



## FOOTHILLS AREA YMCA AFTERSCHOOL CARE PROGRAM

WE ARE EXCITED THAT YOU HAVE EXPRESSED AN INTEREST IN THE FOOTHILLS AREA YMCA AFTER-SCHOOL CARE PROGRAM AT CENTRAL ELEMENTARY SCHOOL FOR YOUR CHILD/CHILDREN. PLEASE FILL OUT THIS FORM AND RETURN IT TO THE YMCA OFFICE, FAX TO 864-309-0921 OR EMAIL TO [ASC@Y4ALL.ORG](mailto:ASC@Y4ALL.ORG). IF YOU HAVE ANY QUESTIONS CONTACT OUR CHILD CARE DIRECTOR, Shannon Cobb, AT (864)962-4049 ext. 502. PLEASE NOTE A \$45.00 NON-REFUNDABLE REGISTRATION FEE FOR EACH CHILD ENROLLING (\$80 FOR FAMILIES WITH 2+ CHILDREN) IS REQUIRED BEFORE ATTENDANCE IN THE PROGRAM. PARENT HANDBOOK AND ADDITIONAL INFORMATION CAN BE FOUND AT [WWW.FOOTHILLSYMCA.NET](http://WWW.FOOTHILLSYMCA.NET). EARLY REGISTRATION RUNS 5/29/2017 UNTIL 06/29/2017 WITH \$10 OFF PER CHILD OR \$15 OFF PER FAMILY.

I am enrolling my child \_\_\_\_\_

First Name

Middle Initial

Last Name

in the FOOTHILLS AREA YMCA Afterschool Care Program at Central Elementary School.

The first day of ASC programming will be Thursday, August 17, 2017. My child will begin the program on (date) \_\_\_\_\_.

Please select your attendance options from below (Please note we no longer offer the drop-in option):

Full Week (M-F) Attendance (2:30-5:30)

Extended Care Option (2:30-6:00) \* a minimum enrollment of 10 is required.  
(\* additional fees apply)

CODE WORD is an easy/safe way to pick up your child. The Code Word **SHOULD** be given to anyone allowed to pick up your child. The Code Word **SHOULD NOT** be given to your child or anyone you would not want picking up your child. Children tend to "share" the Code Word- which would jeopardize the safety of ALL enrolled. Children will not be released without the proper Code Word being spoken to the ASC staff.

FOOTHILLS AREA YMCA  
621 North Townville St.  
Seneca, SC 29678

YMCA After School Care Program  
Registration Form



Student's Name:   Male  Female Grade:  T-shirt Size:

Student's Ethnicity:  Parent/Guardian's Name:

Address:  City:  Zip:

1<sup>st</sup> Telephone: (circle one) h  c  Relationship to Child:

2<sup>nd</sup> Telephone: (circle one) h  c  Relationship to Child:

Email:

Family Doctor:

Name	Phone #	Address
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Local Emergency Contacts and Telephone Numbers:

Name	Phone #	Address
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Name	Phone #	Address
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Health Concerns/Medications/Allergies/Items of Interest:

Name of Individuals who have permission to pick up your child from the program:

Please INITIAL Below:

I understand that I will be responsible for the fees charged for the child services that I have chosen and that my child will not be allowed to continue in the program if my charges become more than one week over due.

In the event of an emergency in which I cannot be reached, I authorize emergency medical personal to provide the necessary first aid and/or hospitalization.

I agree that my child may be photographed or interviewed for the purposes of the YMCA promotional use.

I understand this registration and account is in the child's name. Non-payment during any weeks of attendance can result in loss of services. All custodial parents/legal guardians of the student will have full access to financial and attendance records. Student accounts cannot be split between custodial parents for any reason.

In the event that an accident occurs, I am aware that the YMCA does not provide accident insurance and I will not hold the YMCA responsible for any injury.

Parent/Guardian Signature:  Date:

**FOOTHILLS AREA YMCA**  
**621 North Townville St.**  
**Seneca, SC 29678**



Registration Fees: \$45 per child or \$80 per family with two or more children

WEEKLY FEES	Reg. Hr. (2:30pm-5:30pm)	Ext. (2:30pm-6:00pm)
<i>1 Child</i>	<i>\$45</i>	<i>\$50</i>
<i>2nd Child</i>	<i>\$40</i>	<i>\$45</i>

**Section I: PAYMENT OPTIONS: (Please initial 1 option)**

Credit/Debit Card  Check/Cash/Money Order

**Section II: PAYMENT OPTIONS: (Please initial applicable section)**

**Please initial this option if you selected OPTION 1 (Credit Card) above:**

I understand that it is my responsibility to pay via credit card weekly using the respective school payment system. I understand that if I would like to start a monthly draw I must contact [asc@y4all.org](mailto:asc@y4all.org) for details.

**Please initial this option if you selected OPTION 2 (Check/Cash) above:**

If payment is mailed, it must be mailed directly to the YMCA: 621 N. Townville St. Seneca SC 29678

If, for any reason, my payment is not honored, I am responsible for the payment of my dues and a \$15.00 return check fee as issued by the YMCA. I also understand that my child may not attend ASC until dues are paid.

I have read and will abide by the above policies outlined for the option that I have chosen. I understand that my child may be removed from the YMCA Afterschool Program if I fail to pay tuition in a timely manner. I agree to the financial expectations set forth and to the cost of the program for which I have registered. I understand that the listed fees do not include Holiday or Spring Break Camps and for my child to attend there are additional fees.

I understand that the site supervisor will not issue reminders for credit accounts. All payments are due by 5:30pm Friday PRIOR to the weeks attended. Payments made after Friday 5:30pm or during the week of attendance are considered late and is subject to a \$10.00 per week late fee per student on the account.

I also understand that new payments will be applied to any unpaid charges on my account first, this includes late fees. If this results in weekly fees not being met, I understand that my account will incur a late fee for each student on my account.



**PLEASE NOTE: ALL CREDIT CARDS CAN NOW BE PROCESSED ONLINE AT NO EXTRA COST.**  
[www.foothillsymca.net/aftercarepayment](http://www.foothillsymca.net/aftercarepayment)  
 Please contact [asc@y4all.org](mailto:asc@y4all.org) for questions regarding online payments.

Parent/Guardian Signature  Date



# Behavior Contract

Student Name: _____
Guardian Name: _____
Contact Number: _____
1st Offense <input type="checkbox"/> _____
2nd Offense <input type="checkbox"/> _____
Removed <input type="checkbox"/> _____
(Date)

**Policy: We have a no tolerance policy in our program. Children who experience repeated discipline problems in during the summer camp will not be able to continue in the FOOTHILLS AREA YMCA Summer Camp program; as per the discretion of the Site Director and/or the Child Care Director.**

Category I Offense* See offense structure below	Category II Offense* May result in suspension from the program
Violation of safety	Indecent exposure
Disruption of camp activities	Creating a disturbance
Lying or giving false information	Planning/organizing/participating in an activity that causes substantial disruption to the program
Throwing objects	Fighting/Provoking or simulating a fight
Inappropriate display of affection	Possession of an unauthorized object
Camp rule violation	Leaving or attempting to leave camp grounds/program without permission
Inappropriate use of camp/program equipment	<b>Category III Offense*</b> May result in immediate removal from the program
Aiding and/or abetting another student in committing a violation.	Pattern of threatening or bullying other students
Inappropriate physical contact	Fighting
Harassment; bullying	Theft of camp or program property
Profanity	Extortion or attempting to extort
Failure to obey staff member	Possession or transfer of stolen property
Littering	Assault of a staff member

\* First Offense– Camper/Site Director Conference w/ note sent home or note at sign out

\* Second Offense– Parent/legal guardian/Camper/Child Care Director conference (phone or in person)

\* Third Offense– Removed from the program

I, \_\_\_\_\_ (student's signature), agree to abide by all camp rules while at any FOOTHILLS AREA YMCA camps.

I, \_\_\_\_\_ (parent/guardian signature), understand that my child/children can be dismissed from the program if expectations are not met.

Date \_\_\_\_\_