

Dorchester County Family YMCA

After School Fun Club

Dear Parents and Guardians,

Thank you for trusting the YMCA to care for your child. Safety is our primary concern. We will need some more information from you concerning your child to assist the directors and aides in giving your child the best possible care. Please take the time to complete these in full.

NO CHILD WILL BE ALLOWED TO ATTEND WITHOUT THESE COMPLETED

Please note the following forms and return this cover sheet with them:

1. Enrollment from/Authorization for student Pickup
2. Authorization for emergency medical treatment
3. Photo Release
4. Discipline policy
5. Important information for Parents
6. Child Care Packet (State of Maryland Forms)

I have read and completed all enrollment forms to enroll my child (ren) in YMCA ASFC.

Parent/Guardian Signature

Date

Thank you again and we are looking to have a great school year!

Dorchester County Family YMCA

ASFC Enrollment Form

Student Name _____ Nick Name _____

Full Address _____

Date of Birth _____ Age _____ Zip Code _____

IDENTIFYING INFORMATION

Mother's Name _____ Home # _____ Cell # _____

Address (if different) _____

Employed by (or school attended) _____ Work # _____

Work Schedule _____

Father's Name _____ Home # _____ Cell # _____

Address (if different) _____

Employed by (or school attended) _____ Work # _____

Work Schedule _____

Email Address _____

Please provide any other information that you feel may put us in better position to understand your child's needs (ie. Allergies, moodiness, homesickness, anxiety, likes/dislikes, etc.)

Field Trip Permission Slip

I do () do not () give my child permission to take part in any field trips or excursions with this Day Camp Facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

PERMISSION FOR CAMPER TO LEAVE FACILITY

I grant permission for my child to leave the facility as follows:

<u>Field Trips</u>	<u>Anytime</u>	<u>Bus or Walking</u>
Type of Activity	Time: Leave/Return	Method of Transportation

I have read and I agree to the above on _____
Date

Parent/Guardian Signature

YMCA ASFC

Important Information for parents

- ✓ Balance of camp payment is due by the 5th of every Month
- ✓ ASFC begins at school dismissal; there is no staff available to supervise your children after 5:30 PM
- ✓ Pick up is prior to 5:30 pm. Please be advised that late fees will be assessed at \$5.00 for each additional 15 minutes after 5:30 PM. Continued lateness will result in your child not being able to attend the ASFC.
- ✓ When you do pick up your child, please check him/her out on the sign in/out sheet.
- ✓ We will not tolerate foul language, fighting or disrespecting of directors or other staff. We will treat your child with respect, and expect the same in return. We want this to be a fun and happy experience for all students. First and second offense will be handled by the director and aid, third by YMCA Program Director. The fourth offense will result in your child being released from ASFC. You will be notified of any behavior problems.
- ✓ After the school dismissal your child will report to the school cafeteria for the ASFC
- ✓ No student is allowed anywhere by themselves. They will be accompanied to the restroom, to another play area, etc. by the ASFC Directors and Aides.

When Dorchester County Public schools are closed early due to inclement weather, the ASFC will not operate.

Thank you for your confidence in helping your child to have a memorable experience with the Dorchester County Family YMCA ASFC.

Parent/Guardian Signature

Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

_____ Yes. I understand that I will be notified, at once; in case of an accident or illness to my child that requires medical attention. I will make arrangements for medical care for my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I hereby authorize the Dorchester County Family YMCA Inc., to give consent for any and all necessary emergency care for my child,
_____ ; while said child is at attendance at the YMCA ASFC.

Parent/Guardian Signature

Date

Physician: _____ Phone: _____

Address: _____

Mother's work # _____ Fathers work # _____

Health Insurance _____

Phone# of Health Insurance _____

Policy # _____

Dorchester County Family YMCA

Photo Release

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Dorchester County Family YMCA, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting with its permission to take, copyright, use and publish photographs of or concerning _____ in

Child's Name

Whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the Dorchester County Family YMCA, Inc. and I waive all rights there to. I waive the photography and the use to which it may be applied.

Parent/Guardian Signature

Date

Address _____

Phone Number _____

Address (if different) _____

Emergency Contacts

Emergency Contact(s) (other than parent or doctor)

1. Name and Relationship
Home phone Work# Cell Phone #

2. Name and Relationship
Home phone Work# Cell Phone #

PERSON(S) AUTHORIZED TO TAKE STUDENT FROM ASFC

1. Name: _____

2. Name: _____

3. Password: _____