

CHATHAM



YMCA

# WOODS CHARTER SCHOOL

## 2011-12 After-School Program

*Operated by the Chatham YMCA*



### Registration Form

*A \$30 registration fee is due at time of registration*

Receipt #

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_ Father/Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Grade in Fall 2011 \_\_\_\_\_

Person(s) to whom your child may be released in your absence:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**.....MEDICAL HISTORY: INFORMATION MUST BE COMPLETED.....**

Child's Physician: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical/Hospital Insurance:**

Carrier: \_\_\_\_\_ Policy or Group ID#: \_\_\_\_\_

Has your child recently had an operation or any serious injury? \_\_\_ Yes \_\_\_ No

Does your child have any chronic or reoccurring illnesses? \_\_\_ Yes \_\_\_ No

Do you have any physical or medical concerns we should be aware of? \_\_\_ Yes \_\_\_ No

If you indicated yes to any above, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Name

Last Name

**PARENT/GUARDIAN AUTHORIZATION:**

All health history and information provided above is correct so far as I know and I am hereby giving my permission for the person herein described to engage in all prescribed after school activities.

I hereby give my permission to the physician selected by the After School Director to order X-rays, routine tests and any treatment for the health of my child in the event I cannot be reached in an emergency.

I hereby give my permission to the physician selected by the After School Director to hospitalize, secure proper treatment for, to order injection and/or anesthesia, and/or surgery for my child as names above on this application.

I hereby give my permission to the YMCA to use photos of my child as an After School Participant in promotional literature used by the YMCA. I also give permission for my child to participate in field trips and activities that occur outside the YMCA. The YMCA will arrange the field trips in advance and information and details will be given to all parents in advance. Some field trips may require an additional cost.

**I have read the "Parent Handbook" and hereby agree to comply with the procedures of the CHATHAM YMCA After School Program regarding fees, discipline, attendance and all other information as listed in the handbook.**

**Swimming Consent:**

**As part of our program, we may offer opportunities to go swimming. Children will be swim tested to determine swimming ability. Please check the box and sign below indicating consent for your child to participate in swimming.**

My child may swim with the YMCA       My child may not swim with the YMCA

Parent's/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only



**WOODS CHARTER SCHOOL  
BEFORE AND AFTER SCHOOL**

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please check the days and select what program your child will be attending the YMCA After-School Program.

THE DAYS SELECTED WILL BE THE DAYS YOUR CHILD IS EXPECTED TO ATTEND AND DAYS FOR WHICH YOU WILL BE BILLED. A two-week notice is required to change or to stop your child's enrollment and billing with YMCA After-School.

Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Program:  Before School Only  After School Only  Before and After School

Enrolled **Monthly** Rates: A \$30 Registration fee is required at time of registration

PROGRAM	Days Per Week	1	2	3	4	5
Before School	YMCA Member	\$23.00	\$39.00	\$58.00	\$78.00	\$78.00
	Program Participant	\$27.00	\$47.00	\$70.00	\$93.00	\$97.00
After School	YMCA Member	\$58.00	\$101.00	\$152.00	\$202.00	\$214.00
	Program Participant	\$62.00	\$109.00	\$163.00	\$218.00	\$233.00
Before & After School Care	YMCA Member	\$81.00	\$140.00	\$210.00	\$280.00	\$292.00
	Program Participant	\$89.00	\$156.00	\$233.00	\$311.00	\$330.00
Teacher Workdays/Holidays	YMCA Member	\$25.00				
	Program Participant	\$30.00				
Half-Days <small>(free for Registered After-School Participants)</small>	YMCA Member	\$20.00				
	Program Participant	\$20.00				

**YMCA Bank Draft/Credit Card Authorization – Programs**

**Payment Options:**

- Automatic Bank Draft (EFT)  Automatic Credit Card Visa/MC Only  YMCA Monthly Billing

To: \_\_\_\_\_  
Name of your Bank City State

Name on Account/Card Authorizing Draft: \_\_\_\_\_  
Last First

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

I am hereby requesting, as a convenience to me, that my bank honor drafts drawn on my account by the Chatham YMCA (Chapel Hill – Carrboro YMCA) through the Automated Clearing House, and charge each draft (or ACH entry), plus your normal fee for debits, if any to my account indicated with the attached voided check. I agree that your rights, with respect to each entry, shall be the same as if a check were drawn on this account and signed by me. I further agree that if any such entry should be dishonored, whether with or without cause, you shall be under no liability whatsoever. This authority shall remain with you until the end of the elected program or until such time as we confirm written confirmation of cancellation.

I understand that my program Bank Drafts or Credit Card Draft will be processed on or about the 5<sup>th</sup> of each month. I understand that in order to cancel this draft, a cancellation form must be submitted by the 15<sup>th</sup> of the month prior to cancellation. I understand that only the program listed below will be on the draft program and a new form must be filled out for each program you wish to draft. If your check/ACH Draft or Credit Card is returned unpaid, it will be collected electronically and you will be assessed a Minimum fee of \$25.00 (or the maximum Amount allowed by law). Check writer/Card Holder is also responsible for all other collection costs.

I have attached a voided check with this form \_\_\_\_\_ (initial) **OR** please use current account information on file \_\_\_\_\_ (initial). I am requesting that as of the 5<sup>th</sup> of \_\_\_\_\_, \_\_\_\_\_, you begin drafting my checking account/credit card for the YMCA program each month, until such time as I decide to cancel the program or (Month) \_\_\_\_\_ (year) the program is completed.

Account/Card Holder Signature: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# Chatham YMCA Discipline and Conduct Agreement

Your signature below indicates that you have read the Discipline Policy and you support our behavior standards. It is understood that if any one or more of the following actions from the Discipline Policy is displayed by the child in the After School program, he/she will be subject to loss of one or more privileges that day. If inappropriate behavior persists, childcare can be terminated.

We believe that children learn self-control when adults treat them with dignity and use discipline techniques such as:

1. Guiding children by setting clear consistent limits for behavior in all programs.
2. Visualizing mistakes as an opportunity to learn from them.
3. Redirecting children to more acceptable behavior or activity.
4. Listening when children talk about their feelings and frustrations.
5. Guiding children to resolve conflicts and modeling skills that help them solve their own problems.
6. Patiently reminding children of the rules and their rationale as needed.

Corporal punishment or abusive language of any kind is not allowed in any program operated by the Chatham YMCA.

Rules will be consistent, based on the understanding of individual needs and development and will promote self-discipline and acceptable behavior. Positive reinforcement will be used to guide the children. If necessary a time-out period will be used to help regain control and not used as punishment. If a discipline problem arise and continues to persist, parents and the Director will work together to resolve the conflict.

In an effort to ensure the proper handling of discipline problems and corrective discipline procedures for certain situations, the following guidelines have been established:

## **Minor Offenses**

Back talking to a counselor  
Not listening to directions  
Name calling / teasing  
Being disruptive / loud  
Antagonizing / starting trouble  
Bringing items that are not necessary  
Picking / Play fighting / or wrestling  
Going into other people's belongings

## **Major Offenses**

Fighting / Pushing / Kicking  
Foul language  
Going to unauthorized areas  
Throwing restrictive objects endangering the safety of others. (Sticks, rocks, wood, balls, etc.)  
Destroying YMCA equipment or property  
Lying / deceiving / or Stealing  
Endangering the safety of others.

The corrective procedure for each category is as follows.

## **Minor Offenses**

Oral Warning  
Time Out  
1<sup>st</sup> Written Warning & Time Out  
2<sup>nd</sup> Written Warning  
3<sup>rd</sup> Parent Conference  
4<sup>th</sup> 1 Day Suspension \*  
5<sup>th</sup> 3 Day Suspension \*  
6<sup>th</sup> Expulsion from Program \*\*

## **Major Offenses**

1<sup>st</sup> Written Warning  
2<sup>nd</sup> Written Warning / Director & Parent Conference  
3<sup>rd</sup> 1 Day Suspension \*  
4<sup>th</sup> 3 Day Suspension \*  
5<sup>th</sup> Expulsion for Program \*\*

\* Suspension is for program days and starts the next program day. (The weekends and holidays do not count)

\*\* Expulsion from the program is for one calendar year. There will be no refund of program fees. A child who has been expelled from the program may request to be allowed back into the program after a short assessment period of 90 days.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date