



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENGAGE BEYOND THE SCHOOL DAY

School-Age Program Registration Forms YMCA PINELLAS-PASCO SCHOOL-AGE PROGRAMS

Welcome to the 2018-19 school year! For additional information or for questions, call us. We look forward to seeing your children!



YMCA PINELLAS-PASCO SCHOOL-AGE PROGRAMS
2469 Enterprise Road, Clearwater FL 33763
P 727 467 YMCA F 727 479 1587 ymcasuncoast.org/pinellassap

School Site: _____

www.ymcasuncoast.org



Office Use Only

Child ID: _____

Please Clearly Print information requested below so we may accurately register your child/ren without delay.

Child's Full Legal Name: _____ Date of Birth: ____/____/____

Child's Preferred Name: _____ Gender: Male Female Grade: _____

Home Address: _____ City: _____ Zip: _____

Household Email: _____ Household Phone: (____) _____

We will not disclose your email information for any non-related YMCA use.

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Does your child/you receive any of the following discounts (subsidies)?

Is your child currently approved for YMCA of the Suncoast Financial Assistance? Yes No

Is your child currently approved for Government Financial Assistance? (ELC) Yes No

Are you or your spouse employed by the Pinellas County School District? Yes No

Does your child receive Free or Reduced Lunch? Yes No

Parent/Legal Guardian Name: _____ Date of Birth: ____/____/____

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Home Address: _____ City: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Household Income: Under \$19,999 \$20,000-\$29,999 \$30,000-\$49,999 \$50,000-\$75,000 Over \$75,000

Parent/Legal Guardian Name: _____ Date of Birth: ____/____/____

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Home Address: _____ City: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Staff Use Only... Please fill out completely

(please clearly print all information)

Registration packet received by: _____

Today's Date: ____/____/____ Child's Start Date: ____/____/____

Credit Card: last (4) digits _____ Check (#) _____

Money Order: last (4) digits _____ Cash (\$) _____

Amount Paid Today:

Membership Fee: \$ _____

Weekly Fee: \$ _____

Prior Balance: \$ _____

Other: \$ _____

Total Paid Today: \$ _____

Funding Codes: Full Fee School Board PHP ELC Y Emp 21st Other

Subsidy Amount Approved: \$ _____ or _____% Subsidy Approved by: _____ Parent Wkly Fee: \$ _____

The YMCA does not discriminate on the basis of race, creed, religion or economic ability.

Financial assistance is available for this and all YMCA programs.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



YMCA of the Suncoast 2018/2019

Payment Policy Agreement

Pinellas County School Age Programs:

All school fees are to be paid by EFT (electronic fund transfer)

Child's Name: _____

All Inclusive EFT Plan

\$62.00 per week

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

This plan not available after December 31, 2018

Fee Includes: 42 weeks of Before & After Care AND All School Holiday Breaks

I am requesting this plan

Standard Plan

\$64.00 per week

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

Fee Includes: 38 weeks of Before & After Care Only
Not included in fee:
School Holiday Breaks

I am requesting this plan

3 Day Plan

\$49.00 per week

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

Fee Includes: 38 weeks of Before & After Care Only
Not included in fee:
School Holiday Breaks

I am requesting this plan

All weekly fees are required to be paid if your child attends or not.

Parents, please note:

Payment Plan selection can **ONLY** be changed one time per school year. **No** Payment Plan changes are permitted (2) weeks prior to a School Holiday Break. If your child has been cancelled from our program and re-enrolls within 60 days, you **may** be subject to a re-enrollment surcharge of \$63.00.

Last week of school fees will be pro-rated – only (2) days of care available.

School Holiday Break Fees:

\$ 63.00 Fall Break-3 full days of care
\$ 63.00 Winter Break (week 1) -3 full days of care
\$ 63.00 Winter Break (week 2) -3 full days of care
(care available at limited sites Monday, December 31 - \$25)
\$105.00 Spring Break-5 full days of care
These fees are applicable to those on our Standard & 3 Day Plan.

Parents, please note: Our first EFT will process on Friday, August 10th. This processing will include your Annual School Age Registration fee of \$25 (individual) or \$40 (two or more children per family)

All families are required to pay their school age fees by Electronic Fund Transfer (EFT)

What is EFT?

Electronic Funds Transfer (EFT) is a system of transferring money from one bank account or credit card account directly to another without any paper money changing hands. Two of the most widely-used EFT programs are Direct Deposit & Direct Debit. Transactions are processed by the bank through the Automated Clearing House (ACH) network, the secure transfer system that connects all U.S. financial institutions.

Our EFT processing is as follows:

Weekly (every Friday) from your bank checking account.

or

Weekly (every Friday) from your credit card/debit card account.

For families without bank accounts, please visit a local bank of your choosing.

Parent's Signature: _____ Date: ___/___/_____



YMCA of the Suncoast 2018/2019

Payment Policy Agreement

Pinellas County School Age Programs:

All school fees are to be paid by EFT (electronic fund transfer)

MIDDLE SCHOOL PROGRAMS

Child's Name: _____

All Inclusive EFT Plan

\$49.00 per week

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

This plan not available after December 31, 2018

Fee Includes: 42 weeks of Before & After Care AND All School Holiday Breaks

I am requesting this plan

Standard Plan

\$52.00 per week

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

Fee Includes: 38 weeks of Before & After Care Only
Not included in fee:
School Holiday Breaks

I am requesting this plan

AM or PM ONLY Plan

\$29.00 per week for AM

\$24.00 per week for PM

Fee Includes:

38 weeks of AM or PM Care Only

***This plan is not available at Clearwater Fundamental**

Not included in fee:

School Holiday Breaks

AM ONLY Plan

PM ONLY Plan

All weekly fees are required to be paid if your child attends or not.

Parents, please note:

Payment Plan selection can **ONLY** be changed one time per school year. **No** Payment Plan changes are permitted (2) weeks prior to a School Holiday Break. If your child has been cancelled from our program and re-enrolls within 60 days, you **may** be subject to a re-enrollment surcharge of \$52.00.

All weekly payment plans will be prorated for the last week of school – only (2) days of care.

All families are required to pay their school age fees by Electronic Fund Transfer (EFT)

What is EFT?

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Weekly (every Friday) from your bank checking account.

or

Weekly (every Friday) from your credit card/debit card account.

For families without bank accounts, please visit a local bank of your choosing.

School Holiday Break Fees:

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- (care available at limited sites Monday, December 31 - \$25)
- \$105.00 Spring Break-5 full days of care

These fees are applicable to those on our Standard & AM/PM Plans.

Parents, please note: Our first EFT will process on Friday, August 10th. This processing will include your Annual School Age Registration fee of \$25 (individual) or \$40 (two or more children per family), plus weekly fee.

Parent's Signature: _____ Date: ___/___/_____



YMCA of the Suncoast School Age Programs EFT Authorization Form

Parent/Legal Guardian Name: _____

Child's Name: _____ School Site: _____

Primary Phone: _____ Secondary Phone: _____

Household Email: _____

Payer's Name: _____ Relationship to Child: _____

Payer's Primary Phone: _____

Bank Checking Account Drafts

Bank Account Information: Processes weekly every Friday

You must provide the YMCA of the Suncoast with a **voided check**; bank deposit slips do not provide the appropriate information required for an EFT.

Parent initial: _____ Please photo-copy my check used to pay my child(ren's) annual registration fee and/or amount required based on my child(ren's) start date **as my voided document**.

Credit Card/Debit Account Drafts

Credit/Debit Card Information: Processes weekly every Friday

You must provide the YMCA of the Suncoast with your **complete** credit/debit card number and expiration date. **Please note: Not all Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.**

Credit Card #: _____ - _____ - _____ - _____

Credit Card Expiration date: ____/____/____

Cardholder Name: _____

I agree for my child(ren's) school age fees to be paid weekly by my financial institution. Should any bank or credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a return payment service charge of \$20.00 assessed by the YMCA of the Suncoast. I also understand it is my responsibility to notify the YMCA of the Suncoast in writing should my credit card expire, I change my financial institution or I make any changes to my bank account information at anytime. We require 10 business days of notice to change or cancel an EFT processing.

Parent's Signature: _____ Date: ____/____/____



Pick Up Authorization List

Child's Name: _____ Grade/Group: _____

Parent/Guardian Name(s): _____

Primary Phone: _____ Secondary Phone: _____

Are copies of custody/restraining papers on file for child(ren)? Yes No

Who has authorization to make changes to this form? _____

Please Note: All changes, additions or person removals must be made in person.

EMERGENCY CONTACTS

Emergency Contacts should be a person(s) not living in the child's primary household.

*Emergency contacts are also Authorized Pick ups, unless otherwise noted.

Name		Name	
Address		Address	
Date of Birth		Date of Birth	
Cell Phone		Cell Phone	
Add'l Phone		Add'l Phone	
Relationship		Relationship	

AUTHORIZED PICK UP

The following people are allowed to pick up this/these child(ren):

Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials
Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials
Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials
Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials

School Age Programs Waiver

PARENTAL AGREEMENT

- Any outstanding balances due to the YMCA of the Suncoast must be paid in full prior to registering for any of our school age programs.
- I understand that I am responsible for adhering to the late fee policy if I fail to pick up my child on time each day.
- I understand that the YMCA of the Suncoast does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I give permission for the center to consult my child's physician/dentist in case of an emergency if I cannot be reached.
- I have reviewed the YMCA Discipline Policy.
- I give permission for my child to attend all YMCA activities and field trips.
- I understand that I am responsible for paying for YMCA School Age weekly fees.
- I give permission for child care personnel to have access to my child care records.

DISCIPLINE POLICY

Child Discipline, Florida Statute

As stated in the Florida Department of Children and Families Florida Statutes in Chapter 402.F.S: Minimum standards for child discipline practices shall ensure that age-appropriate, constructive disciplinary practices are used in care. Such standards shall include at least the following requirements:

- Positive behavior supports, such as redirection, verbal praise, and conflict resolution techniques, shall be in place as prevention techniques.
- Behavior notifications will be reviewed with Senior Management to determine "next steps."
- Senior Management, and in some cases a Behavior Specialist, may contact parent to provide resources.
- Children shall not be subjected to discipline which is severe, humiliating or frightening.
- Discipline shall not be associated with food, rest or toileting.
- Spanking or any other form of physical punishment is prohibited.
- Children may not be denied active play as a consequence of misbehavior.
- Prior to admission of a child into a child care facility, the facility shall notify the parent in writing of the disciplinary practices used by the facility.
 - Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". (CF/PI 175-24)
 - Section 65C-22.006(3)@2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

EXPULSION POLICY

Verbal warning to the child and parent. The incident will be documented in the child's file

Written warning to the parent

Suspension from the program (1-3 days)

Dismissal from the program

PAYMENT AGREEMENT

Your school age fees are due (3) days prior to the week attending. To ensure that your payment is correctly recorded in our system, please include the following information: Child/ren's full name, school site location and parent's name. If your payment is not received by due date, your child may lose their spot. We encourage our families to pay for their child(ren's) weekly school age fees by EFT or via our online application at www.suncoastymca.org.

ADDITIONAL FEES:

Any payment received after their designated due date will be charged a late fee of \$10 per occurrence

If you are late picking up your child, you will be charged \$10 per child for every 15 minutes or portion thereof.

You will be notified if a check (where applicable) is returned due to insufficient funds or EFT (credit card or bank draft) is denied.

Please note that there is a \$20 per check service charge added to the amount of the returned check (where applicable).

DISCLAIMER:

The YMCA of the Suncoast does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Charitable contributions to the YMCA enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. Please ask for a Financial Assistance Application if you would like to apply for a camp scholarship for your child(ren).

A Financial Assistance Application must be completed and approved prior to receiving any financial assistance, please complete each section of the People Helping People form in its entirety to insure appropriate charges.

FOOD EXPERIENCE PERMISSION:

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

- My child DOES NOT have a food allergy or dietary restriction.
- My child DOES have a food allergy or dietary restriction. He or she may participate but may not eat or handle the following items (please list below)

My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

PHOTO RELEASE:

I, individually and on behalf of any minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, give permission to the YMCA of the Suncoast to use photographs, film footage, or tape recordings, which may include a photo image or voice for purposes of promoting or interpreting YMCA programs and activities.

- I give permission to the YMCA of the Suncoast to include my child(ren) in a small group or individual photo including only their first name for identification.

LIABILITY RELEASE:

In consideration of gaining membership, access to, or being allowed to participate in the activities and programs of the YMCA, and to use its facilities, equipment, and machinery, in addition to the payment of any fees or charges, I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting in the participation of any activities or use of equipment or machinery in the above mentioned facilities or arising out of participating in any activities at said facility. I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, agree to adhere to all policies set by the YMCA of the Suncoast.

The safety and security of our members and those we serve is our number one priority. It is for this reason the YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Parent/Guardian Signature _____ Date: ____ / ____ / ____

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)