

Urban Services YMCA

2017-2018 Before School Program Registration



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School: Daniel Webster Elementary School

APPLICANT INFORMATION

Student Name: _____

Gender: M F

Entering Grade (2017 - 2018 School Year): _____

Date of Birth: _____

Home Address: _____

Street

City

Zip Code

Parent/Guardian E-mail: _____

Household Income: Please Check One

- \$0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999 \$40,000-\$74,999 \$75,000 and over Declined to state

Parent/Guardian #1 (emergency contact & authorized to pick-up child)

Name: _____ D.O.B: / /

Primary Phone: _____

Secondary Phone: _____

Parent/Guardian #2 (emergency contact & authorized to pick-up child)

Name: _____ D.O.B: / /

Primary Phone: _____

Additional authorized pick-ups/emergency contacts:

Pick-Up #1 Name: _____

Pick-Up #1 Phone: _____

Pick-Up #2 Name: _____

Pick-Up #2 Phone: _____

Pick-Up #3 Name: _____

Pick-Up #3 Phone: _____

Pick-Up #4 Name: _____

Pick-Up #4 Phone: _____

Please list allergies:

Please list medications your child takes:

Please list anything else we should know about your child:

Family Doctor: _____

Doctor's Phone: _____

Preferred Hospital: _____

Medical Number: _____

This is a FEE-BASED PROGRAM

Please check the box that you would like to register for:

Rates				
BEFORE SCHOOL Only	Monthly Fee	DEPOSIT (August Fee)	December Fee	
<input type="checkbox"/> 5 days/week	\$75.00	\$45.00	\$45.00	

PLEASE NOTE: Only the months of August and December are prorated. August deposit is **non refundable**.

SIBLING DISCOUNT: We offer a 20% discount on monthly child care fees for siblings.

FINANCIAL ASSISTANCE: We offer financial assistance to qualifying families. If you are interested in applying, please complete a financial assistance application and submit with your income verification and registration packet.

FEE BASED PROGRAM - PAYMENT DUE AND BILLING POLICY

By signing below, I acknowledge and agree to the following:

- Child care payments are paid automatically via EFT 10 days before the first of the month. If payment is not made, we will request permission from you 5 days after the due date via email to pay off your balance using your credit card/bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card/bank account on file to pay your balance.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done online or ask your before school coordinators for assistance.
- Parents will be contacted regarding returns from their account. It is the parent's responsibility to pay for childcare by the 1st of the month. Failure to do so will result in a \$15 late payment fee. If payment is not received by the 10th, child care will be terminated.
- A \$15 bank fee will be charged for any returned payments.
- I acknowledge that only the months of August and December are prorated.
- I acknowledge that August deposit is non refundable.
- **Refund Requirements:** A 30 day written or email notice is required for program cancellation (including school transfers) and a 14 day notice is required for schedule changes. **It is the parent's responsibility to notify Urban Services YMCA by written note or email.** Withdrawal of student from program is not considered notice of program cancellation and will not terminate child care payments.

Parent/Guardian Name

Signature

Date

PAYMENT DUE

\$ 45.00

Deposit: This pays for August 2017 fees and is due at registration. **Deposit is NON-REFUNDABLE.**

TOTAL

\$

Payment Method:

- Charge account on file (Families in fee based programs must have an account on file for monthly drafts. Please ask for assistance to set up.)

STUDENT CONTRACT

Parent/Guardian: Please read this over carefully with your student.

I, _____, understand and agree to meet the following requirements of the Before School Program:
Student's Name

- I will sign in when I arrive to before school program.
- I will make sure to be signed out when I leave.
- I will be in a supervised area at all times and never leave the site alone.
- I will follow school rules and directions from staff members.
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in the Before School Program.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.
- I will be open to activities, clubs, and enrichments.

I understand that if I break these rules:

- I will receive a warning.
- If I continue to break the rules or if the incident is serious, my parent/guardian will be contacted.
- If I fight in the Before School Program, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- After the 3rd warning, a restorative meeting will be held. Depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

ABOUT YOUR STUDENT

This section asks for information that is required by one of our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

Student Race/Ethnicity (select one):

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Middle Eastern-Arab |
| <input type="checkbox"/> Black-Other (specify): | <input type="checkbox"/> Middle Eastern-Iranian |
| | <input type="checkbox"/> Middle Eastern-Other (specify): |
| <input type="checkbox"/> Asian-Chinese | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Filipino | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Pacific Islander-Hawaiian |
| <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Pacific Islander-Tongan |
| <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Pacific Islander-Samoan |
| <input type="checkbox"/> Asian-Thai | <input type="checkbox"/> Pacific Islander-Other (specify): |
| <input type="checkbox"/> Asian-Vietnamese | |
| <input type="checkbox"/> Asian-Other (specify): | |
| <input type="checkbox"/> Hispanic/Latino-Mexican American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Multiracial/Multiethnic |
| <input type="checkbox"/> Hispanic/Latino-South American | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Hispanic/Latino-Caribbean | |
| <input type="checkbox"/> Hispanic/Latino-Other (specify): | <input type="checkbox"/> Declined to state |

Home Language (select one):

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Toishanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other (specify): | |

Student English Fluency (select one):

- Fluent
 Somewhat Fluent
 Not Fluent

Housing Status

- Permanent/Stable Housing
 Homeless- Transitional /Supportive Housing
 Homeless- Shelter/Emergency Housing
 Homeless- Motel/Hotel
 Homeless- Staying with Friends/Family
 Homeless- Unsheltered



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of San Francisco's Billing Policies

All payments are due 10 days before the first of the month. If your account is not current and you have a credit card or bank account on file, we will request permission from you 5 days after the due date via email or letter to pay off your balance using your credit card or bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card or bank account on file to pay your balance.

Parents/Guardians must update billing information if there are any changes to their billing account, including credit card replacement and new expiration dates. This can be done by coming into the main branch or by editing your billing information on-line.

Parents/Guardians will be contacted regarding returns from their account. It is the parent's/guardian's responsibility to update their account and pay for childcare by the 1st of the month. If payment is not received by the 10th of the month, your child will be suspended from the program.

A \$15 bank fee will be charged for any returned payments.

I have read and understand the above billing information and agree to comply with the terms and conditions.

Parent's/Guardian's Signature: _____ Date: ____/____/____

YMCA OF SAN FRANCISCO MEMBERSHIP APPLICATION

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA of San Francisco and its affiliate branches, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of applicant/parent: _____ Date: ____ / ____ / ____

Print name of applicant/parent: _____

Signature of co-applicant/parent: _____ Date: ____ / ____ / ____

Print name of co-applicant /parent: _____

Print name(s) of child(ren) in program: _____