



Afterschool Program Policies and Procedures

It is important that the YWCA Greater Triangle, Inc. know that each child's parents/guardians understand and accept the policies on the following issues. Please read the policies listed, **initial each one**, and sign your name at the bottom of this form to indicate your understanding and acceptance.

FIELD TRIPS – A parent's signature on this form permits the child to leave the YWCA program site for scheduled activities under supervision of the YWCA staff. Parents will receive advanced notification of all off-site activities, duration of the activity, and method of transportation.

PHOTOGRAPHY WAIVER – By signing this form, parents permit the YWCA or an acting agent to photograph their child for program purposes. Should individual children be identified by name or quoted, a release will be requested for that specific instance.

SPECIAL CONCERNS – Prior to the time of registration, any behavioral problems or special physical, emotional, psychological or medication needs for your child must be identified and discussed with a Youth Services Program Specialist.

ADMINISTRATION OF MEDICATION – YWCA staff will administer medication only when directed in writing by the child's parent or guardian. All prescription medication must be in the original container and accompanied by doctor's instruction for dosage and frequency.

MEDICAL TREATMENT – In the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YWCA may take appropriate action in the best interest of the child.

IMMUNIZATION RECORDS – For all children not enrolled in Wake County Public Schools, the YWCA requires a copy of your child's current immunization record with a doctor's signature. The YWCA cannot accept a participant who is not enrolled in school without an immunization record.

DISCIPLINE POLICY – Parents are required to read and sign the Behavior Management and Discipline Policy form. Registration will not be processed until the form is signed.

ACCIDENT INSURANCE – Families are responsible for their own accident insurance when participating in YWCA programs.

PAYMENT POLICY – By signing this form, parents indicate that they have received and understand policies concerning payment and refunds. Participants may not register for a new program until outstanding balances are paid.

LOST ITEMS – I understand the YWCA is not responsible for any personal items lost or stolen during YWCA school-age programs.

AFTERSCHOOL HANDBOOK – By signing this form, parents indicate that they have received, read, fully understand, and are in agreement with the contents of the YWCA's 2011-2012 Afterschool Care Handbook.

I understand and agree to the 11 policies and procedures as stated above.

Parent/Guardian Signature _____ Date _____

Registration and Payment Policies

FEES – The cost to participants will be \$160.00 per month for the first child in a family and \$150.00 per month for siblings five days a week. The cost to participants will be \$120.00 per month for the first child in a family and \$100.00 per month for siblings attending three days a week.

Note: Early release days are included in afterschool care fees. Teacher workdays and “School’s Out” days are NOT included in the YWCA Afterschool fees.

Fees must be paid according to the following schedule:

- Monthly afterschool care costs are based on 180 days of school and divided into one initial payment installment at registration, followed by nine equal payments September – May.
- Fees for the first month attending will be due at the time of registration and monthly bank drafts will begin the following month on the 1st of the month and continue until May.

Note: Bank drafts will be required unless full payment is made at registration.

REGISTRATION – A one-time registration fee of \$25.00 per child is required of all participants. This registration fee is non-refundable. A current YWCA membership is also required. Adult Membership to the YWCA is required of one adult living in the household. The fee is \$40 and must be renewed annually. For participants ages 12-17 an annual teen membership can be purchased for \$15.

CANCELLATIONS – The Youth Services Program Manager or Accounting Manager must approve all changes or refunds. To discontinue participation in the program, written notification must be received 30 days in advance of the month dropping. Failure to provide documentation or forward the documentation within the designated time frame will result in the parent being responsible for payment of the full monthly fee.

CHANGES – Changes from five to three days must be given to the Youth Services Program Manager in writing 10 days prior to the effective change day. Failure to provide written documentation will result in the parent being responsible for the pre-approved fee.

PAST DUE BALANCES – Any parent with a past due balance with the YWCA Greater Triangle will not be allowed to register or have children attend until the amount due is paid in full. You will need to contact the finance office at (919) 834-7386 to settle your account.

RETURN DRAFTS OR CHECKS FOR NON SUFFICIENT FUNDS – Any drafts and/or checks returned for NSF will be run through the individual’s bank account a second time and will include a \$25.00 return item fee. My initials state my agreement to this fee and procedure. _____

I have read and agree to the payment policies listed above.

Signature

Date

Complete one form for each child. Payments and YWCA membership must be current to attend.

Child's Name: _____ Date of Birth: _____ Sex: Male Female
Address: _____ City: _____ State: _____ Zip: _____

Program Start Date: _____
School attending: _____ Grade attending: _____

Name of Sibling(s) if also attending the program: _____

Circle days attending: M Tu W Th F **Circle One:** 3 or 5 days/week

Circle location: Hargett Powell

MEDICAL INFORMATION ABOUT YOUR CHILD

ADD ADHD BEH Medication (type and schedule): _____
 Allergies (Type): _____ Other special needs: _____

FAMILY INFORMATION

Parent/Guardian Name: _____ Employer: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Pager/Cell#: _____
Email Address: _____

Parent/Guardian Name: _____ Employer: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Pager/Cell#: _____

Person who has legal custody of the child: _____

In addition to the above names, list names and relationship of persons to whom the child can be released:

EMERGENCY CARE INFORMATION

Doctor's Name: _____ Phone #: _____
Dentist's Name: _____ Phone #: _____
Hospital Preference: _____ Phone #: _____
Insurance Company: _____ Insurance Policy #: _____

If neither parent/guardian can be contacted, please call:

Name (relationship): _____ Home #: _____ Work #: _____
Name (relationship): _____ Home #: _____ Work #: _____

I agree that YWCA staff may authorize the physician of their choice to provide emergency care in the event that neither I nor the preferred physician can be contacted immediately.

Signature of Parent/Guardian: _____ Date: _____

Please Complete Other Side

PAYMENT SCHEDULE

Monthly afterschool care costs are based on 180 days of school divided by 9 equal payments. Payment methods include bank draft or paid in full. The cost to participants will be \$160.00 per month for the first child in a family and \$150.00 per month for siblings five days a week. The cost to participants will be \$120.00 per month for the first child in a family and \$110.00 per month for siblings attending three days a week.

Monthly Fees	First Child	Siblings
5 days/week	\$160	\$150 (per additional child)
3 days/week	\$120	\$110 (per additional child)

Note: Early release days are included in afterschool care fees. Teacher workdays and "School's Out" days are NOT included in the afterschool fees. Bank drafts will be required unless payment is made in full at registration.

REGISTRATION

A one-time registration fee of \$25.00 per child is required of all participants. This registration fee is non-refundable. A current YWCA membership is also required. Adult Membership to the YWCA is required of one adult living in the household. The fee is \$40 and must be renewed annually. For participants ages 12-17 an annual teen membership can be purchased for \$15.

CANCELLATIONS

The Director of Program Services or Accounting Manager must approve all changes or refunds. To discontinue participation in the program, written notification must be received 30 days in advance of the month dropping. Failure to provide documentation or forward the documentation within the designated time frame will result in the parent being responsible for payment of the full monthly fee.

CHANGES

Changes from five to three days must be given to the Youth Services Coordinator in writing 10 days prior to the effective change day. Failure to provide written documentation will result in the parent being responsible for the pre-approved fee.

PAST DUE BALANCES

Any parent with a past due balance with the YWCA Greater Triangle, Inc., will not be allowed to register or have children attend until the amount due is paid in full. You will need to contact the finance office at (919) 834-7386 to settle your account.

RETURN DRAFTS OR CHECKS FOR NON SUFFICIENT FUNDS

Any drafts and/or checks returned for NSF will be run through the individual's bank account a second time and will include a \$25.00 return item fee. My initials state my agreement to this fee and procedure. _____

PAYMENT

First Installment: Monthly Fee \$ _____ + Registration \$ _____ + Membership \$ _____ = Check Total: \$ _____

PAYMENT METHOD

Payment in Full Enclosed Bank Draft

By signing this form, parents indicate that they have received and understand the registration and payment policies. I hereby authorize the YWCA Greater Triangle to bank draft my account (voided check attached) for \$ _____ per month, on the first (1st) of each month for nine equal payments beginning September 2011 and ending May 2012.

Signature of Person Responsible for Payment

Date

Membership: \$ _____ Exp. _____ Staff initials: _____ Charge Total: \$ _____