

Liability Release:

I give permission for my child to participate in Youth Development at the YMCA. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the YMCA as well as its staff members and volunteers from all liability due to injury, loss, or damage, which may occur on the YMCA property while my child participates in the activities of this program. By registering I acknowledge that I have read and understand, and voluntarily agree to this authorization and release.

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Discipline Policy

Our discipline policy is based on recognizing and providing positive reinforcement for appropriate behaviors and natural or logical consequences as a response to less desirable ones. We believe that children truly want to learn how to behave in an appropriate manner. Our job is to help them learn this by serving as role models and guides. Our discipline policy is designed to be effective in a variety of situations and is based on the following components: Consistency, Emphasis on the positive, Logical consequences, Response. *We will never use any type of physical punishment. Nor will we shame, scold, or humiliate children. *The YMCA reserves the right to dismiss a child from the ASPIRE/YREADS program if repeated efforts at modifying misbehavior have failed and/or if parents are not cooperating with our policies. *** Please note: Any child who runs away from his/her group, will be terminated from the program immediately.

Tuition Payments *YREADS is a free program and this section does not apply to YREADS

Tuition is due before the scheduled attendance days. Monthly/Weekly Drafts must be set up upon registering for ASPIRE. If participating in a drop-in day, payment must be made in advance. Failure to make payments timely, will result in immediate termination from program.

All drafts will be charged as scheduled on a monthly basis. We must receive a request in writing at least 15 days prior to the next draft date in order to stop a draft payment from being charged. All registrations and program fees are non-refundable.

Program Permissions: (please circle yes or no)

My child may go swimming in the YMCA pool: yes no

Sunscreen/Bug Repellant may be used on my child at staff discretion: yes no

I authorize any photos taken of my child to be used for program or advertising purposes: yes no

Does your child receive free or reduced lunch through CCPS? yes no

I authorize the CCPS school my child attends to release information to the YMCA After School Program/YREADS! Program, including but not limited to grades, test scores, behavioral records, IEP information student ID number, etc. I authorize additional Y-Reads! evaluation and testing.: yes no

Student's CCPS issued ID number: _____

Compliance with State Regulations and Program Policies (please initial)

_____ A copy of the brochures "Know Your Child Care Center" and (65c-22.006(4-1)) and "The Flu" a Guide for Parents (CF/PI 175-70) has been received
 _____ A copy of the YMCA School Age Parent Handbook which highlights policies and disciplinary procedures has been received, and I agree to abide by all the policies within the Parent Handbook set forth by YMCA of South Collier and Greater Naples YMCA.

_____ I understand that if my child will be late to school or absent I must alert the facility of the change in schedule.

_____ I understand that if I choose to withdraw from the program I must give a 15-day written notice. My enrollment and draft will remain in effect for the full 15 days including additional fees that may occur during that period. This notice must be received in writing via email for the date stamp.

_____ I understand that the YMCA does not allow sugary sweets, cakes, cookies, etc... for celebrations due to the HEPA (Healthy Eating and Physical Activity) Standards followed within the Healthy Living facility as part of the mission of the YMCA. Substitutions of fruit and healthy alternatives may be used for birthdays, holidays etc...

Signature

Print Name

Date

In partnership with Core Health Partners, free developmental occupational, speech and physical therapy screenings will be conducted at the YMCA. The developmental screening will examine the areas of fine motor, visual motor, self-help skills, sensory, attention, speech/language and gross motor skills. The screening is a quick general measure of your child's development and will provide an overview of your child's strengths and needs. The screenings can assist parents, caregivers and teachers to know how to best support your child's school readiness. Early detection and intervention can help your child develop to their full potential and future success in school. If the screening indicates any areas where your child has performed below his/her current age level, you will then have the option to follow up with your pediatrician for a referral for a more in-depth evaluation. The evaluation and therapy treatments are completed on-site at the YMCA.

Screening permission:

The following screenings will be conducted by Core Health Partners in partnership with the YMCA: Developmental screening for fine motor, visual motor, self-help skills, sensory, attention, speech/language, and gross motor skills.

_____ Yes, I give permission for the screening _____ No, I do not give permission for the screening.

Signature

Print Name

Date

The below information assists us with making sure that we are fully serving the needs of our community. In addition, this information is extracted to utilize for grant reporting and is reported to the Y-USA annually. Personal information such as names, addresses, dates of birth, and contact information remains confidential.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more) American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

Home language/primary language in the household: _____

Number of people in your household? _____

Combined Annual Income Amount? \$_____

YREADS PARTICIPATION AGREEMENT AND QUESTIONNAIRE

RESPONSIBILITY FOR TRANSPORTATION

It is the responsibility of the child's parent and/ or guardian to arrange for child-up from the YREADS! Program by 5:30pm. No child will be released prior to program ending daily at 5:30pm. Photo identification will be required to sign your child out.

I understand and agree to pick up my child on time at 5:30 from the YREADS! Program. Additionally, I understand that my child will not be released to me before 5:30pm.

Parent's Signature: _____

Attendance Agreement

In accordance with the YREADS! Program contract, strict maintenance of attendance records must be provided. In order to properly assess the effectiveness of the benefits of the program, the student must maintain a 90% attendance record. This includes being at the program for the whole duration of each day (from dismissal to 5:30 pm).

Parent's Signature: _____

PARENTAL QUESTIONNAIRE:

Is English **the child's first language?** Yes No

If NO, the first language is: _____

Does the child have someone read to him/her or with him/her every day at home? Yes No

Does the child like reading with someone? Yes No

Does the child have difficulty with hearing? Yes No

Does the child have difficulty with seeing? Yes No

Does the child wear Glasses? Yes No

Does the child have ADD/ADHD? Yes No

What special needs does your child have that might affect their ability to read?
