



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**ATTN:
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TEEN AFTER SCHOOL PROGRAM REGISTRATION PACKET 2018-19

NAME OF PARTICIPANT: _____

DATE OF COMPLETION & SUBMISSION: _____

DESIRED START DATE: _____

Note: A \$50 registration fee will be processed upon submission with credit card number indicated on page 7.

FOR OFFICE USE ONLY

Registration packet received on: _____

Received by: _____

Registration Packet Complete: YES NO





REGISTRATION FORM

TEEN AFTER SCHOOL PROGRAM 2018– 2019 (5TH—8TH GRADE)

PARTICIPANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

GRADE (2014/15): _____ AGE: _____ GENDER: M F D.O.B: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL ATTENDING: _____

PARENT/GUARDIAN INFORMATION (PRIMARY)

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE NUMBER: _____ CELL/WORK: _____

PARENT EMAIL: _____

PARENT/GUARDIAN INFORMATION (SECONDARY)

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE NUMBER: _____ CELL/WORK: _____

PARENT EMAIL: _____

ATTENDANCE DAYS (PLEASE CIRCLE THE DAYS YOUR CHILD PLANS ON ATTENDING)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TRANSPORTATION

Would you like to utilize the Ann Arbor Y bus service from your child’s school to the Ann Arbor YMCA (check one). Please note that the Ann Arbor Y will not be able to accommodate all requests and will pick up from the school where there are highest number of participants. Parents will be notified as soon as plans are solidified.

YES please NO thank you

REGISTRATION FORMS TO BE COMPLETED AND TURNED IN

*Registration is not complete until all forms are completed and first month’s payment is made.

- Registration Form
- Parental Acknowledgement
- Parental Sign Out Consent Form
- Participant Acknowledgement
- Monthly Automated Payment Agreement
- Permission & Health Form
- \$50 Deposit (made upon submission of reg. packet.)



PARENTAL ACKNOWLEDGEMENT

TEEN AFTER SCHOOL PROGRAM 2018 - 2019 (5TH - 8TH GRADE)

PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have read the parent handbook and I am fully aware of the Teen After School Program’s philosophy, policies and procedures.

I have read and understand the tuition and fee arrangements as well as all of the conditions detailed in this handbook.

I have read that bus pick up availability will be determined at least one week prior to school year start date once registrations determine demand for bus transportation and from which schools.

Parent/Guardian Signature

Date

Director Signature

Date

PHYSICAL HEALTH PARENTAL ACKNOWLEDGEMENT

This acknowledges that my child, _____, who attends the Ann Arbor YMCA School Age Child Care Programs, licensed/approved by the Division of Child Day Care Licensing, is in good health.

Further, any health restrictions, allergies, medications taken by the child, or any other needs are in fact noted below and listed on the health information form. Immunization records or appropriate waivers are up to date and on file with my child’s school.

Please use this space to provide any pertinent medical information for the Ann Arbor Y:

Parent/Guardian Signature

Date

Director Signature

Date

TASP

PARTICIPANT ACKNOWLEDGEMENT—BEHAVIORAL CODE OF CONDUCT (TO BE COMPLETED BY TASP PARTICIPANT & PARENT)

TEEN AFTER SCHOOL PROGRAM 2018 – 2019 (5TH—8TH GRADE)

The purpose of the Behavior Code of Conduct is to provide a safe, productive and fun environment that aligns with mission and goals of the Teen After School Program.

I, _____, as a participant of the Teen After School Program have carefully read the Parent & Participant Handbook and am fully aware of the Behavior Management Policy & Practices and understand the importance of taking responsibility for my actions.

As a member of the Teen Center, I am committing myself to working towards program mission and goals. By signing this document I am agreeing to abide by all policies and procedures of the Teen After School Program. Should I choose not to abide by these policies and procedures, I understand that I may be asked to work with the Teen Center Staff, Director and Parents to correct behavior and/or be dismissed from the program.

Participant

Date

Parent/Guardian Signature

Date

Director Signature

Date

PARENTAL SIGN OUT CONSENT FORM

TEEN AFTER SCHOOL PROGRAM 2018 – 2019 (5TH—8TH GRADE)

* Participant signature required

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

SELF SIGN OUT

I, _____, (please print parent/guardian name) consent with my signature that my child, _____ (please print participant's name) has permission to sign him/herself out of the Teen After School Program after **5:15 p.m.** or designated time of ____:____ p.m. (must be before 6:00 p.m.) Please note that program curriculum may take participants off site. Participants will return to Teen Center no later than 5:15 p.m.

Once my teen has signed him or herself out I release the Ann Arbor YMCA Teen After School Program and it's staff from any responsibility related to my teen.

I understand that when my teen signs him or her self out I am taking full responsibility for their actions from that point on.

I understand that disregarding the terms outlined herein may result in the dismissal of my teen from the Teen After School Program.

Parent/Guardian Signature Date

I, the participant, understand and agree to follow the expectations listed above.

Participant Signature Date

Director Signature Date

PARENT PICK UP ONLY

As the Parent/Guardian of _____ (please print) I **choose to sign my child in and out** of the Teen After School Program or have someone designated in writing to pick up my child. My teen does NOT have permission to sign themselves out of the Teen Center Program.

Only the people listed below have permission to sign out your child with valid identification. When signing out a child, the designated adult must present a valid form of identification with photo to the Teen After School Program Staff in order for child to be released.

Name #1: _____

Phone: _____

Name #2: _____

Phone: _____

Name #3: _____

Phone: _____

Parent/Guardian Signature Date

Director Signature Date

PHONE RELEASE

As the parent/guardian of the TASP participant, I authorize the option to call the Teen Center and have a Teen Center Staff release my child from the Teen Center where they are then able to walk themselves out of the building.

Parent Signature

Date

TASP

MONTHLY AUTOMATED PAYMENT AGREEMENT

TEEN AFTER SCHOOL PROGRAM 2018– 2019 (5TH—8TH GRADE)

PARTICIPANT'S NAME: _____

SCHOOL OF ATTENDANCE: _____

NAME(S) OF PARENT/GUARDIAN(S): _____

MAILING ADDRESS: _____

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

AGREEMENT

1. The Ann Arbor YMCA monthly debit is a continuous payment plan and will be processed on the 20th of each month. I understand that this plan will remain in effect until I wish to terminate my YMCA Teen After School Program care or until the end of the school year (school-age care only).
2. I authorize the Ann Arbor YMCA to draft my account for any late pick-up charges which I may incur while participating in the Teen After School program.
3. It is my complete understanding that if I wish to terminate or change care in any way, I must give the Ann Arbor YMCA Teen Department 20-DAYS WRITTEN NOTICE prior to my next debit date. If proper notice is not received, I will be held responsible for tuition regardless of whether or not my child attends the Ann Arbor YMCA Teen After School Program.
4. Should any debit not be honored by my bank/credit card company for any reason, I understand that I am still responsible for the payment, plus a \$25.00 service charge applied by the Ann Arbor YMCA. This is in addition to any service fee my bank/credit card company may require.

PAYMENT

CREDIT CARD DRAFT

\$50 deposit will be charged upon submission of TASP Registration Packet

Credit Card Type (please circle one): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name of Cardholder (as it appears on card):

Card Number: _____ - _____ - _____ - _____ Exp. Date of Card: _____

I (we) hereby authorize the Ann Arbor YMCA do debit the above credit card on the date and for the amount indicated each month for my child care services.

Authorizing Signature

Date

We accept publicly funded childcare subsidies. If you are on DHS, a current DHS form must be on file naming the YMCA as care provider. If you receive funds from Child Care Network, a current contract needs to be on file naming the YMCA as care provider. See the Parent handbook or call our office for more information on these services at 734.996.9622.



PERMISSION & HEALTH FORM

Teen After School Program

2017/18

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: ____/____/____

SECTION 1: CONTACT INFORMATION

Primary Parent Guardian: _____

Secondary Parent Guardian: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Work/Cell: _____

Work/Cell: _____

Employer/School Name: _____

Employer/School Name: _____

Employer Address: _____

Employer Address: _____

Employer Phone: _____

Employer Phone: _____

Daily Work Times: _____

Daily Work Times: _____

Emergency Contact information:

Name: _____

Home Phone: _____ Work/Cell: _____

Relationship: _____

Address: _____

SECTION 2: AUTHORIZATIONS (MUST BE COMPLETED TO PARTICIPATE)

Field Trip Permission: I give permission for my child _____, to go on any field trips supervised by the Ann Arbor YMCA Staff. I understand that many trips consist of short walks to nearby locations as well as other short trips within Washtenaw County. I understand further that I will be notified in advance about any longer trips and that, if any vehicle is used to transport my child, each child will be required to wear a seat belt or be placed in a car seat that I would provide.

Parent/Guardian Signature _____ Date _____

Photography and Recording Permission: I hereby irrevocably release, consent and allow the Ann Arbor YMCA and its agents to use and reproduce any and all photographs or video footage taken of me or my dependent(s) for Ann Arbor YMCA purposes. I understand that I/my dependent(s) receive no reimbursement for allowing my photo to be taken or for the use of the photo or video.

Parent/Guardian Signature _____ Date _____

Liability: I understand the physical activities which my child may participate in at the YMCA include, but may not be limited to: swimming, mountain biking, and playing sports. I agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my child's presence in a YMCA facility or on account of my child's involvement in any activity at a YMCA facility whether caused by negligence of the YMCA or another person on the premises or at the sponsored activity.

Parent/Guardian Signature _____ Date _____

Swimming: I give permission for my child _____, to swim during planned trips to the pool. A lifeguard will always be present when my child swims during a YMCA program.

Parent/Guardian Signature _____ Date _____

OVER

PERMISSION & HEALTH FORM

Teen After School Program

2017/18

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: ____/____/____

SECTION 3: MEDICATION (All medications must be sent in original containers)

The participant takes the following routine medications (including over-the-counter/non-prescription medications)

Name of Medication	Strength (e.g. "100 mg")	Dosage (e.g. "12 pills")	Prescribing Physician	Reason for taking	Other instructions

The participant takes the following medications AS NEEDED (includes inhalers, epi-pens, oral medications, topical medications or skin medications)

Name of Medication	Strength (e.g. "100 mg")	Dosage (e.g. "12 pills")	Prescribing Physician	Reason for taking	Other instructions

SECTION 4: ALLERGIES/DIETARY RESTRICTIONS (To medicine, food, insect bites, etc.):

Allergy	Reaction	Management of Reaction

SECTION 5: PARTICIPANT'S HEALTH CARE PROVIDER

Name of preferred hospital in event of emergency: _____

Primary Care Physician or Health Clinic: _____

Address: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

SECTION 6: PERMISSION TO TREAT (REQUIRED FOR PARTICIPATION)

I give permission to the Ann Arbor YMCA, licensed by the Department of Human Services, to provide routine health care, dispense medications and secure emergency medical and/or emergency surgical treatment to my child while in care.

Parent/Guardian Signature _____ Date _____