



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Member/Program Number: _____

PETAL Afterschool 2024-2025

School _____

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

CHILD'S INFORMATION – PLEASE PRINT

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

NAME THE CHILD IS CALLED: _____ DATE OF BIRTH: _____ AGE: _____

HOME ADDRESS: _____ CURRENT SCHOOL GRADE: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

Ethnicity: Asian African/American Hispanic Native American Caucasian Other _____

PARENT(S)/GUARDIAN(S) INFORMATION:

GUARDIAN 1 FULL NAME: _____ PLACE OF BUSINESS: _____

HOME ADDRESS: _____ W Ph: _____ D.O.B _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

Ethnicity: Asian African/American Hispanic Native American Caucasian Other _____

GUARDIAN 2 FULL NAME: _____ PLACE OF BUSINESS: _____

HOME ADDRESS: _____ W Ph: _____ D.O.B _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

Ethnicity: Asian African/American Hispanic Native American Caucasian Other _____

CONTACTS IN CASE OF AN EMERGENCY IF PARENT CANNOT BE LOCATED

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____

PARENTS PLUS OTHERS AUTHORIZED TO PICK UP/BRING YOUR CHILD TO CAMP:

Must be prepared to show picture ID. See Handbook, page 4, Section 5.

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

COMPLETE, SIGN AND DATE EACH OF THE SECTIONS THAT FOLLOW:

Please indicate any medical or behavioral conditions that we should be aware of, including any allergies

PARENT or GUARDIAN'S SIGNATURE: _____ Date: _____

COMPLETE, SIGN AND DATE EACH OF THE SECTIONS THAT FOLLOW:

Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability: Member agrees to cooperate with others in the accomplishment of the YMCA's accepted purpose. Member assumes all risks of the injury arising out of his or her presence on or about the premises or at another location, use of or intended use of equipment and facilities, or his or her participation in the activities of The Family YMCA, a not for profit corporation, and does hereby for himself, heirs, executors and administrators, **waive release and agree to hold free from all claims for damages** The Family YMCA, its branches, respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity or promotions. I declare myself/household to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my household to the policies and procedures of The Family YMCA.

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. Insurance carried by The Family Y/Petal Family Y is designed to be secondary to personal insurance. In the event the secondary insurance from The Family Y/Petal Family Y is utilized, you will be responsible for the \$100 deductible per injury.

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

CHILD'S NAME: _____ DATE: _____

CHILD'S PHYSICIAN: _____ ADDRESS: _____

PHYSICIAN'S PHONE #: _____ LIST ALLERGIES YOUR CHILD MAY HAVE: _____

SIGNATURE: _____ WITNESS: _____

INSURANCE COMPANY: _____ POLICY ID#: _____

I RECEIVED A CHIPS APPLICATION: SIGNATURE _____ WITNESS: _____

PHOTOGRAPHY/VIDEO PERMISSION

I DO DO NOT give my permission for my child to be photographed or videotaped at the Petal Family YMCA 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 Petal Family 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 a copy of the location of the digital copy of the Parent Handbook, which includes a summary of Mississippi standards for childcare centers, child abuse laws, and communicable disease regulations. The digital copy can be found at ymcasems.org. That he/she has read and understands its contents, and that all policies aforesaid will be complied with by the undersigned. The undersigned hereby certifies to comply with the terms and conditions concerning fee payment and medical requirements.

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____ WITNESS: _____



PETAL Afterschool 2024-2025

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 **PETAL YMCA** on:

Day: _____ 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: _____

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: _____

Petal Family YMCA Afterschool Payment Schedule 2024-2025



Fee	Due Date	Monthly notes
Registration fee	At Registration	\$50 Fee
Monthly Rates	1st of Each Month	\$298.50 Member / \$392.50 Non-Member
July 22-31	At Registration	Included in August Fees
August 1-31	At Registration	Fee includes your child's staggered start day, July 22 or 23
September 1-30	September 1, 2024	*Closed Sept. 2 for Labor Day* Fall Break week is included in the fee.
October 1-31	October 1, 2024	Fall Break/Petal Plus week and Monday Oct. 7 Full Day Camp included in fee
November 1-30	November 1, 2024	Thanksgiving Break week is included in the fee. *Closed November 28 and 29 for Thanksgiving*
December 1-31	December 1, 2024	Christmas Break Dec. 23-31 is included in the fee. *Closed December 25 for Christmas*
January 1-31	January 2, 2025	January 1-6 & 20 Full Day Camp included in the fee. *Closed January 1 for New Year's Day*
February 1-29	February 1, 2025	
March 1-31	March 1, 2025	Spring Break and Petal Plus Weeks are included in the fee.
April 1-30	April 1, 2025	April 18 Full Day Camp for Good Friday included in the fee.
May 1-28	May 1, 2025	Last day of afterschool camp May 23, 2025 Summer Camp begins May 27, 2025

Monthly fees include full day care for school breaks and holidays EXCEPT YMCA closures as indicated above.

Total fees for the school year = \$2,985 (\$3,925 non-members)

Divided by 10 months in the school year (August – May) Monthly fee = \$298.50 for Y members
\$392.50 for non-members

Payment Policies

- A. Payment is due on the 1st of each month.
- B. Payment is considered late on the 10th of the month and a late payment fee of \$20 will be added to the balance.
- C. Accounts with outstanding balances on the 14th of the month will result in withdrawal from our program for lack of payment.
- D. If your child is unenrolled due to lack of payment, your child will not be allowed to attend the YMCA Afterschool program beginning the 14th of the month.
- E. If full payment is not received and your child rides the bus to the Y after withdrawal from our program has occurred, your child must be picked up immediately upon arrival. Mississippi Department of Health regulations do not allow children not enrolled in our program to remain on site.
- F. After fees are paid, the child can be reinstated if space is available; your slot will not be reserved.
- G. Your account will be credited \$95 (\$115 non-members) for school break and holiday weeks during which your child does not attend. Because of staff scheduling purposes, a two-week, written advance notice prior to the beginning of the school break or holiday week is required.

PETAL FAMILY YMCA AFTERSCHOOL PROGRAM ONLINE PAYMENT OPTION

Make your Afterschool payment online!

1. Scan the QR code and click the link.
2. Scroll to bottom of page and Search for Account. Enter the email you have in our system.
3. Look for your email and Reset Password.
4. Log in using your email and password.
5. Make your payment.

Please contact Member Service staff if you have any questions or need assistance.

Payments are due on the 1st of each month.

Due to the possibility of a credit for your child not attending a School Break Camp, we ask that you do not set up monthly payments for auto-draft.

A \$20 late payment fee will be added for any balance due not paid by the 10th of the month.

Any accounts with outstanding balances on the 14th of the month will result in child being unenrolled from our program.

We hope this feature makes it easy and convenient for you to make your YMCA Afterschool payments.





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Afterschool Camp begins July 22nd

July 22nd and 23rd will be full day camp for those registered for afterschool.

Campers will need to bring a lunch on the days they are here for full day camp.

We will swim both days. Campers will need a swimsuit and towel.

Campers attending school will be dropped off after school.

Sign up for Remind Text to get texts regarding camp.

Text @aschool25

To 81010