



Effingham County Pryme Tyme After School Program Enrollment Form

Child's Name _____ Sex ____ DOB ____/____/____ Age _____

Child's School _____ Grade _____ AM ____ PM ____ Both _____

Home Address _____ City _____ State ____ Zip _____

Home Phone _____ E-Mail _____

Mother's Name _____ Home Phone _____ Cell _____

Place of Employment _____ Work Phone _____

Employer's Full Address _____

Father's Name _____ Home Phone _____ Cell _____

Place of Employment _____ Work Phone _____

Employer's Full Address _____

CHILD'S LIVING ARRANGEMENTS

Child's Living Arrangements Both Mother Father Other

Child's Legal Guardian Both Mother Father Other

If an alternate custody arrangement exists and individuals other than those listed above have an ability to pick up your child, please complete the following section. If such arrangement exists, please provide documentation.

Stepparent Name _____ Cell: _____

Stepparent Name _____ Cell: _____

Both Stepparents' are authorized to pick up my child.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

EMERGENCY CONTACTS AND AUTHORIZED PICK UP PEOPLE

The individuals listed below will be called in case of emergency when the parent or guardian cannot be reached. The child may be released to the person(s) signing this agreement and/or to the following:

Name _____ Relationship to Parent _____

Address _____ City _____ State ____ Zip _____

Home Number _____ Cell Number _____ Work Number _____

Name _____ Relationship to Parent _____

Address _____ City _____ State ____ Zip _____

Home Number _____ Cell Number _____ Work Number _____

Name _____ Relationship to Parent _____

Address _____ City _____ State ____ Zip _____

Home Number _____ Cell Number _____ Work Number _____



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EMERGENCY MEDICAL INFORMATION

Child's Doctor or Clinic Name _____ Phone Number _____

Insurance Provider _____ Policy Number _____

Choice of Hospital _____

My child has the following special needs: _____

The following accommodations may be required to most effectively meet my child's needs while at school

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

The YMCA does not provide Accident/Medical Insurance for program participants.

I authorize the YMCA to provide emergency treatment in the event I cannot be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to any property or persons which may occur through participation in any activity at the YMCA, or in its programs.

I have read and understand the above information. My child has permission to participate in this YMCA program in accordance with the conditions set forth above.

Parent/Guardian Signature: _____ Date: _____

Facility Administrator Signature: _____ Date: _____

GENERAL PHOTO RELEASE

I hereby give the YMCA of Coastal GA, Inc. the absolute and irrevocable right and permission, with respect to all photographs taken of my child during the specified dates enrollment in the YMCA Child Care Center:

- 1) To be enclosed in my child's portfolio for purposes of assessment
- 2) To be used in the classroom for display and teaching purposes
- 3) To copyright the same in YMCA's name or any other name that the YMCA may choose
- 4) To re-use, publish, and re-publish the same, in whole or in part, individually, or in conjunction with other photographs in any medium, and for any purpose whatsoever
- 5) To use my name in conjunction therewith if the YMCA chooses.

I hereby release and discharge the YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of the YMCA.

I hereby certify that I am the parent or guardian for the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her, or them.

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

PARENTAL ACKNOWLEDGEMENTS



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- 1) YMCA Pryme Tyme agrees to provide child care for _____ on Monday through Friday in the afternoon until 6:30pm.
My child will be served afternoon snack.
- 2) Before any prescription medication will be dispensed to my child, I will provide written authorization, which includes: dates, name of child, name of medication, prescription number, dosage, date and time of day medication is to be given. Medication will be in the original container with my child's full name marked on it.
- 3) My child will not be allowed to enter or leave the facility without being escorted by the parent or person authorized by the parent or facility personnel.
- 4) I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
- 5) The facility agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.
- 6) I have reviewed a copy of the Parent's Handbook and agree to abide by the policies and procedures for YMCA Pryme Tyme.

Parent/Guardian Signature: _____

Date: _____



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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees and agents (herein after referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment herein; and undersigned is in, or about the premises or any facilities or equipment therein; and
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA whether caused by the negligence of the release or otherwise; and
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASES, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as in permitted by the laws of the State of Georgia and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducement apart from the foregoing written agreement have been made.

By signing below, I certify that I have read and accept this release.

Parent or Guardian Signature _____ Date _____

Facility Director's Signature _____ Date _____



Effingham County Pryme Tyme After School Program Enrollment Form

Child Name: _____ Pryme Tyme Site: _____

EMERGENCY CONTACTS AND AUTHORIZED PICK UP PEOPLE

The individuals listed below will be called in case of emergency when the parent or guardian cannot be reached. The child may be released to the person(s) signing this agreement and/or to the following:

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
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Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Pick up Code Word (Only used in emergency): _____

Parent/Guardian Signature: _____ Date: _____



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Participant's Name _____ D.O.B. _____

Pryme Tyme Site: _____

Address: _____ City: _____ GA, Zip _____

Parent/Guardian Name _____ Cell #: _____

Work #: _____ Home #: _____

I _____ (Pryme Tyme Participant) agree to follow the rules of conduct while attending Pryme Tyme. I further understand that if my behavior is not appropriate, participation in Pryme Tyme will be subject for a review by the Site Director and Effingham County Pryme Tyme Director, with possible suspension and expulsion.

Rules of Conduct

1. NO swearing or inappropriate behavior
2. NO fighting
3. NO misuse or damaging of Pryme Tyme equipment or facilities.
4. NO trashing of facilities. Place trash in appropriate container.
5. NO stealing. NO touching personal property of another person unless permission is given.
6. NO leaving group without permission from group leader.
7. NO drugs, alcohol, tobacco, weapons or firearms permitted. Only prescription medication cleared with the Site Director is permitted.
8. NO disrespect to participants, staff or volunteers.
9. NO toys from home allowed.

Outcomes

- | | |
|-------------------|--|
| 1. First Offence | Verbal warning to child with parent's awareness (documented) |
| 2. Second Offence | First write up given to parent |
| 3. Third Offence | Suspension/Expulsion |
| 4. Fourth Offence | Expulsion |

Any act that is considered dangerous to the participant or staff is grounds for immediate dismissal. The steps for the "Offenses" may be skipped depending upon the severity of the Rule Violation. I/We understand this behavior contract and will abide by the rules and policies that have been established for the safety and enjoyment of all participants. I also understand that the YMCA will make every effort to work with each participant. However, if the participant does not want to behave and be part of his/her group, steps will be taken to insure that the total program is not affected.

Parent/Guardian Signature: _____ Date: _____



Effingham County Pryme Tyme After School Program Enrollment Form

DEMOGRAPHIC SURVEY

Child's Name: _____

Address: _____ City: _____ GA, Zip: _____

Email Address: _____

School Attending: _____

The YMCA is required by the GA Dept. of Human Services (DHS) and the United Way to gather client information. Please complete the questionnaire. **Note: Information is confidential and you will not be denied services.**

PART ONE

Are you a Georgia Resident? YES NO

Are you a U.S. Citizen? YES NO

***If not**, are you an alien who is legally allowed to work in the U.S.? YES NO

Are you currently employed? YES NO

***If not**, are you currently seeking employment? YES NO

Do you have at least one minor child; under age 18 living with you? YES NO

Does your child(ren) receive **FREE or REDUCED** lunch? YES NO

PART TWO

Are you currently receiving: Food Stamps TANF Medicaid SSI? Case#: _____

***Must provide case number or documentation (ex: Free/Reduce Lunch Letter)**

PART THREE

How many people live with you at this address? _____

What is the total annual household income? (Total household means you, your spouse, children and any other person who lives with you at this address.)

Under \$10K \$10K-\$20K \$20k-\$50k \$50k and above

Ethnicity:

Caucasian African American Hispanic Asian Latino Native American

Pacific Islander Other

Why do you need these services?

Parent(s) are working Currently seeking employment Convenience Disabled Other

If other, please explain:

***You must sign the certification below to complete this questionnaire.**

CERTIFICATION

I, the undersigned certify that the information shown above is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date



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SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. In Pre-K, your sharing of this information helps your local program. We must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with the Effingham County YMCA. This may be used with either the After School Care Program or the Summer Day Camp Program.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Amanda Ginn** at **754-6416**.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.

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