



MIDDLETOWN OUT-OF-SCHOOL-TIME

2026-2027 SCHOOL YEAR



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Newport County YMCA
Out-of-School-Time
ENROLLMENT APPLICATION 2026-2027**

STUDENT 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): _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____	Other Guardian Status: Legal Guardian _____ Foster Parent _____	Are there any active court orders related to the child's custody or release? Yes _____ No _____ If yes: Please provide appropriate court documentation
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EMERGENCY CONTACTS/AUTHORIZED PICK-UPS:

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: #1:	Phone Number: #1:	Relationship: #1
#2:	#2:	#2:
#3:	#3:	#3:

GENERAL HEALTH INFORMATION:

Is your child allergic to any food, medication, liquids, environmental objects? **YES/NO**

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

Does your child require an epi-pen? **YES/NO**

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



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GENERAL EDUCATION/SOCIAL INFORMATION:

Does your child have a current IEP or 504? **YES/NO** *(If yes, please provide a copy to the OST Director)*

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?

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the Out-Of-School-Time Staff to:

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 the Out-Of-School-Time program hours.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____



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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 condition 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 authorized the Newport County YMCA to photograph or film my child for purposes such as to post on the Newport County YMCA's website or social media pages, to post promotional materials, to post in the program space.

By signing below, I understand that the program may photograph my child during any Y-related activities. I also understand that this form is valid for one (1) year from the date signed and it is my responsibility to update this form prior to this day if I no longer authorize the above consents.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

I **DO NOT** authorize the Y to photograph or publish photos of my child.

AUTHORIZATION FOR EMERGENCY TREATMENTS:

Authorization Statement:

Child Care Center Provider Name: Newport County YMCA

Child Care Center Administrative Address: 792 Valley Rd, Middletown, RI, 02842



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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.

Preferred Hospital:

I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.

Name of Hospital: _____

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

Physician and Insurance Information:

Name of Physician: _____ Phone: _____

Address of Physician's Office: _____

Health Insurance Carrier: _____ Policy Number: _____

Emergency Contact Information:

An emergency contact can pick up a child from care ONLY if there is written and/or verbal communication from the parent/guardian. An emergency contact may also be contacted if the program cannot get in touch with the parent /guardian. ***Parents/Guardians must identify at least two (2) adults who can be contacted if the parent/guardian is unreachable during an emergency.***

Please complete the following information in the order you wish to be contacted.

Full Name: _____

Relationship: _____ Phone Number: _____

Full Name: _____

Relationship: _____ Phone Number: _____

Full Name: _____

Relationship: _____ Phone Number: _____

Signature of Consent for Emergency Treatment:

Parent/Guardian #1 Signature: _____ Date: _____



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Parent/Guardian #2 Signature: _____ Date: _____

NEWPORT COUNTY YMCA BEHAVIOR CONTRACT:

Character Code:

The four core values of *Caring, Honesty, Respect, and Responsibility* are at the core of all we do. We weave these values into conversations, activities, and teachable moments with our participants. We try to catch children doing the right thing but also try to be vigilant about any unkind behavior that might occur. There is a difference between conflict, which is normal, and bullying, which is not normal. If your child is feeling unhappy about something that happened at camp, we are here to help problem solve, mediate, or adjust. Just let us know.

Rights of Youth:

- To be free from cruel teasing and insults
- To have a safe, calm, clean, and orderly environment
- To make mistakes without being ridiculed by others
- To seek help from adults who are there to help
- To be treated with dignity and respect by everyone

Responsibilities of Youth:

- To avoid physical or verbal abuse towards others
- To be fair, accepting, and inclusive of others
- To work and play safely
- To use appropriate, acceptable language.
- To be kind, considerate, helpful, and respectful toward others.
- To share equipment and materials fairly and use them properly.
- To respect property, especially things belonging to others.
- To cooperate with others and with adults who are here to help.
- To speak out when witnessing inappropriate behavior of others.
- To be a good sport whether winning or losing.
- To be truthful with everyone.

Behavioral Interventions:

1. Warning from staff, with preventative steps such as redirection, discussion, or temporary removal from activity
2. First and Second Write Ups: Parent will be required to sign these documents, acknowledging that they have read the reports.
3. Third Write Up: Minimum 24-hour suspension from program. Guardian and student will be required to meet with program director/staff before returning to activities.
4. Fourth Write Up: Student will be removed from the program for the remainder of the season.

Please note we have the right to bypass the above behavior steps at any time and remove a student from our program for certain severe behaviors with the potential to cause others to feel unsafe. We will consider both the rights of the individual and the welfare of the group when making decisions.

Student Signature: _____ Date: _____

Parent/Guardian #1 Signature: _____ Date: _____



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Parent/Guardian #2 Signature: _____ Date: _____

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 OST cancellation, please use the following dismissal plan:

Student Name _____

Grade _____ Primary Teacher _____

Dismissal Plan (circle one)

Walker _____ Bus # _____ Pick Up _____

Parent/Guardian #1 Name (Printed)

Phone Number: _____

Parent/Guardian #2 Name (Printed)

Phone Number: _____



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. **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 TO TERMS 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 immediate termination from the OST program.

Parent/Guardian #1 Signature: _____ Date: _____



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Parent/Guardian #2 Signature: _____ Date: _____

ENROLLMENT PLAN:

Site:	AM ONLY 5-Day Rate	AM/PM COMBO 5-Day Rate	PM ONLY 5-Day Rate	PM ONLY 3-Day Rate M, T, W, TH, F Circle Days	PM ONLY 2-Day Rate M, T, W, TH, F Circle Days
Aquidneck					
Forest Ave					
Gaudet	NOT APPLICABLE	NOT APPLICABLE			
Weekly Tuition	Member \$90	Member: \$126	Member: \$110	Member: \$90	Member: \$83
Member Non-Member	Non-Member: \$110	Non-Member: \$158	Non-Member: \$132	Non-Member: \$115	Non-Member: \$100

Please be aware that a non-refundable \$60.00 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 \$10.00 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: _____



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Parent/Guardian #2 Signature: _____ Date: _____

Child's Name: _____ Name of Payer: _____

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

Signature of card holder/bank depositor: _____

PAYMENT INFORMATION:

Credit Card Number: _____

Expiration: _____

Security Code: _____

****Please note there will be a 3% processing fee for all credit card payments****

EFT INFORMATION:

Bank Name: _____

ACH Debit: Account Number: _____ Routing Number: _____

DHS Certificate Number: _____

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 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 \$30.00 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.
5. I authorize the Newport County YMCA to immediately apply a registration fee of \$60 due at the time of registration.

Parent/Guardian #1 Signature: _____ Date: _____



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Parent/Guardian #2 Signature: _____ Date: _____



NEWPORT COUNTY YMCA

792 VALLEY RD, MIDDLETOWN, RI, 02842

(401) 847-9200

