



NEWPORT COUNTY YMCA
 ADAPTED AFTER SCHOOL CLUB
 ENROLLMENT APPLICATION 2017-2018

IDENTIFYING
 INFORMATION

Child's Last Name	First Name	Nickname
Date of Birth	Gender	Grade

PARENT/GUARDIAN
 INFORMATION

Parent/Guardian # 1 Name	Home Phone	Cell Phone	Work Phone	Email
Street Address	City/Town	State	Zip	Employer

Parent/Guardian # 2 Name	Home Phone	Cell Phone	Work Phone	Email
Street Address	City/Town	State	Zip	Employer

Parents' marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	Other Guardian Status: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent	Are there any active court orders related to the child's custody or release? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy MUST be provided prior to the start of the program.
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EMERGENCY CONTACTS/ AUTHORIZED FOR PICK UP

_____ The following people may be contacted if there is an emergency regarding my child and I am unable to be reached. They are also authorized to pick up my child. I understand that these individuals **MUST be at least 18 years of age and be able to present a photo ID** to sign out my child.

Name	Emergency Contact? Yes or No	Relationship to the Child	Phone Number

ENROLLMENT
 INFORMATION

Site	5 Days AM	5 PM Days	4 PM Days (Circle Days)	3 PM Days (Circle Days)	2 PM Days (Circle Days)	1 PM Day (Circle Day)
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NEWPORT COUNTY YMCA
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ENROLLMENT APPLICATION 2017-2018

Aquidneck																						
Forest Avenue																						
Newport County YMCA	N/A		M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F

GENERAL HEALTH

INFORMATION

Ever had a seizure? Yes No _____ Had a seizure? Yes No _____

Ever had surgery? Yes No _____ Ever had high blood pressure? Yes No _____

Had recent injuries? Yes No _____ Had Fainting or dizziness? Yes No _____

Ever had back/joint problem? Yes No _____ Passed out/had chest pain while exercising? Yes No _____

Have diabetes? Yes No _____ Wear glasses, contacts or protective eyewear? Yes No _____

Have a Wheelchair Yes No _____

SOCIAL

INFORMATION

_____ Can your child communicate what he/she wants and needs? Yes _____ No _____

If yes, how does he/she do that? Speech Gestures Please explain:

Does your child follow simple directions? Does he/she require prompts or gestures?

Does your child tell you when he/she needs to use the bathroom? Yes _____ No _____

Does your child require assistance when using the bathroom? Yes _____ No _____

If yes, what kind of assistance is required?

Does your child require assistance when getting changed for the pool? Yes _____ No _____

If yes, what kind of assistance is required?

Does your child wear a bubble or require any other assistance while in the pool? Yes _____ No _____

If yes, what kind of assistance is required?

Is your child sensitive to certain or loud noises? Yes _____ No _____

If yes, please explain _____



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Are there any behaviors that we should be aware about? Yes _____ No _____

If yes, please explain

Does your child have any triggers both good and bad that we need to be aware of?

What is your child's favorite activity?

What kind of activities does your child not like?

Permission to photograph your child for publications? YES NO	Requested Start Date: _____
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WAIVERS AND RELEASES - PART ONE

_____ Child's Name

_____ Date of Birth

AUTHORIZATION FOR EMERGENCY TREATMENTS

I authorize Adapted After School Club staff who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. In the event of hospital admittance, I hereby authorize the Newport County YMCA to arrange for medical examination and/or treatment of my child, should an emergency arise during program hours. It is also understood that every reasonable effort will be made by the staff to contact me at the emergency numbers I have provided before any medical action is taken.

_____ Physician's Name

_____ Phone Number

_____ Health Insurance Carrier

_____ Policy Number



NEWPORT COUNTY YMCA
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ENROLLMENT APPLICATION 2017-2018

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

PHOTOGRAPH AND PUBLICATION GENERAL
RELEASE

I hereby give the Newport County YMCA and its agents permission to take, copyright, use, and publish photographs of my child for any purpose the Newport County YMCA deems appropriate. I release, discharge, and agree to hold harmless the Newport County YMCA and its agents from any liability for or arising from the taking, copyrighting, using, or publishing photographs of my child for any purpose the Newport County YMCA deems appropriate.

No, thank you.

Parent/Guardian #1 Signature

Date

Parent/Guardian # Signature

Date

WAIVERS AND RELEASES - PART TWO

Child's Name

Date of Birth

AUTHORIZATION TO RELEASE
INFORMATION

I hereby authorize to the Out of School Time staff to:
apply)

(check all that

- exchange information with
- release information to



NEWPORT COUNTY YMCA
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ENROLLMENT APPLICATION 2017-2018

to obtain information from

the faculty and administration at your child's school for the purpose of enhancing your child's experience during the school day and during Adapted After School Club hours.

Date _____ Parent/Guardian #1 Signature

Date _____ Parent/Guardian #2 Signature

Assistance Agreement

I acknowledge that my child may need assistance in the bathroom and/or with changing for swim. I want an Adapted After School Staff to assist my child in the bathroom or locker room if he/she needs it.

Parent/Guardian #1 Signature _____ Date _____

Date _____ Parent/Guardian #2 Signature

**GENERAL WAIVER OF
LIABILITY**

The Newport County YMCA recommends that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.



NEWPORT COUNTY YMCA
ADAPTED AFTER SCHOOL CLUB
ENROLLMENT APPLICATION 2017-2018

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events"), I hereby waive any liability that the Newport County YMCA, its agents, and employees might have for, and agree that said YMCA, its agents, and employees shall not be liable for any bodily injury to my child incurred while I am participating in any activity or program sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by my child while participating in any activity or program sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA-sponsored program, and, to the best of my knowledge, my child has not physical conditions which will make it dangerous for him/her to participate in YMCA-sponsored program activities.

_____ Parent/Guardian #1 Signature
_____ Date

_____ Parent/Guardian #2 Signature
_____ Date

Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.

ENROLLMENT AND FINANCIAL INFORMATION



NEWPORT COUNTY YMCA
ADAPTED AFTER SCHOOL CLUB
ENROLLMENT APPLICATION 2017-2018

Child's Name _____

Date of Birth _____

**ENROLLMENT
INFORMATION**

Site	AM Care 5 Days	5 Days PM	4 Days PM (Circle Days)	3 Days PM (Circle Days)	2 Days PM (Circle Days)	1 Day PM (Circle Day)
Aquidneck AM Care						
Forest Avenue						
Newport County YMCA	N/A		M T W TH F	M T W TH F	M T W TH F	M T W TH F
Monthly Tuition	\$120	\$360	\$320	\$270	\$200	\$115

Please be aware that a nonrefundable \$60 registration fee is due at the time of enrollment.

**FINANCIAL ASSISTANCE (if
applicable)**

DHS Certificate Number: _____	Scholarship Percentage: _____	Discount: _____
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FOR OFFICE USE ONLY:

_____ Received By

Date _____

_____ Processed By

Date _____

Approved Start Date



ADAPTED AFTER SCHOOL CLUB TERMS AND CONDITIONS

Child's Name _____

Date of Birth _____

I, _____, am enrolling the above child in the Newport County YMCA's Adapted After School Club. My child's first day of attendance will be _____.

Please check the boxes below and sign and date to confirm your understanding of the following Adapted After School Club policies.

FINANCES

- Automatic draft of monthly tuition from a credit or checking account is required for admission.
- Payments are drafted monthly.
- All fees are drafted in advance of services. Payment will be drafted two weeks before end of the previous month. The following is the auto-draft schedule:

Tuition for...	Drafted on...
September	August 18 th
October	September 16 th
November	October 18 th
December	November 17 th
January	December 18 th
February	January 18 th
March	February 15 th
April	March 18 th
May	April 17 th
June	May 18 th

- There will be a \$25 fee automatically assessed for all declined payments.
- The Adapted After School Club closes at 6pm daily. A late fee of \$1.00 per minute will be assessed if your child is picked up after 6pm.
- This program does not include school vacation weeks. Vacation week camps will be held at the YMCA and will require separate registration.
- The monthly tuition rate is based on 180 school days. There is no reduction in tuition if your child is absent or if the program is cancelled because of holidays or inclement weather.
- Requests for receipts for flex spending or tax filing purposes can be provided if requested by parent/guardian. 7day notice is required.
- To withdraw from the program, you must notify the Adapted Physical Activity Director in writing two weeks in advance.



NEWPORT COUNTY YMCA
ADAPTED AFTER SCHOOL CLUB
ENROLLMENT APPLICATION 2017-2018

- Suspension from the program will occur if payment is not made in a timely manner.

OPERATIONS AND PROCEDURES

- The Adapted After School Club will be closed on Labor Day, Columbus Day, Thanksgiving & the day after; Christmas; New Year's Day, and Memorial Day.
- Our Snow and School Closing Policy:
 - If severe weather occurs, our program follows the school district's emergency closing procedures.
 - If there is a delay to the start of school, then AM care will be cancelled.
 - If there is a weather-related early dismissal, then PM care will be cancelled.
 - If there is a weather-related cancellation of district afterschool programs, then PM care will be cancelled.
 - Under certain other circumstances, the school district might ask us to cancel or dismiss our program due to safety concerns.
 - All participants must have an alternate dismissal plan on file with the Y and the school.
- Any changes to the list of authorized pick-up names must be done in writing at the Y by the parent or guardian, who must show a valid ID.
- Parent/Guardian is responsible for notifying the school and the Y of any changes in attendance.
- The Adapted Physical Activity Director may discontinue care for the following reasons:
 - Parent/Guardian has not submitted required paperwork or paperwork is inaccurate.
 - Payment is late or unpaid.
 - Child is determined to be unsafe (physically or verbally) to other children or staff.
 - Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the Adapted After School Club staff training.

SAFETY AND RISK MANAGEMENT

- Participants must be signed into am care daily.
- Participants must be signed out of pm care daily. A valid picture ID is required every day.
- Parent/guardian is responsible for providing the YMCA with any court documentation regarding child enrollment.
- Any authorized persons sent to pick up child must be listed on the child's application and must provide a valid picture ID. Persons picking up child must be at least 18 years of age.
- If any person picking up a child is suspected of being under the influence of drugs and /or alcohol, it is at the discretion of the staff in charge to determine if the authorized person is capable of safely caring for the child. If said person is believed to be incapable of caring for the child, another authorized person will be contacted. If said person becomes unsafe or uncooperative, staff will notify the proper authorities.
- A Medication authorization form must be filled out if any medication is required during program hours. Medication must have the following: a doctor's label with the name of the child, name of the medication, time/dosage to be administered, and an expiration date.
- YMCA staff are not permitted to babysit YMCA members or program participants.

AGREEMENT OF TERMS AND CONDITIONS

By signing this contract, I agree to the terms and conditions presented in the Adapted After School Club enrollment application. I understand that failure to abide by these stipulations may result in immediate termination from the Adapted After



NEWPORT COUNTY YMCA
ADAPTED AFTER SCHOOL CLUB
ENROLLMENT APPLICATION 2017-2018

School Club. Any questions I have regarding the information in the Adapted After School Club enrollment application have been addressed by the Membership or Adapted After School Club staff.

ALTERNATE DISMISSAL PLAN

In the event of an unexpected cancellation, please review our Snow and School Closing Policy:

- If severe weather occurs, our program follows the school district’s emergency closing procedures.
- If there is a delay to the start of school, then AM care will be cancelled.
- If there is a weather-related early dismissal, then PM care will be cancelled.
- If there is a weather-related cancellation of district afterschool programs, then PM care will be cancelled.
- Under certain other circumstances, the school district might ask us to cancel or dismiss our program due to safety concerns.

All participants must complete the alternate dismissal plan below. A copy of this plan will be on file at your child’s school, so school staff can dismiss your child according to your wishes.

In the event of an unexpected Adapted After School Club cancellation, please use the following dismissal plan:

Student Name

Grade _____

Primary Teacher

Dismissal Plan (circle one)

Walker

Bus # _____

Pick Up

Parent/Guardian #1 Signature

Date _____ Contact Number

Parent/Guardian #2 Signature

Date _____ Contact Number



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ENROLLMENT APPLICATION 2017-2018