



Y AFTERSCHOOL

EXCEL AFTER THE BELL



FUN PHYSICAL ACTIVITIES



HEALTHY SNACKS



HOMEWORK SUPPORT



FUN ENRICHMENTS OFFERED



FINANCIAL ASSISTANCE AVAILABLE

Y Afterschool is here to give your kids supervised fun as soon as the school bell rings, till 6:00pm! In Y Afterschool your child will have the opportunity to participate in programs such as enrichments, crafts, STEM activities, and so much more! A snack is provided for students daily. Registration is available online.

- PRE-K - 5TH GRADE
- END OF SCHOOL DAY - 6:00PM
- MONDAY - FRIDAY

ENROLL TODAY!

ymcactx.org



CHILD 1 INFORMATION

CHILD'S FIRST NAME MIDDLE INITIAL LAST NAME

GENDER <input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH	CHILD'S AGE	GRADE (2023-2024)	AFTERSCHOOL START DATE	CHILD'S SCHOOL
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CHILD'S ADDRESS CITY STATE ZIP

PARENT / LEGAL GUARDIAN #1 Initial: _____ This form can only be updated by Parent / Legal Guardian #1

FIRST NAME LAST NAME PARENT 1 DATE OF BIRTH

ADDRESS CITY STATE ZIP

EMAIL EMPLOYER

HOME PHONE WORK PHONE MOBILE/PAGER PHONE ALTERNATE PHONE

PARENT / LEGAL GUARDIAN #2 Eligible to pick-up child: Yes No If no, please attach a copy of legal documentation.

FIRST NAME LAST NAME PARENT 2 DATE OF BIRTH

ADDRESS CITY STATE ZIP

EMAIL EMPLOYER

HOME PHONE WORK PHONE MOBILE/PAGER PHONE ALTERNATE PHONE

AUTHORIZED PICKUPS

LOCAL PERSON OTHER THAN THOSE LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY IF THE PARENT / LEGAL GUARDIAN CANNOT BE REACHED:
(to be in compliance with Y association policies and the TDFPS, the individuals authorized to pick up your child must be at least **18 years of age**)

NAME RELATIONSHIP TO CHILD

ADDRESS CITY STATE ZIP

CONTACT NUMBER CONTACT NUMBER

IN ADDITION TO THOSE LISTED ABOVE, I HEREBY AUTHORIZE THE Y STAFF TO ALLOW MY CHILD TO LEAVE THE FACILITY ONLY WITH THE FOLLOWING PERSON(S):
(to be in compliance with Y association policies and the TDFPS, the individuals authorized to pick up your child must be at least 18 years of age)

NAME RELATIONSHIP TO CHILD

ADDRESS CITY STATE ZIP

CONTACT NUMBER CONTACT NUMBER

EMERGENCY INFORMATION

In the event of an emergency and a parent / legal guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management / transportation (please refer to the medical waiver below). Additionally, please indicate which

Elementary School: _____ has your child's current immunization record, including tuberculosis (TB) test.

	NAME	PHONE	ADDRESS	CITY / STATE / ZIP
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Licensed Physician				
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- Baylor Scott & White Medical Center 100 Hillcrest Medical Blvd., Waco TX 254-202-2000
- Providence Healthcare 6901 Medical Parkway, Waco TX 254-751-4000
- Other (Please provide name and full address of hospital): _____



CHILD'S FIRST NAME	MIDDLE INITIAL	LAST NAME
CHILD'S SCHOOL		GRADE (2023-2024)

YMCA ADA POLICY

The YMCA of Central Texas does not discriminate on the basis of disability and will make reasonable accommodations/modifications in its policies, practices and procedures to accommodate a disability unless the accommodations/modifications would fundamentally alter the nature of the YMCA's programs or activities, would create an undue burden on the YMCA, or would pose a direct threat to the health and safety of themselves or others that cannot be eliminated by reasonable accommodations and modifications.

In order to best meet your child's needs, we require that you list any special needs, recommended by your healthcare professional or school district, that the child requires including: Any reasonable accommodations or modifications; any adaptive equipment provided for the child, and instructions for its use; and symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care. Any medication prescribed for long-term continuous use, or any other information that staff should be aware of. Please list all accommodations below: _____

Food Allergies and emergency plan: _____

Please allow up to 5 days to be contacted, if accommodations are requested.

PARENT / GUARDIAN ACKNOWLEDGMENT	
Parent / Guardian Signature _____	Date _____

Please INITIAL or ANSWER all lines to indicate received written policies / materials and agree to terms.

- _____ **Policy Agreement (REQUIRED):** I acknowledge that I have been made aware of where to access or have received a copy of the Y Afterschool & Day Camp Family Guide. I accept responsibility to read and adhere to all billing procedures and all policies as set forth in that guide.
- _____ **ADA Policy (Required):** The YMCA of Central Texas does not discriminate on the basis of disability and will make reasonable accommodations/modifications in its policies, practices and procedures to accommodate a disability unless the accommodations/modifications would fundamentally alter the nature of the YMCA's programs or activities, would create an undue burden on the YMCA, or would pose a direct threat to the health and safety of themselves or others that cannot be eliminated by reasonable accommodations and modifications. In order to best meet your child's needs, we require that you list any special needs, recommended by your healthcare professional or school district, that the child requires including: Any reasonable accommodations or modifications; any adaptive equipment provided for the child, and instructions for its use; and symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care. Any medication prescribed for long-term continuous use, or any other information that staff should be aware of. **Please allow up to 5 days to be contacted, if accommodations are requested.**
- _____ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.
- _____ **Waiver for Participation (Required):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.
- _____ **Waiver for Photo / Video / Audio Release (Optional):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs. I understand that these may be shared with others participating in the program, as well as used in Y promotions, trainings and/or displays.
- _____ I understand that I am required to pick up my child before the program ends and failure to do so will result in \$1 per minute added on to the next payment. I also understand that I am required to give the YMCA current and working contact information including phone numbers and email I can be reached at.
- _____ Is your family a member of the YMCA of Central Texas? If so, please provide your member number: _____
- _____ I understand that a nonrefundable, nontransferable \$50 registration fee is due at the time of registration. This fee is charged per child for registration processing and curriculum materials.
- _____ I understand that withdrawal from the program requires two weeks written notice. I also understand that the Y also reserves the right to unenroll a participant for non-payment and/or behavioral issues.
- _____ I understand that my tuition is due on or before the Tuesday prior to the next week of care, (ex. payment due August 8th, for care starting August 14th). Failure to pay may result in removal from the program.
- _____ Changes to information for Parent/Guardian #1 must be submitted with court documentation.

PARENT / GUARDIAN ACKNOWLEDGMENT	
Parent / Guardian Signature _____	Date _____

CHILD'S FIRST NAME	MIDDLE INITIAL	LAST NAME
CHILD'S SCHOOL		GRADE (2023-2024)

DISCIPLINE & GUIDANCE

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using a brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group

There must be no harsh, cruel or unusual treatment of any child.

The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, quiet time or bathroom use
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting or yelling at a child
7. Subjecting a child to harsh, abusive or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriate periods of time

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance.

BEHAVIOR ALERTS(WRITE-UPS)

1st Offense: Parents/guardians will be contacted and arrangements will be made for immediate child pick-up. The child will remain in supervised "in-Y" suspension until the parent arrives. If child is not picked-up within 40 minutes, it will result in another write up.

2nd Offense: 1-3 days "out of Y" suspension, based on the severity of the incident. At this time, a discussion between the Site Supervisor/Site Coordinator and authorized member of the family will take place, followed by a signed written agreement that a repeat offense may result in removal from the program.

3rd Offense: The Program Director will review all documentation and determine if the child will be removed from the program.

PARENT / GUARDIAN ACKNOWLEDGMENT

My signature verifies that I have read and received a copy of this discipline and guidance policy.

Child Name

Parent / Guardian Signature

Date

YMCA of Central Texas Afterschool Agreement ACH/CC Automatic Payment Option

STEP #1

CHILD'S FIRST NAME	MIDDLE INITIAL	LAST NAME		
PHONE NUMBER (DAY)		PHONE NUMBER (EVENING)		
CHILD'S SCHOOL	CHILD'S ADDRESS	CITY	STATE	ZIP

STEP #2

Begin Draft Date: ____ / ____ / ____

STEP #3

DRAFT DATES	AMOUNT
Monthly on the 1st	\$

STEP #4

OPTION 1: CREDIT / DEBIT CARD

Please check one: Visa MasterCard Discover AMEX

CREDIT / DEBIT CARD #	EXP. DATE
CARDHOLDER NAME	CVV

OPTION 2: BANK DRAFT

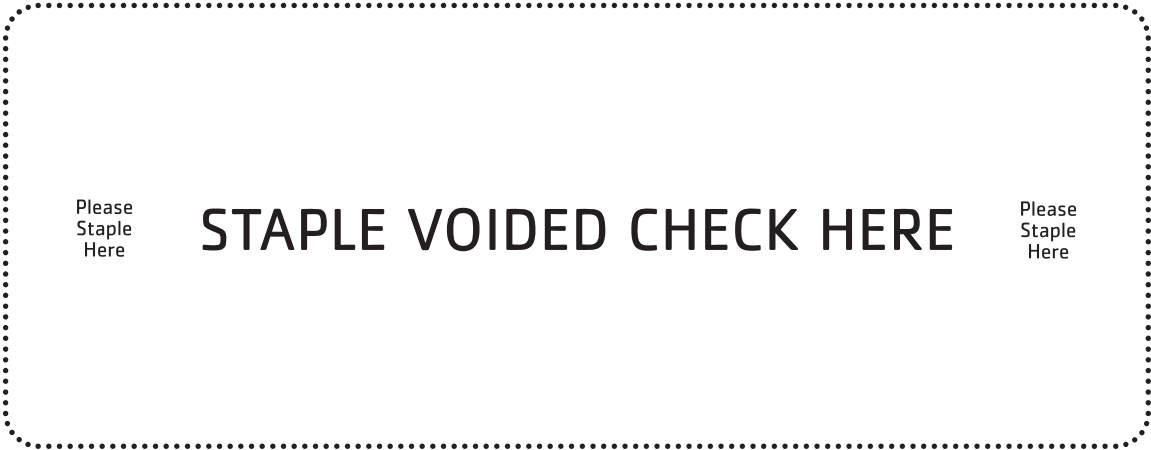
ACCOUNT HOLDER NAME	BANK NAME
ROUTING / TRANSIT #	BANK ACCOUNT #

AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK. DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY.

- ▶ Only 1 Form of Draft Payment can be entered per person.
- ▶ Children enrolled in YMCA Summer Camp may have a larger draft amount on May 15 & Aug 1.
- 1. I understand that this transfer will occur monthly on the 1st; First draft begins Aug. 1.
- 2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types or Child Care Plan in anyway, I must provide the Y with at least a 2 week written notice prior to my transfer date.
- 3. I understand that the information above will be used to transfer payment from my account.
- 4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
- 5. I understand that if my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
- 6. The Y only accepts Visa, MasterCard, Discover and American Express.
- 7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.

ACCOUNT HOLDER ACKNOWLEDGMENT

Account Holder Signature _____ Date _____



Y PHILOSOPHY

We uphold the heritage, traditions and values of the Y throughout our program activities. Our events reflect non-denominational, universal beliefs that transcend all cultures. We consistently demonstrate respect and support for all families - appreciating their right to determine and practice their own beliefs.

FAMILY GUIDE (required signature on prior page)

I acknowledge that I have been made aware of where to access or have received a copy of the Y Afterschool & Day Camp Family Guide. I accept responsibility to read and adhere to all billing procedures and all policies as set forth in that guide. Of note, you may access the family guide online at www.ymcactx.org.

ADA POLICY (required signature on prior page)

The YMCA of Central Texas does not discriminate on the basis of disability and will make reasonable accommodations/modifications in its policies, practices and procedures to accommodate a disability unless the accommodations/modifications would fundamentally alter the nature of the YMCA's programs or activities, would create an undue burden or hardship on the YMCA, or would pose a direct threat to the health and safety of themselves or others that cannot be eliminated by reasonable accommodations and modifications. In order to best meet your child's needs, we require that you list any special needs, recommended by your healthcare professional or school district, that the child requires including: Any reasonable accommodations or modifications; any adaptive equipment provided for the child, and instructions for its use; and symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care. Any medication prescribed for long-term continuous use, or any other information that staff should be aware of. **Please allow up to 5 days to be contacted, if accommodations are requested.**

ABSENCE POLICY

Parents are encouraged to call by 2:00 p.m. to report if their child is going to be absent from the program.

WAIVER FOR MEDICAL TREATMENT (required signature on prior page)

In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y Afterschool staff to make arrangement to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

WAIVER FOR PARTICIPATION (required signature on prior page)

I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to and from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

WAIVER FOR PHOTO / VIDEO / AUDIO RELEASE (optional signature on prior page)

I give my consent for any photos, video and/or audio taken of my child involved in Y programs. I understand that these may be shared with others participating in the program, as well as used in Y promotions, trainings and/or displays.

REGISTRATION FEE

A nonrefundable and nontransferable registration fee of \$40 is required per child when registering for processing and curriculum materials.

TUITION FEE

Tuition is due on or before the 1st of each month. Failure to pay by the 3rd of the month will result in a \$25 late fee. The Y reserves the right to dis-enroll participants who do not render payments for services according to the payment schedule.

WITHDRAWALS

Withdrawal from the program requires two weeks written notice. Please call Youth Development Service 254-753-5437 for more information. The Y reserves the right to dis-enroll participants for non-payment and behavioral issues.

CHANGES TO GUARDIAN #1: Changes to information Parent/Guardian #1 must be submitted with a court documentation.

Y MISSION: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Y FOCUS: The Y is for youth development, healthy living and social responsibility.

Y VALUES: The values of the Y are caring, honesty, respect, responsibility and faith.



The **YMCA** is a nonprofit organization whose **mission** is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Greater Waco YMCA - Y Afterschool
6800 Harvey Dr., Waco, TX 76710
254-776-6612
ymcactx.org