

YMCA AfterSchool Registration 2006-2007

South Montgomery County YMCA in partnership with CISD

The YMCA has been recognized nationally for excellence in Child Care Services. The After School Programs are licensed by the Texas Department of Family & Regulatory Services and meets standards prescribed by the Greater Houston Area YMCA.

The South Montgomery County YMCA, in partnership with the Conroe Independent School District, offers After School programs at most Elementary Schools. Space is limited to 30-60 students depending on licensing requirements.

YMCA staff are trained in CPR, First Aid, and a minimum of 20 clock hours in child development. Staff provides a safe, fun, and well-supervised program, which includes homework assistance, outdoor/indoor games and recreation, activity centers, and special events. Snacks are served daily.



To register and enroll your child in the After School program the following is required:

1. A Facility or Program Membership with the YMCA. (Program Membership is \$15 annually per family)
2. Complete registration form and enrolled packet and return to the Child development Center at the Shadowbend YMCA.
3. The YMCA strives to turn no one away for inability to pay. Limited financial assistance is available, based on available resources, to those that qualify. Please request an Open Doors application at the YMCA Child Care Development Center.

Child's Name: _____ Male Female Birth Date: _____ Age : _____
 Home Mailing Address: _____ City: _____ Zip: _____
 Admission Date: _____ Withdrawl Date: _____ Ethnicity: Caucasian African American Hispanic Asian Other
 School: _____ Grade: _____ Check One: 5 Days/Week Drop-In

NAME OF PARENT OR LEGAL GUARDIAN

Name: _____	Name: _____
Relation to Child: _____	Relation to Child: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Home Phone #: _____	Home Phone #: _____
Place of Employment: _____	Place of Employment: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Email Address: _____	Email Address: _____
Office Phone #: _____	Office Phone #: _____
Cellular #: _____	Cellular #: _____
Pager #: _____ Other #: _____	Pager #: _____ Other #: _____
Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No*

*When a **parent** is NOT authorized to pick up we **must** have a copy of court documentation.

In the case of divorce or legal separation are you: managing conservator possessory conservator legal guardian? (Check one)
Please provide copies of court documentation.



For more information please call: Sharon Wortham, Child Care Director, 281-681-6716,
 Jessica Symens, Asst. Child Care Director, 281-681-6737 or Teresa Arana, Multi-Site Director, 281-681-6730

South Montgomery County YMCA, 6145 Shadowbend Place, The Woodlands, TX 77381 (281)367-9622 Fax (281)367-3659
 www.southcounty-ymca.org or www.ymcahouston.org



ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY:

If under age 18, separate form must be completed.

Name: _____ **Relation to child:** _____

Address: _____

Office #: _____ **Cell/Pager #:** _____ **Home #:** _____

Name: _____ **Relation to child:** _____

Address: _____

Office #: _____ **Cell/Pager #:** _____ **Home #:** _____

Name: _____ **Relation to child:** _____

Address: _____

Office #: _____ **Cell/Pager #:** _____ **Home #:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

My child has a **regular physician**. Below is the information for my physician, clinic/hosp. preferences.

Name of Child's Physician: _____ Phone #: _____

Address: _____

Clinic/Hospital Preference: _____ Phone #: _____

Address: _____

My child does not have a regular physician. **We use any doctor on duty at the clinic/hospital listed above.**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent or Legal Guardian **Date**

SPECIAL PROBLEMS / NEEDS

The YMCA believes that each child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special problems and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalizations in past 12 months, long-term, continuous use medication, etc. Please write in N/A if none apply to your child.

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child's school to help your child in these situations? Does your child have any limitations or require any special provisions? _____

Other Comments: _____

PLEASE READ EACH STATEMENT BELOW, THEN SIGN AND DATE BELOW

- My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes YMCA **operational and parent policies.** Yes No
- My signature below gives my consent for my child to be transported and supervised by facility’s staff in case of an emergency, on field trips, to and from home and to and from school if applicable. Yes No
- My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools, and other bodies of water provided by the facility. Yes No
- My signature below gives my consent for my child to be photographed and/or video taped participating in the program. Yes No
- My signature below gives my consent for my child to play on the **school playground which may not meet all Child Care Licensing safety standards.** Yes No
- My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, vision & hearing screening records are current. They meet the requirements of the Texas Department of Health. Yes No

Name of School: _____ Grade: _____

School Address: _____ School Phone: _____

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Signature of Parent or Guardian: _____ **Date** _____

AFTER SCHOOL CONDUCT POLICIES

Please make certain that both you and your child are completely familiar with these policies. The multi-site director, upon notification to the parent, may suspend or terminate all activities and participation in the program for the following misconduct.

While Participating in the Program

1. Leaving YMCA premises without permission, or going into posted unauthorized areas.
2. Using foul language or being rude and discourteous to staff.
3. Defacing YMCA or school property or field trip facilities.
4. Engaging in fighting as the only means to solve problems.
5. Bring or using illegal substances.
6. Stealing or defacing another child’s property.
7. Intentionally injuring another child or staff.
8. Refusing to remain with the group during outings.
9. Refusing to follow check in and out procedures.
10. Refusing to follow basic rules of safety.

While Being Transported

1. Fighting, using foul language or abusive behavior.
2. Not remaining seated at all times.
3. Not keeping the seat belt fastened while in transport.
4. Having any body parts out of the windows.
5. Throwing anything out of the windows.
6. Defacing the vehicle.
7. Being rude or discourteous to driver.

I have read and understand and agree to comply with these policies.

Signature of Parent or Guardian

Date



SCHOOL YEAR 2006-2007
SCHOOL DISMISSAL UNTIL 6:30PM

Ages: Full Day & Afternoon Kindergarten – 4th grade Students. Tough & Deretchin Elementary accepting K-6th. Lamar accepting full time participants only. After School sites are not licensed to serve children in pre-kindergarten.

The South Montgomery County YMCA currently offers after school care at these school cafeterias:

- Buckalew Elementary
Bush Elementary
David Elementary
Deretchin Elementary
Ford Elementary
Galatas Elementary
Glen Loch Elementary
Hailey Elementary
Houser Elementary
Kaufman Elementary
Lamar Elementary
Oak Ridge Elementary
Powell Elementary
Ride Elementary
Tough Elementary

Non-Refundable Registration Fee: \$50 per child or \$70 per family
Registration fee will be waived if tuition is paid monthly by credit card or bank draft. If draft is stopped for any reason the registration fee will be added to your account.

After School Program Fee

Monthly Fee (Sept, Oct, Nov, Jan, Feb, April, May): Facility Members \$180 Program Members \$200
Pro-Rated Monthly Fee (August, December & March): Facility Members \$140 Program Members \$160
Drop-in Fee: \$20 per day

IN-SERVICE DAYS & HOLIDAYS:

Care is available for CISD In-Service days and some holidays. Transportation is available from the South Montgomery County YMCA to the Conroe YMCA (Camp Owen) for these days.

Holiday Camp Fee:

Facility Members & Full Time After-School Students - \$30.00
Program Members/Drop-In Students - \$35.00

Inservice Camp Available: 11/22, 12/18-12/22, 12/26-12/29/2006 & 1/2, 1/3, 1/15, 2/19, 3/12-3/16/2007

Care will not be available on Early Release Days: 10/13, 12/15/2006 & 3/9/2007

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

The YMCA strives to turn no one away for inability to pay.
Limited financial assistance is available, based on available resources, to those that qualify.

FOR OFFICE USE ONLY:

Method of Payment: []Cash []Credit Card []Check Ck#_____ Membership Type: []Facility []Program Member #_____
Amount Paid: Registration Fee_____ Program Fee_____