



NEWPORT COUNTY YMCA

LIFESKILLS PROGRAM

ENROLLMENT APPLICATION
2024-2025





**FOSTERING
INDEPENDENCE AND
SELF-DETERMINATION**

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Nickname _____

Date of Birth _____ Gender _____ Grade and School _____

GUARDIAN INFORMATION

Guardian Name #1: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone (Cell): _____ Phone (Work): _____

Employer: _____

Guardian Name #2: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone (Cell): _____ Phone (Work): _____

Employer: _____

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:	Relationship	Phone number:	Emergency Contact
_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

Welcome to Life Skills, serving middle and high school students. Our curriculum's emphasis on nutrition, wellness, and functional skills provides participants with the necessary tools for adulthood. This program takes place on weekdays at the Newport County YMCA from 2pm-5:30pm.

We collaborate with YMCA departments, community organizations, and agencies to provide enrichment experiences designed to foster independence and self-determination. Our goal is to help our participants grow in confidence as they acquire skills and habits to sustain a healthy life.

Please see the attached Life Skills registration packet. We ask that you take the time to detail your child's information. A comprehensive description of your child will help to set us up for a successful experience.

2024-2025 Schedule

Days of Operation:

Monday – Friday

September 9, 2024–June 13, 2025

(We follow the Middletown Public School Calendar)

2024/2025 DAYS OFF

(corresponding with Middletown School schedule)

September 10 –Primary Election Day

October 14 –Columbus Day

November 5 –Election Day

November 11 –Veteran's Day

November 27, 28, 29 –Thanksgiving Recess

December 23, 24, 25, 26, 27, 30, 31 –Christmas Recess

January 1 –New Years Day

January 20 –Martin Luther King Jr. Day

February 17, 18, 19, 29, 21 –Winter Recess

April 14, 15, 16, 17, 18 –Spring Recess

May 26 –Memorial Day



WAIVERS AND RELEASES PART 1

Participant's Name: _____ Date of Birth: _____

AUTHORIZATION FOR EMERGENCY TREATMENTS

I authorize Life Skills 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: _____

Guardian #1 Signature: _____ Date: _____

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 #2 Signature: _____ Date: _____



WAIVERS AND RELEASES PART 2

Participant's Name: _____ Date of Birth: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize to the Life Skills staff to: (check all that apply)

exchange information with

release information to

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.

Guardian #1 Signature: _____ Date: _____

Guardian #2 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 no physical conditions which will make it dangerous for him/her to participate in YMCA-sponsored program activities.

Guardian #1 Signature: _____ Date: _____

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.

LIFE SKILLS TERMS AND CONDITIONS

I, _____, am enrolling the above participant in the Newport County YMCA's Life Skills Program.

Please check the boxes below and sign and date to confirm your understanding of the following Life Skills policies.

FINANCES

- Automatic draft of weekly tuition from a credit or checking account is required for admission.
- All fees are drafted in advance of services. Payments are drafted weekly. (one week prior to week attended)
- There will be a \$25 fee automatically assessed for all declined payments.
- The Life Skills Program closes at 5:30pm daily.
A late fee of \$1 per minute will be assessed if your child is picked up after 5:30pm
- This program does not include school vacation weeks.
- 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. 7 days' notice is required.
- To withdraw from the program, you must notify the Inclusion Coordinator in writing two weeks in advance.
- Suspension from the program will occur if payment is not made in a timely manner.

OPERATIONS AND PROCEDURES

- Life Skills will be closed during Middletown Public School Closures
- Our Snow and School Closing Policy:
 - If severe weather occurs, our program follows the Middletown School Districts emergency closing procedures.
 - If there is a weather-related early dismissal for the Middletown school system, then PM care will be cancelled.
 - If there is a weather-related cancellation of Middletown School district afterschool programs, then PM care will be cancelled.
 - 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 guardian, who must show a valid ID.
- The Guardian is responsible for notifying the school and the Y of any changes in attendance.
- The Inclusion Coordinator may discontinue care for the following reasons:
 - The Guardian has not submitted required paperwork or paperwork is inaccurate.
 - Payment is late or unpaid.
 - Participant is determined to be unsafe (physically or verbally) to other children or staff.
 - Participant is determined to have a medical, developmental, or emotional condition that is beyond the scope of the Life Skills staff training.



SAFETY AND RISK MANAGEMENT

- Participants must be signed out daily. A valid picture ID is required every day.
- The 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 Life Skills enrollment application. I understand that failure to abide by these stipulations may result in immediate termination from Life Skills. Any questions I have regarding the information in the Life Skills enrollment application have been addressed by the Membership or Life Skills staff.

Guardian #1 Signature: _____ Date: _____

Guardian #2 Signature: _____ Date: _____

ALTERNATE DISMISSAL PLAN

SNOW & UNEXPECTED CANCELLATION POLICY

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

- If severe weather occurs, our program follows the Middletown school district’s emergency closing procedures.
- If there is a weather-related early dismissal, then Life Skills will be cancelled.
- If there is a weather-related cancellation of district afterschool programs, then Life Skills 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 cancellation, please use the following dismissal plan:

Student Name: _____

Grade: _____ School Attending: _____

Dismissal Plan is (check one)

Walker

Bus # _____

Pick Up

Guardian #1 Signature: _____ Date: _____

Guardian #2 Signature: _____ Date: _____

ENROLLMENT/ FINANCIAL INFORMATION

Participant's Name: _____ Date of Birth: _____

5 Days	3 Days Circle Days	2 Days Circle Days
M T W T H F	M T W T H F	M T W T H F
Member: \$158	Member: \$105	Member: \$74
Non-Member: \$189	Non-Member: \$137	Non-Member: \$95

AUTHORIZATION TO DRAW ACH/CREDIT CARD DRAFTS

Participant's Name: _____

Name of Payer _____

Address _____ City _____ State _____ Zip _____

Signature of card holder/bank depositor _____

Credit Card _____ EXP Date _____ Security Code _____

ACH Debit: Account Number _____ Routing Number _____

Bank Name: _____

FINANCIAL AGREEMENT

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 one week prior to attending.
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 service charge will be immediately due and payable to the YMCA. This is in addition to a service fee that may be charged by my bank.

Signature of Payee: _____ Date: _____

FOR OFFICE USE ONLY:

Date: _____ Received by: _____

Date: _____ Received by: _____

Approved Start Date: _____

LIFESKILLS PROGRAM



Newport County YMCA
792 Valley Road
Middletown, RI
newportymca.org
401 847 9200



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY