



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SOMERTON YOUTH CENTER 2019 - 2020 AFTER SCHOOL ADVENTURES

ADVENTURES is not licensed by the state of Arizona

Child's Name _____ Birth Date _____ Grade(2019/20) _____ Male/Female

Address/PO Box _____ City _____ Zip Code _____

Home # _____ Parent's E-mail Address _____

Parent #1 Name _____ Cell # _____ Work # _____

Parent #2 Name _____ Cell # _____ Work # _____

Important Medical Information

AGREEMENT

- I support the YMCA youth and fitness philosophy which is based on participation, fun, physical activity, health, skill development, teamwork, family involvement, and character building.
- I agree to notify the YMCA Somerton Youth Center at least 2 hours prior to release of school if my child will be absent from the program
- I allow my child to be photographed for the promotion for the YMCA and its programs.
- I understand that each monthly payment is **DUE by the 1st of every month** – a **Late Payment Fee of \$25 will be charged if not paid by due date.**
- I have read the release and waiver liability and indemnity agreement attached to this registration form.

Parent/Guardian Signature

Date

ONE TIME AFTERSCHOOL ADVENTURES REGISTRATION: \$35.00

SCHOOL (SELECT ONE) Tierra Del Sol Desert Sonora Valle Del Encanto Somerton Middle School Other _____

M = Membership Fee

T =Transportation Fee (Bus Space Limited at TDS, DS & ELC)

PROGRAM	MONTH	TRANSPORTATION & ADVENTURE PROGRAM MONDAY-FRIDAY (Afterschool – 5:30PM)		MONTHLY TOTAL
Afterschool Adventures	August	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	September	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	October	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	November	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	December	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	January	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	February	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	March	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	April	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____
	May	<input type="checkbox"/> M (\$45)	<input type="checkbox"/> T (\$45)	\$ _____

Fees do not get pro-rated regardless of how many days child attends per month



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Afterschool Adventures Payment Agreement (Automatic Bank Draft Permission Form)

I understand that the information below will be used to transfer payment from my account.

Name on Card: _____ Child's Name: _____

Bank Draft Information: *ATS Draft Dates:* 9/1 10/1 11/1 12/1 1/1 2/1 3/1 4/1 5/1

Credit Card/ Account# - -

Type of Card: Visa Mastercard Discover Card American Express Expiration Date: ____/____

Please Initial

- ___ 1. By signing below, I understand that I am authorizing payment for the programs chosen above for automatic payment the 5th of every month.
- ___ 2. I understand that should I choose to terminate my Afterschool Adventures Payment Agreement or change banks, bank accounts or account types, I must provide the YMCA with at least a 14 day written notice prior to my transfer date.
- ___ 3. I understand that it is my responsibility to check my bank statement monthly and to notify the YMCA immediately of any transfer errors.
- ___ 4. I understand that if my payment is returned due to NSF for any reason, the payment will be re-presented electronically and I understand I will be charged a processing fee of \$25. I am also responsible for all other recovery costs (including late payment fee).

Authorized Bank Account Signature _____ Date: _____



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

BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all program participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **CARE** for ourselves and for those around us.
- **HONESTY** will be the basis for all relationships and interactions.
- People are **RESPONSIBLE** for their actions.
- We **RESPECT** each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and program rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

Parent or caregiver's signature

Date

Child's signature



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

EMERGENCY INFORMATION

Child's Name:		Date Enrolled:	
Home Address/PO: State: Zip:		City:	Email:
Home Phone:	Date of Birth:	Sex: Male Female	

Mother/Guardian Name:	Home Address:
Cell Phone:	Business Phone:

Father/Guardian Name:	Home Address:
Cell Phone:	Business Phone:

I authorize the following individuals to collect my child from the facility in case of an emergency or if I cannot be contacted:

Name:	Telephone:
Name:	Telephone:
Name:	Telephone:
Name:	Telephone:

In case of injury or sudden illness, I request that this individual be called first if parent/guardian is unable to be contacted	Name:	Telephone:
---	--------------	-------------------



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

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file in the facility: Yes No N/A

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, describe symptoms, name food or substance to be avoided, and the procedure to follow if reaction occurs.

Is child usually susceptible to infections? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, list precautions that should be taken:

Is child subject to convulsions? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, specify procedure if one occurs:

Is there any physical condition that we should be aware of: <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, list precautions that should be taken:

Does child take medication on a daily/weekly basis? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list medication and reason:

Additional Comments:

Other special instruction or information we should be aware of concerning your child:

The Emergency Information provided is accurate and complete, front and back, and was provided by:
(I, Parent/Guardian, will continuously update this Emergency Information form as needed)

Parent/Guardian PRINTED Name:	SIGNED Name:	Date:
-------------------------------	--------------	-------