



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Newport County YMCA Out of School Time Program
792 Valley Rd Middletown, RI 02842
Phone: 401-847-9200 x 135 Fax: 401-848-7521
Email: alif@newportymca.org

APPLICATION FORM 2021-2022

All applications are updated annually to ensure that we have the most up to date information.
Please inform us of any changes during the year.

School: _____ Approved Start Date: _____ Staff Initials: _____

Estimated Drop Off Time: _____ Estimated Pick Up Time: _____

CHILD'S INFORMATION

| | | |
|-------------------|--------------------|------------------|
| Child's Last Name | Child's First Name | Nickname |
| Date of Birth | Gender M F | School Attending |
| Street Address | City/Town | State/Zip Code |

PARENT/GUARDIAN INFORMATION

| | | |
|--------------------|------------|----------------|
| Parent/Guardian #1 | Home Phone | Cell Phone |
| Street Address | City/Town | State/Zip Code |
| Email Address | Employer | Employer Phone |

| | | |
|--------------------|------------|----------------|
| Parent/Guardian #2 | Home Phone | Cell Phone |
| Street Address | City/Town | State/Zip Code |
| Email Address | Employer | Employer Phone |

| | | |
|--|---|---|
| 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. |
|--|---|---|

Early Dismissal Due to Emergency: If school is dismissed early due to an emergency closure, such as inclement weather, power failures, etc the program will be canceled. Please complete the section below

- I will pick up my child at school
- My child will take bus#: _____



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ENROLLMENT INFORMATION

(PLEASE MARK OFF WHICH PROGRAM YOUR CHILD WILL ATTEND)

| Site | 5 Days AM/PM COMBO | 5 AM Days | 5 PM Days | 3 PM Days (Circle Days) | 2 PM Days (Circle Days) |
|---------------|--------------------|-----------|-----------|-------------------------|-------------------------|
| Aquidneck | | | | M T W TH F | M T W TH F |
| Forest Avenue | | | | M T W TH F | M T W TH F |
| Gaudet | | | | M T W TH F | M T W TH F |
| Melrose | | | | M T W TH F | M T W TH F |

I AM A : Place a check (✓) for your choice.

| | |
|---|-------------------------------------|
| <input type="checkbox"/> Family/Single Parent/Youth YMCA Member | <input type="checkbox"/> Non-Member |
|---|-------------------------------------|

GENERAL HEALTH INFORMATION

Is your child allergic to any food, medication, plants, insects, liquids, or other substances? NO YES

Does your child require any medication for an allergic reaction? NO YES

Does your child require an epi-pen? NO YES

(If yes, the epi-pen or medication must be delivered to the program director prior to first day of enrollment.)

If you answered yes to any of the questions above, please list all allergies and describe the severity of your child's reactions: _____

Is your child under any medical care for any illness or communicable disease? NO YES

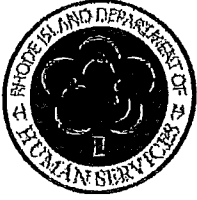
If yes, please explain: _____

Does your child have an IEP or 504 Educational Plan? NO YES

(If yes, it would be helpful to provide a copy to the OST Program Director.)

Are there any additional issues or accommodations we should know about? NO YES

If yes, please describe: _____



Rhode Island Department of Human Services

Group/Family Child Care Home: Parent Authorization for Emergency Treatment

Updated 03/20/2020

| Emergency Contact Information | |
|-------------------------------|---|
| Full Name: | |
| Relationship: | <input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact |
| Primary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Secondary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |

| | |
|------------------------|---|
| Full Name: | |
| Relationship: | <input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact |
| Primary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Secondary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |

| | |
|------------------------|---|
| Full Name: | |
| Relationship: | <input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact |
| Primary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Secondary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |

| | |
|------------------------|---|
| Full Name: | |
| Relationship: | <input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact |
| Primary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Secondary Phone: () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |

Anyone authorized to pick up your child, including the parent/guardian, must provide a picture ID to the staff that is assisting with signing out your child. All parties must show a picture ID until the staff members become familiar with the person picking up the child.

Parent/Guardian Name (Print) _____
Relation to Child

Parent/Guardian Signature _____
Date



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SOCIAL INFORMATION

Please describe how your child plays with other children:

Please describe what makes your child happy, sad, and frustrated. How does your child express feelings?

What are your child's interests and favorite activities?

Is there any other information that you would like to share to help us better understand your child?

PHOTOGRAPH AUTHORIZATION

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 #1 Signature

Date

Child's Name

Date of Birth



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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize to the Out of School Time staff to:
(check all that apply)

- Exchange information with
- Release information to
- Obtain information from

the faculty and administration at your child's school to enhance your child's experience during the school day and during Out of School Time program hours.

Parent/Guardian #1 Signature

Date

Parent/Guardian #1 Signature

Date

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.

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.



FINANCIAL AGREEMENT

I agree to pay the Newport County YMCA Out of School Time Program the following tuition for my child's enrollment:

Non-Refundable Registration Fee in the amount of \$60.00 (due at the time of registration)

Tuition \$_____ per week is due weekly and payments will be drafted each Thursday in advance of the program.

Tuition is considered late if it received after the due date on the payment calendar. A \$25 late fee will be assessed, per late payment. Payments must be kept up to date in order to avoid a late fee. Failure to make your payment in a timely manner will result in a warning and could result in dismissal from the program.

A two week written notice is required if your child will be withdrawing from the program.

Late fee pick up policy is as follows:

- A late fee of \$1.00 per minute that you arrive past your schedule pick-up time will be charged on your account.
- Any parent that continuously picks up their child late will be assessed a \$20.00 late pick up fee for each occurrence.

This program does charge tuition for school vacation weeks in December, February, and April.

Regular tuition will be charged for the week of Thanksgiving.

Vacation week Camps will be held at the YMCA and will require a separate registration.

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. Seven-day notice is required.

There will be a \$5 enrollment change fee automatically assessed for all enrollment change requests.

Place a check (✓) for your choice. (Top price is YMCA Member, bottom price is Non-Member)

| Site | Am Only 5 Days | AM/PM COMBO 5 Days | PM 5 Days | PM 3 Days | PM 2 Days |
|-----------------------|----------------------------|------------------------------|-----------------------------|----------------------------|----------------------------|
| Aquidneck | | | | | |
| Forest Ave. | | | | | |
| Gaudet | N/A | N/A | | | |
| Melrose | N/A | N/A | | | |
| Weekly Tuition | \$75 \$95 | \$110 \$135 | \$95 \$115 | \$75 \$95 | \$65 \$85 |

Corporate/ Subsidized Childcare for my child is as follows: (Place a check (✓) if this applies)

- DHS Certificate # _____
- YMCA Financial Aid
- Corporate/Other (Please Specify)



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AUTHORIZATION TO DRAW ACH/CREDIT CARD DRAFTS

Child's Name

Name of Payer

Address

City, State & Zip

Signature of card holder/ bank depositor

Please Circle One of the Following: Visa Mastercard AMEX Discover

| | |
|--|---|
| Credit Card: | Expiration Date: |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | |
|--|--|
| CVV Number | Zip Code |
| <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | |
|--|----------------------|
| ACH Debit: Account Number: | Routing Number: |
| <input type="text"/> | <input type="text"/> |
| Please Circle one of the Following: Checking Savings | |
| Bank Name: <input type="text"/> | |

1. I authorize the Newport County YMCA to charge my credit card/checking account the above total amount of money each week for the program. I understand my account will be charged each Thursday before services are rendered.
2. This draft is continuous to the end of the program or until I initiate its termination.
3. I understand that if I wish to end or change the automatic debit I must give the YMCA a 15-day written notice.
4. Should my credit card company or bank for any reason not to honor a draft, I understand that the YMCA will automatically resubmit that draft for payment If the draft is not honored during the resubmission the amount of the draft, as well as a \$25.00 service charge will be immediately due and payable to the YMCA. This is in addition to a service fee that maybe charged by my bank.
5. I authorize the Newport County YMCA to immediately apply a one-time registration fee of \$60.00.

Date: _____ Signature of Payee: _____



OPERATIONS AND PROCEDURES

The OST program 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 OST 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 OST program’s licensed ability to care for the needs of the child.

SAFETY AND RISK MANAGEMENT

Participants must be signed into AM Care daily

Participants must be signed out of PM Care daily.

Parent/guardian is responsible for proving 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 THERMS AND CONDITIONS

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

Parent/Guardian #1 Signature

Date

Parent/Guardian #1 Signature

Date

