



Member/Program Number: _____

HATTIESBURG Y Afterschool 2023-2024

School _____ Homeroom Teacher _____ Grade _____

PLEASE NOTE: Registration fee & 1st MONTH's Payment MUST accompany this form.

CHILD'S INFORMATION – PLEASE PRINT

LAST: _____ FIRST: _____ MIDDLE: _____ SEX: MALE FEMALE

PREFERRED NAME: _____ DATE OF BIRTH: _____ AGE: _____

HOME ADDRESS: _____ CURRENT SCHOOL GRADE: _____

CITY: _____ STATE: _____ ZIP: _____ PRIMARY PHONE: _____

ETHNICITY: ASIAN AFRICAN/AMERICAN HISPANIC NATIVE AMERICAN CAUCASIAN OTHER _____

PARENT(S)/GUARDIAN(S) INFORMATION- PLEASE PRINT

GUARDIAN #1 NAME: _____ ADDRESS: _____

E-MAIL ADDRESS: _____ PRIMARY PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ D.O.B.: _____

ETHNICITY: ASIAN AFRICAN/AMERICAN HISPANIC NATIVE AMERICAN CAUCASIAN OTHER _____

GUARDIAN #2 NAME: _____ ADDRESS: _____

E-MAIL ADDRESS: _____ PRIMARY PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ D.O.B.: _____

ETHNICITY: ASIAN AFRICAN/AMERICAN HISPANIC NATIVE AMERICAN CAUCASIAN OTHER _____

EMERGENCY CONTACTS & AUTHORIZED PICK-UP LIST (Must provide photo ID upon Sign-out)

Persons other than the Parent/Guardian listed above to whom the camper may be released and/or contacted in case of an emergency (in the order below). NOTE: In order to deny parental access to a child, the YMCA must have a copy of a court order stating that access is specifically denied, verbally and physically.

| NAME: | PHONE: | RELATIONSHIP: |
|----------|--------|---------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

PARENT or GUARDIAN'S SIGNATURE: _____ **DATE:** _____

My child has special needs: Yes No If Yes, list, including any medical needs or allergies:

PARENT or GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability: I am an adult over 18 years of age and wish to participate in The Family YMCA of Southeast Mississippi Inc., activities and/or I give my children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury loss or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members, and guests. I have read and am voluntarily signing this authorization and release.

PARENT or GUARDIAN'S SIGNATURE: _____ **DATE:** _____

EMERGENCY MEDICAL TREATMENT

PLEASE NOTE: In case of emergency, if your child is transported to a medical facility, The Family Y/Petal Family Y will not assume responsibility for medical costs incurred. You will be responsible for these costs. We expect you to have personal medical insurance to respond to your child's sickness or injury. If you are unable to afford personal insurance, you will be expected to carry "CHIP" Children's Health Insurance Program, from the State of Mississippi.

The Family Y has permission to obtain emergency medical treatment for my child.

CHILD'S NAME: _____ **DATE:** _____

CHILD'S PHYSICIAN: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

SIGNATURE: _____ **WITNESS:** _____

INSURANCE COMPANY: _____ **POLICY ID#:** _____ **GROUP#:** _____

I RECEIVED A CHIP APPLICATION (if needed): SIGNATURE: _____ **WITNESS:** _____

PHOTOGRAPHY/VIDEO PERMISSION

DO DO NOT give my permission for my child to be photographed or videotaped at The Family Y/Petal Y and use the resulting photographs for any purpose The Family Y deems proper, and I relinquish all rights, title and interest in the finished photographs and negatives.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ **DATE:** _____

FIELD TRIP/TRANSPORTATION PERMISSION

My child DOES DOES NOT have permission to participate in field trips and special activities at The Family Y/Petal Y. I understand that I will receive additional information before each individual trip/activity and will make arrangements with the center if I do not wish for my child to participate.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ **DATE:** _____

PARENT/GUARDIAN AGREEMENT AND DISCLAIMER

The undersigned does hereby acknowledge that he/she has received and understands the location of digital copy of the Parent Handbook, which includes a summary of Mississippi standards for childcare centers, child abuse laws, and communicable disease regulations so that he/she may review the procedures and policies. The undersigned hereby certifies to comply with the terms and conditions concerning fee payment and medical requirements concerning his/her child.

SIGNATURE: (Parent or Guardian) _____ **DATE:** _____

WITNESS: _____



HATTIESBURG Y Afterschool 2023-24

Enrollment Schedule

Child's Name: _____

School: _____

Your child will be picked up **THE DAY FOLLOWING** registration at The YMCA, not the day of registration. My child will start Afterschool at The Family YMCA on:

Day of the Week: _____ Date: _____

Parent or Guardian's Signature _____ Date _____

YMCA Staff Signature: _____ Date: _____

PAYMENT INFORMATION

Registration Fee \$50.00 per child _____

NON- REFUNDABLE (no scholarships/discounts)

1st MONTH *first* child (Scholarship ____%) _____

\$20.00 off *second* child (Scholarship ____%) _____

\$20.00 off *third* child (Scholarship ____%) _____

Total Due: _____

Parent or Guardian's Signature _____ Date _____

YMCA Staff Signature: _____ Date: _____

Help us make a difference in a child's life – donate to the YMCA Campaign for Youth & Families.

The Family YMCA and Petal YMCA serve the greater Pine Belt area by awarding fee assistance to those in need...and we are always looking for people with a heart to give.

The YMCA never turns anyone away because of an inability to pay – that's why contributions to the YMCA's Campaign for Youth and Families are so important. They provide much-needed, fee assistance to hundreds of kids, families, and active adults, allowing them to benefit from YMCA membership and programming. *If we can strengthen the life of one child or family, we can strengthen the foundation of our community. If you believe in what we do, the Campaign for Youth & Families is one way you can help; just add to your weekly rate.*

\$2 per month \$ 5 per month \$10 per month \$15 per month \$20 per month

Other _____ Please accept this one-time contribution of \$ _____ to Youth & Families Campaign

Signature: _____ Date: _____

CHECK LIST

HATTIESBURG Y Afterschool 2023-24

YMCA Personnel: Use this form to check each area of the application for completion. Registration cannot be completed if the information in each section (including Insurance) is not complete and if payment is not made for registration fee and first month.

_____ **1. Application**

_____ **Parent/Guardian Information with Date of Birth**

_____ **Emergency Contact**

_____ **Parental authorization (signed and dated) for people authorized to pick-up and drop off child**

_____ **Special Needs (signed and dated)**

_____ **YMCA Permission for Enrollment and Release**

_____ **Parental authorization (signed and dated) for emergency medical treatment. This must include insurance information.**

_____ **Parental authorization (signed and dated) for any photography/video of participant**

_____ **Parental authorization (signed and dated) for field trips/transportation**

_____ **2. Enrollment/ Payment Policy (signed and dated)**

_____ **3. Registration Payment Sheet (for staff)**

_____ **4. Copy of Camp Policies and Procedures (given to parent/guardian), which includes Mississippi Child Abuse Law and Child Care Regulation Summary for Parents**

All information above is complete as initialed.

Date Completed: _____

Signature of Staff: _____