



CHILD'S INFORMATION

|               |            |          |
|---------------|------------|----------|
| Last Name     | First Name | Nickname |
| Date of Birth | Gender     | Grade    |

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Parent/Guardian # 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

|                                                                                                                                                                                                 |                                                                                                       |                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Parents' marital status:<br><input type="radio"/> Married<br><input type="radio"/> Separated<br><input type="radio"/> Divorced<br><input type="radio"/> Widowed<br><input type="radio"/> Single | Other Guardian Status:<br><input type="radio"/> Legal Guardian<br><input type="radio"/> Foster Parent | Are there any active court orders related to the child's custody or release?<br><input type="radio"/> Yes<br><input type="radio"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

EMERGENCY CONTACTS/AUTHORIZED FOR PICK UP

List at least two other contacts who could be called during Morning/Afternoon care hours in case of illness or emergency if you cannot be reached. The individuals listed on this form are the only individuals authorized to pick up your child.

| Name: | Phone number: | Relationship: |
|-------|---------------|---------------|
| _____ | _____         | _____         |
| _____ | _____         | _____         |

GENERAL HEALTH INFORMATION

Is your child allergic to any food, medication, liquids, environmental objects, etc.? 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 the 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:

\_\_\_\_\_

\_\_\_\_\_

GENERAL EDUCATION INFORMATION

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? If yes, please describe in the space below.



SOCIAL INFORMATION

Please describe how your child plays with other children:

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

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What are your child's interests and favorite activities?

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

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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 #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



GENERAL WAIVER

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 7-8-9 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 while 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.**

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 #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION FOR EMERGENCY TREATMENTS

I authorize Out of School Time 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 emergency numbers I have provided before any medical action is taken.

Physician's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**OPERATIONS AND PROCEDURES**

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- 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**

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- 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**

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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 immediate termination from the OST program.

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ENROLLMENT INFORMATION

| Site                                                | AM Only 5 Days                          | AM/PM COMBO<br>5 Days                    | PM ONLY<br>5 days                        | PM ONLY 3 days<br>(M T W TH F)          | PM ONLY 2 Days<br>(M T W TH F)         |
|-----------------------------------------------------|-----------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|----------------------------------------|
| Aquidneck                                           |                                         |                                          |                                          |                                         |                                        |
| Forest Avenue                                       |                                         |                                          |                                          |                                         |                                        |
| Gaudet                                              | N/A                                     | N/A                                      |                                          |                                         |                                        |
| Melrose                                             | N/A                                     | N/A                                      |                                          |                                         |                                        |
| Common Fence<br>Point                               | N/A                                     | N/A                                      |                                          |                                         |                                        |
| <b>Weekly Tuition<br/>Member and<br/>Non-member</b> | Member:<br>\$80<br>Non-member:<br>\$100 | Member:<br>\$115<br>Non-member:<br>\$140 | Member:<br>\$100<br>Non-member:<br>\$120 | Member:<br>\$80<br>Non-member:<br>\$100 | Member:<br>\$70<br>Non-member:<br>\$90 |

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

FINANCIAL AGREEMENT

- Automatic draft of weekly tuition from a credit or checking account is required for admission.
- Payments are drafted weekly.
- All fees are drafted in advance of services, **Payment will be drafted each Thursday** in advance of services rendered. There will be a \$25 fee automatically assessed for all declined payments.
- Upon cancelling enrollment, there is a 4 consecutive week waiting period before re-enrollment is allowed. We cannot guarantee re-enrollment and we cannot hold your space.
- The OST program 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 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 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 enrollments change requests.
- To withdraw from the program, you must notify the OST Director in writing two weeks in advance.
- Suspension from the program will occur if payment is not made in a timely manner.

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

