



Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____

Child's Physical Address: _____

Family Email: _____

Child's School Information: _____
School Name Grade Entering Teacher Name

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care warranted.

Doctor: _____ Address: _____ Phone: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs of accessing YMCA facilities. The YMCA; however, will take all necessary precautions to avoid any risks. We sanitize periodically throughout the day and every evening.

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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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

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.

Weekly pay programs:

I authorize YMCA to charge my card on file every Friday for the following week of After School Programming. I understand that it is my responsibility to notify the YMCA of any billing changes that may occur with my account. I also understand that if my card is declined for any reason, it is my responsibility to ensure payment is made on the due date of every Friday prior to the next school week. I understand that if I fail to make payment on time, my child's space for the program will be forfeited.

Signature: _____ **Date:** _____

Program Permissions: (please circle yes or no)

Program Permissions and Information (please circle yes or no)

My child may go swimming in the YMCA pool: **Yes No**

Sunscreen and bug repellent may be used on my child at staff discretion: **Yes No**

I authorize any photos taken of my child to be used for program advertising purposes: **Yes No**

I have received the "Know Your Child Care" "The Parents Guide to Flu" and "Distracted Driver" brochures: **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**

By signing below, I also acknowledge that I have read, received, and agree to abide by all the policies within the ASPIRE Parent Handbook set forth by YMCA of South Collier and Greater Naples YMCA.

Signature	Print Name	Date
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