



SMITHFIELD YMCA SCHOOL'S OUT 2017 - 2018 REGISTRATION FORM

PARTICIPANT INFORMATION

EMAIL: _____

****Emails will be sent with important program information and weather closings and delays!**

School Attending: _____ **Grade Entering:** _____

Child's Name: _____ Male/Female Member #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Age: _____ DHS #: _____

Mother/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Father/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

Child resides with: Mother: _____ Father: _____ Both: _____ Guardian: _____ Other: _____

Does this child require any special accommodations to participate in S/O Program? YES/NO

If yes, please explain: _____

MEDICAL INFORMATION

Please list any allergies: _____

Is the participant on any medication? Yes: _____ No: _____

If yes, please list: _____

Will participant need to take medication while at School's Out? Yes: _____ No: _____

If yes, you will need to fill out a Medical Dispensing Form from the Director.

Proof of immunizations is required for all participants.

Parent Authorization for Emergency Treatment

In consideration of admittance, I hereby authorize the Director or designee of the Smithfield YMCA to arrange for medical examination and/or treatment of my child, _____, should an emergency arise at the center or on a field trip. It is understood that a conscientious effort will be made by the center to contact me at the emergency numbers I have provided below before any medical action is taken. I would prefer to have my child taken to the following hospital if the need arises: _____ I understand that choice of hospital may

Name of Hospital

be limited by service of local rescue squad.

Signature Mother/Guardian: _____ Phone: _____ Phone: _____

Signature Father/Guardian: _____ Phone: _____ Phone: _____

Relatives or other persons to be contacted in case of an emergency:

#1. Name: _____ Address: _____

Phone: _____ Phone: _____ Relationship: _____

This person is authorized to pick up my child: Yes ___ No ___

#2. Name: _____ Address: _____

Phone: _____ Phone: _____ Relationship: _____

This person is authorized to pick up my child: Yes ___ No ___

#3. Name: _____ Address: _____

Phone: _____ Phone: _____ Relationship: _____

This person is authorized to pick up my child: Yes ___ No ___

#4. Name: _____ Address: _____

Phone: _____ Phone: _____ Relationship: _____

This person is authorized to pick up my child: Yes ___ No ___

Parent/Guardian Signature: _____ **Date:** _____

****Please attach a sheet of paper with additional authorized individuals if necessary****

Parental Consent/Field Trips

I _____ give my son/daughter _____ permission to attend all Smithfield YMCA organized field trips and all related activities. The organized field trips will be held off site and the children will be transported via school bus to all field trip activities. I also consent to any medical treatment that may be required for my son/daughter _____ at any time during the field trip. I understand that should an emergency arise at the center or on the field trip, the Smithfield YMCA will arrange for medical examination and/or treatment of my child named above. It is understood that a conscientious effort will be made by the Smithfield YMCA staff to contact me at the emergency numbers I have provided on page 2 before any medical action is taken.

I have read and voluntarily signed this RELEASE and WAIVER OF LIABILITY and hereby release the Smithfield YMCA, its officers, directors, trustees, agents, servants and employees from all liability for all actions taken in good faith during the field trips.

Parent/Guardian Signature: _____ **Date:** _____

Waiver of Liability

The Smithfield YMCA requires that all children have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-21 of the Rhode Island General laws (entitled) "Exemption from Liability to participants in Sponsored Athletic or Sports Events," "I hereby waive any liability that the Smithfield YMCA, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily injury incurred to my child while practicing or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA sponsored program and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YMCA sponsored activities. My child also has permission to have photographs taken while in the schools out program and in public places where the participants may be. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be taken to a hospital for emergency treatment if the parent or family doctor cannot be reached.

Parent/Guardian Signature: _____ **Date:** _____

School's Out 2017 - 2018

****Please check the line to the right of the payment amount****

*****\$30 Registration Fee Per Family*****

5 Days Per Week:

Before School - Smithfield Elementary Schools	\$235/month	_____
After School - Smithfield Elementary Schools	\$395/month	_____
After School - Gallagher Middle School	\$400/month	_____
Before & After - Smithfield Elementary Only	\$562/month	_____

3 Days Per Week:

Please circle specific days:

Before School - Smithfield Elementary Schools	\$149/month	_____
After School - Smithfield Elementary Schools	\$251/month	_____
After School - Gallagher Middle School	\$257/month	_____
Before & After - Smithfield Elementary Only	\$347/month	_____

M T W Th F

Enrollment Agreement

I, _____, am enrolling my child/ren, _____, in the Smithfield YMCA School's Out Program for the above days:

I have been notified of and agree to pay the fee of \$_____ per month to be deducted from my bank account on the first of each month (or the following business day if the 1st falls on a Holiday or Weekend) whether or not my child/ren attend the days I indicated above. I understand all fees will be collected via an automatic debit and my child/ren must be members of the Smithfield YMCA to participate in the School's Out Program. If your child no longer needs School's Out services, you are required to give 2-weeks written notice to the Child Care Director. No refunds will be given for voluntary removal from the program.

All School's Out Participants must pay an additional fee for school vacation weeks. Payments for school vacation week is due the Monday before the week of vacation. Payment rates for school vacation week are based on how many days and how much you currently pay. I.e: the more you pay all month, the less you pay for vacation weeks. There is no additional fee for snow days or professional development days, only school vacation weeks.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

\$30 Reg Fee Paid: _____

Immunizations Attached: _____

Employee Initials: _____

Entered into Daxko: _____

Welcome to the Smithfield YMCA School's Out Program ~ 2017 - 2018

Dear Parents:

Thank you for choosing the Smithfield YMCA as your child's child care for Before and After School! We are looking forward to another great school year full of making new friends, having loads of fun, playing games and getting extra help with homework.

Here are some answers to frequently asked questions:

What is the earliest time for drop-off in the Before School Program?

The Before School Program begins at 6:45 AM at the YMCA. Participants will not be allowed to sign-in prior to 6:45 AM. All participants will be bussed to school beginning at 7:50 AM.

What about breakfast?

All Before School Participants will be served breakfast up until 7:40 AM. Breakfast is on a rotating schedule and ranges from toast to cereal and waffles. Juice or milk is also served with breakfast.

How does my child get to Old County Road School for the After School Program?

The Smithfield YMCA provides a contract bus service to and from all Smithfield Elementary Schools. The bus is always monitored by a YMCA Schools Out Staff Member. All children will be bussed to Old County Road School from their respective elementary school.

Should I pack my child an extra snack for the YMCA After School program?

There is no need to pack an extra snack for the Y Program. All after school participants will be served snack in the afternoon. Snack rotates on a weekly basis and is served with juice or water daily.

What is the latest pick-up time for the After School Program?

The After School Program ends at 6:00 PM at Old County Road School. Any parent signing a child out later than 6 PM will be subject to a late fee. Please keep in mind it is not your money that we want, but yet our staff to get out on time for their obligations.

Can I bring items from home?

No, children are not allowed to bring items from home unless designated by the YMCA. This includes any electronic devices, stuffed animals, toys and cell phones. If there is an emergency the child may NOT use their cell phone, the Y staff have full access to cell phones and the OCRS phone.

If you have any additional questions about the Before or After School Program, please call 949-2480 ext. 104! Thank you and I am looking forward to a fantastic school year!

Sheila Mahar
Child Care & Camp Director