



NEW 2019-2020

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Thrive at the Y



CLC YMCA Afterschool Program

THRIVE AT THE Y encourages Pre-K through 5th grade youth to achieve, build relationships and feel a sense of belonging through thoughtful planning and intentional scheduling of age-appropriate activities surrounding physical activity, preparing and sharing locally-sourced, nutritious food, and academic enrichment with STEM and homework help... All at the CLC YMCA!

Pre K-5th grade youth will experience:

- Additional space dedicated to programming
- FARMS at the Y
- CATCH (Coordinated Approach to Child Health) Physical Activities
- STEM & HOMEWORK Time
- Wed. Field Trips

SAMPLE WEEKLY SCHEDULE & PRICES:

MONTH	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
FARMS at the Y	Group 1	Group 3	Field Trip Group 2	Group 1	Group 3
CATCH	Group 2	Group 1	Group 3	Group 2	Group 1
HOMEWORK/STEM	Group 3	Group 2	Group 1	Group 3	Group 2
Week 2					
FARMS at the Y	Group 2	Group 1	Field Trip Group 3	Group 2	Group 1
CATCH	Group 3	Group 2	Group 1	Group 3	Group 2
HOMEWORK/STEM	Group 1	Group 3	Group 2	Group 1	Group 3
Week 3					
FARMS at the Y	Group 3	Group 2	Field Trip Group 1	Group 3	Group 2
CATCH	Group 1	Group 3	Group 2	Group 1	Group 3
HOMEWORK/STEM	Group 2	Group 1	Group 3	Group 2	Group 1
Week 4					
FARMS at the Y	Group 1	Group 3	Field Trip Group 2	Group 1	Group 3
CATCH	Group 2	Group 1	Group 3	Group 2	Group 1
HOMEWORK/STEM	Group 3	Group 2	Group 1	Group 3	Group 2

Groups Meet at:

2:45-3:30

3:30-3:45 SNACK ALL GROUPS

3:45-4:30

4:30-5:30 (Pick up is also during this time)

	MEMBER	NONMEMBER
First Student		
5-day week	\$50 per week	\$60 per week
3-day week	\$40 per week	\$50 per week
Second Student		
5-day week	\$40 per week	\$57 per week
3-day week	\$33 per week	\$50 per week

In addition, ALL children registered in Thrive at the Y will be escorted to and from other Y programs as requested by the child's parent. Parents will need to provide their child's extracurricular schedule to our Thrive at the Y staff.



Central Lincoln County YMCA 2019/2020 AFTERSCHOOL REGISTRATION PACKET

ALL ITEMS BELOW MUST BE COMPLETED AND TURNED IN BEFORE YOUR CHILD IS OFFICIALLY REGISTERED FOR THE PROGRAM. THANK YOU!

REGISTRATION CHECKLIST:

- 1.) Afterschool Registration Form**
- 2.) USDA Food Program Form completed, signed and dated**
- 3.) Immunization Record – required by DHS for licensing purposes**

**ALL CANCELLATIONS
(other than verifiable medical reasons)
REQUIRE A 30-DAY WRITTEN NOTICE STATING
THE REASON FOR WITHDRAWAL.**



Central Lincoln County YMCA AFTERSCHOOL REGISTRATION FORM

Child (1) First Name: _____ Last Name: _____

Circle One : BOY GIRL Date of Birth: ____/____/____ Grade (2019-2020): _____

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavior issues, allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware of:

CHECK ONE: ____ 3 days a week ____ 5 days a week SCHOOL: ____ GSB ____ Bristol ____ Nobleboro

CHECK DAYS: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Child (2) First Name: _____ Last Name: _____

Circle One : BOY GIRL Date of Birth: ____/____/____ Grade (2019-2020): _____

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavior issues, allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware of:

CHECK ONE: ____ 3 days a week ____ 5 days a week

CHECK DAYS: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Child (3) First Name: _____ Last Name: _____

Circle One : BOY GIRL Date of Birth: ____/____/____ Grade (2019-2020): _____

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavior issues, allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware of:

CHECK ONE: ____ 3 days a week ____ 5 days a week

CHECK DAYS: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday



PRIMARY PARENT/GUARDIAN INFORMATION

****Person listed as Primary Parent/Guardian will be the sole person responsible for payment and authorized to request changes to information and/or cancellation of care****

Parent/Guardian First Name: _____
Parent/Guardian Last Name: _____
Home Address: _____
Email: _____
Cell: (____)____-____ Home: (____)____-____
Work: (____)____-____ DOB: __/__/____

Authorized to Pick Up: YES NO

SECONDARY PARENT/GUARDIAN INFORMATION

Please indicate if Secondary Parent/Guardian is authorized to make changes to the childcare account

Parent/Guardian First Name: _____
Parent/Guardian Last Name: _____
Home Address: _____
Email: _____
Cell: (____)____-____ Home: (____)____-____
Work: (____)____-____ DOB: __/__/____

Authorized to Pick Up: YES NO
Authorized to make account changes: YES NO

EMERGENCY CONTACT/ AUTHORIZED PICK-UPS

****Must list at least one local emergency contact, over the age of 16 with valid state-issued ID, other than the parents/guardians listed above****

Emergency Contact: (1) Name: _____ Cell: (____)____ - _____
Home: (____)____ - _____
Address: : _____

Emergency Contact: (2) Name: _____ Cell: (____)____ - _____
Home: (____)____ - _____
Address: : _____



Physician's Name: _____ Address: _____

Phone: (_____) _____ - _____

Dentist's Name: _____ Address: _____

Phone: (_____) _____ - _____

PARENTAL CONSENT *Please provide your initials acknowledging each item below*

_____ CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child(ren) is in the care of a physician or hospital.

_____ AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personal selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.

_____ IMMUNIZATION: I have provided a copy of my child's immunization upon registration. All required immunizations and/or tuberculosis tests are current.

PARENT AND PARTICIPATION STATEMENT OF AGREEMENT

I/We understand that all registration fees and deposits are nonrefundable and nontransferable and fees of child(ren) who leave the afterschool program for behavioral reasons will not be refunded. I/We understand that snow days and school cancellations are nonrefundable. **I/We also understand that all cancellations, other than verifiable medical reasons, require a 30-day written notice stating the reason for withdrawal.** By signing this application, I/We give permission for the applicant to participate in all activities for his/her age group. I/We also grant permission for the YMCA to use photographs of the applicant for marketing and general public relations purposes. I/We understand that the YMCA does not provide Accident Insurance. I/We hereby give permission to the medical personal selected by the YMCA staff to transport the applicant to a medical facility and secure treatment for the applicant. I/We understand that I/We will be responsible for any payment of all medical bills. I/We also hold the CLC YMCA and the staff harmless for any accident or injury that may occur. The YMCA is not responsible for lost, stolen or damaged articles. I/We understand that by registering for this afterschool program, I/We are reserving a spot for my/our child(ren).

PLEASE SIGN HERE TO INDICATE THAT YOU AGREE TO THE TERMS ABOVE:

Signature of Parent/Guardian

Date



IMPORTANT:

We require weekly payments drafted automatically the Friday prior to the following week's program

- A \$75 fee is required at registration and will be applied to the last week of school.
- A \$15 fee will be charged for late pick-up any time after 5:30pm
- A \$10 fee will be charged if payment is returned

BANK/CREDIT/DRAFT AGREEMENT:

I understand that Daxko has been authorized as an agent on behalf of CLC YMCA to initiate debit entries against my Checking/Savings Account or Credit/Debit Card. And that debit to my account will be presented in any bank statement as "Daxko" and that these funds will be electronically transferred to the CLC YMCA and posted to my childcare account weekly, and that the CLC YMCA, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to the childcare program at any time. **I understand that I will receive at least a 30-day notification prior to any such change.**

OPTION 1: BANK ACCOUNT: (PREFERRED OPTION)

Name on Account: _____ Cell/Work Phone: (_____)_____-_____

Account Number: _____

Routing Number: _____

(Please attach a *VOIDED* check)

OPTION 2: CREDIT/DEBIT CARD:

Name of Card/Account Holder: _____ Cell/Work Phone: (_____)_____

Credit/Debit Card Number: _____ Expiration Date: ____/____

Credit Card Billing Address: _____

I authorize my bank to honor preauthorized Electronic Funds Transfer (EFT) or Credit/Debit Cards against my account for payments of Afterschool program. Should any preauthorized EFT or Credit/Debit Cards not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payments plus service charge. It is further understood that if such payment is not honored by the bank or credit card institution then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. Cancellation of this agreement requires a 30-day written notice to the program director. I understand that the weekly payments will be drafted the Friday prior to the week's program. I also understand that a \$75 will be taken at time of registration and applied to the last week of school. As signatory, I agree to accept responsibility for making satisfactory payment to the CLC YMCA.

Signature of Parent/Guardian

Date