASE FORM

Please provide a copy of my child's health form and immunization records to the YMCA School's Out Program. This information can be placed in the School's Out mailbox in the school's main office.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION for EXCHANGE OF INFORMATION

I give permission for the \_\_\_\_\_ school to release pertinent information about my child to the YMCA School's Out Program. This information may include, but is not limited to, attendance records, dismissal plans and health information.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTOGRAPH PERMISSION

I give the Southern District YMCA permission to photograph my child and use photographs without the use of my child's name in YMCA publications, on the Southern District YMCA/Camp Lincoln website or in newspaper articles.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## HOMEWORK CONTRACT

- I would like my child to complete as much homework as possible at the program. Please help him/her with homework, and provide a quiet place for them to work.
- It is okay for my child to work on homework at the program, but he/she does not have to. Please give my child the choice each day.
- I would like my child to do their homework at home. Please offer an alternative activity for him/her during homework time

Child's name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_