

# YMCA of Greater Charlotte Afterschool Registration

## GENERAL INFORMATION

Thank you for choosing YMCA Camp Thunderbird's Afterschool program. YMCAs are among the nation's top leaders in providing afterschool care. Our goal is to provide a safe and positive, Christian environment where children may achieve their greatest potential. Our focus is to provide positive growth experiences, recognizing each individual's needs and abilities. We do this by providing activities and experiences that develop and support the Christian values of Caring, Honesty, Respect, Responsibility and Faith.

This Afterschool program is not licensed or regulated by the South Carolina State Department of Social Services. However, YMCA of Greater Charlotte Afterschool Programs are held to high internal standards of quality and safety to ensure your child's experience is safe, fun and enriching. Please note: children may not participate in the following programs or any combination thereof for more than four (4) hours in a 24 hour period in a Charlotte YMCA facility: Children's Enrichment Programs, Unlicensed Pre-School, ChildWatch, Unlicensed Afterschool.

### Registration Dates:

Current Afterschool Participants begins: **May 1, 2009**

New Afterschool Participants begins: **May 15, 2009**

## REGISTRATION FEES

Current Afterschool Participants Registration Fee: \$30 – individual child

New Afterschool Participants Registration Fee: \$50 – individual child

## PAYMENT, REFUND and CANCELATION POLICY

- Tuition is due on the 15<sup>th</sup> of each month.
- Tuition may be refunded if a cancellation is made, in writing, 2 weeks in advance to the Afterschool registrar.
- Registration Fees are non-refundable.

### Financial Assistance

Financial Assistance is available to all who qualify. Request an application at Camp Thunderbird's main office. Allow at least 2 weeks for processing once application is 100% complete. Registering for Afterschool, prior to financial assistance eligibility approval, will require full tuition payment according to guidelines.

## REGISTRATION CHECKLIST

The following items must be submitted in order to register your child for Afterschool:

- Copy of immunization records attached**
- Signed and completed registration and health form (pages 2-4 attached)
- Registration fee

**To register, please bring the completed items above to Camp Thunderbird's main office. Prior to the start date of Afterschool, your August Afterschool tuition must be paid in full. All tuition payments are due by the 15<sup>th</sup> of the month.**

- Returning Afterschool Camper**
- New Afterschool Camper**

## PROGRAM SELECTION

Please indicate your choice for Afterschool:

\$272 per child (5 days/week)

\$232 per child (4 days/week)

\$192 per child (3 days/week)

\$152 per child (2 days/week)

\$ 92 per child (1 day/week)

- Please note October, January & April are five week months, therefore there monthly tuition will be higher.

If you have chosen a partial week plan, please indicate the days Afterschool care is needed. **Days will need to be the same each week unless a change is agreed upon by the Afterschool Director.**

**M T W Th F**

Payment may be made by personal, certified or bank check, credit or debit card for the entire months tuition, prior to the 15<sup>th</sup> of each month at the main office. Automatic credit or debit card deductions can be set up, with the registrar, for the 1<sup>st</sup> or 15<sup>th</sup> of each month, or half on the 1<sup>st</sup> and half on the 15<sup>th</sup>.

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

YMCA Mission:



YMCA  
of Greater Charlotte



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## HEALTH FORM

**Emergency Contact:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
*Home* *Work* *Mobile*

**Emergency Contact:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
*Home* *Work* *Mobile*

Please list any/all <b>allergies</b> your child has experienced:  	Please list any/all <b>medications</b> your child is currently taking:  
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**General Health Questions:** *Has/Does your child...?*

	YES	NO		YES	NO
Had any recent injury, illness or infectious disease?			Ever had back problems		
Have a chronic or recurring illness/condition?			Ever had problems with joints?		
Ever been hospitalized?			Ever had chest pain during or after exercise?		
Ever had surgery?			Have any skin problems?		
Have frequent headaches?			Have diabetes?		
Ever had a head injury?			Have asthma?		
Ever been knocked unconscious?			Had mononucleosis in the past 12 months?		
Wear glasses, contacts or protective eyewear?			Had problems with diarrhea or constipation?		
Ever passed out during exercise?			Have problems with sleepwalking?		
Ever had frequent ear infections?			If female, have an abnormal menstrual history?		
Ever been dizzy during or after exercise?			Have a history of bed-wetting?		
Ever had seizures?			Ever had an eating disorder?		
Have orthodontic appliance brought to Afterschool?			Ever sought a professional for emotional difficulties?		
Ever had high blood pressure?			Ever been diagnosed with a heart murmur?		
Ever had measles?			Ever had chicken pox?		
Ever had German measles?			Ever had mumps?		
Ever had hepatitis?					

*Please explain any questions to which you answered YES:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## INSURANCE INFORMATION

Carrier/Plan Name: \_\_\_\_\_ Is participant covered by insurance: Yes  No

Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ SS# of Policy Holder: \_\_\_\_\_

Insurance ID Number (if different than SS# of policy holder): \_\_\_\_\_

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## PREFERRED MEDICAL PROVIDER

Preferred Hospital: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe any Afterschool activities from which your child should be exempt due to health reasons.

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Please describe any current physical, mental or psychological conditions requiring medication, treatment, consideration or special restrictions while at Afterschool.

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Please list any past major medical treatments, illnesses, surgeries or injuries.

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## WAIVER AND AUTHORIZATION FOR TREATMENT

The health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the YMCA of Greater Charlotte assumes no responsibility for injuries or illness which my child may sustain as a result of his/her participation in Afterschool, athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activities. I agree to hold harmless the YMCA, its staff and volunteers for accidents of injuries arising out of my child's participation in activity.

While the YMCA of Greater Charlotte will make every effort to provide reasonable accommodations for mentally and physically challenged children, Afterschool will not accept children who are (1) of danger to themselves, (2) of danger to others, (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy the Afterschool programs. Any of the above reasons will be grounds for dismissal from Afterschool. A parent/guardian must discuss special conditions or circumstances involving their child with the director. This must be completed prior to registration so that the administration may make a determination if reasonable accommodations may be made for your child.

I agree to have my child examined medically within a reasonable time period by the family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the YMCA director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for myself/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA director to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity. I give permission to the YCMA of Greater Charlotte, without limitation or obligation to use photographs, film footage, tape recordings which may include my child's image and/or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use. I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I have read and agree to all the policies set forth by the YMCA of Greater Charlotte and by the Morrison Family YMCA at Ballantyne Afterschool Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*YMCA Mission:*



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