

ELEMENTARY AFTER SCHOOL APPLICATION GROVE CITY YMCA

CHILD'S INFORMATION

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Grade: _____

ADDITIONAL CHILDREN (IF NECESSARY)

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Grade: _____

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Grade: _____

Estimated days my child(ren) will be attending:

MONDAYS

TUESDAYS

WEDNESDAYS

THURSDAYS

FRIDAYS

PARENT/LEGAL GUARDIAN #1

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

PARENT/LEGAL GUARDIAN #2

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

AUTHORIZED PICKUPS

Local person(s) other than those listed above to contact in case of an emergency if the parent/legal guardian cannot be reached. Please fill in at least one of the spaces:

Name: _____ Relationship to Child: _____

Phone: _____

Name: _____ Relationship to Child: _____

Phone: _____

PARENT/GUARDIAN ACKNOWLEDGMENTS

Please initial or answer all lines to indicate received written policies/materials and agree to terms.

Please initial _____

Policy Agreement: I acknowledge that I have been made aware and received a copy of the Y After School Policy Guide.

Please initial _____

Assumption of Risk

I acknowledge and agree that any use of the YMCA of Franklin & Grove City facilities, services, equipment and premises ("Facilities") and any participation in the YMCA of Franklin & Grove City programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Please initial _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the YMCA of Franklin & Grove City, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

Please initial _____

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Please initial _____

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

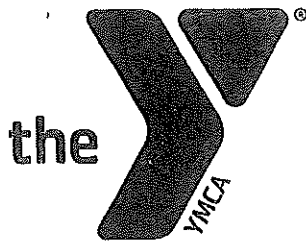
Please initial _____

Waiver for Photo/Video/Audio Release

I give my consent for any photos, video and or audio taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

Signature _____

Date ____/____/____



After School Discipline and Guidance Policy

Mission Statement and Goals

YMCA Mission Statement: To foster strong individuals, families and community with Christian values by providing quality programs that strengthen spirit, mind and body for all.

Program Goals: The main goal of the after school program is to implement, expand, coordinate, and evaluate the integrated educational, health, safety, cultural, and recreational services to the youth of the Grove City area. It is the goal of the Grove City YMCA After School Program to provide a safe, diverse and positive atmosphere to the youth by: Enriching and empowering youth, building on strengths and talents of staff and working with the school and other organizations in the area to provide quality programs. Objectives: Youth will grow academically through homework help. Youth will grow socially through cultural activities. Youth will develop emotionally through organized physical activities and public speakers. Youth will be enriched artistically through art and other craft activities. Youth will feel safe and secure while being supervised by a caring and trained staff. Youth will benefit in a positive manner for themselves and the Grove City community as the YMCA teaches youth to be caring and cooperative to one another.

Eligibility

1. Children 7 and younger are NOT eligible for the After School Program.
2. Youth must be the age of 8 years old or older to swim.
3. Children 10 and under are not permitted in the fitness center. Children 11 years old are permitted with completion of youth orientation and direct parent/guardian supervision. Children 12 and 13 years old are permitted with completion of youth orientation and parent/guardian exercising in the fitness center. Children 14 years old are able to exercise alone as long as they completed the youth orientation.

Program Hours

School Days, 2:30 PM to 5:30 PM

Early Dismissal Days from 12:30 PM to 5:30 PM

Fees

- \$3.00 per day
- Option to sign up 1 to 5 days in the week, as long as space permits.
- Financial Assistance is available to those in need. Apply through the YMCA front desk. Approval within one week.
- Additional child rate is \$1.00 per day/ child.
- A daily fee will not be applied to youth who are in an active program at the Y (i.e. Swim Team or Cheerleading) that takes place between 2:30-5:30 pm.
- Fees are automatically drafted via EFT, Credit or Debit Card.

- Flexible payments can be made; weekly, or monthly.

When your child is enrolled in the after school program, we reserve space in that program for your child. While we understand that absences occur for a variety of reasons, we cannot offer tuition reductions for short term absences. Should there be an ongoing illness or a lengthy time away from home, please contact the Program Director for possible solutions. If your child does not attend school for any reason, they may not attend our YMCA Program that day or until they return to school.

Daily Opportunities

1. Physical Activity/Game with Staff
2. Homework with Tutor
3. Teen Center Open
4. Open Gym Activities
5. Clubs and Activities

Discipline Policy

The YMCA staff will use positive behavior management techniques that are developmentally appropriate and adhere to the YMCA's Four Core Values of Caring, Honesty, Respect, and Responsibility.

Behavior Management Techniques – YMCA Staff will:

1. Maintain consistent behavior expectations and reinforce the YMCA's Four Core Values.
2. Guide students by setting clear, consistent, fair limits for program behavior.
3. Use natural and logical consequences.
4. Redirect students to a more acceptable behavior or activity.
5. Use positive reinforcement, including a positive behavior recognition program.
6. Make eye contact and listen when students talk about their feelings and frustrations.
7. Guide students to resolve their own conflicts through the use of conflict resolution skills.

Discipline Action Steps – YMCA staff will utilize the following behavior management guidelines:

1. "Personal Time" – removal of child from a situation for up to 5 minutes so they can regain control of their behavior.
2. Verbal or written communication to parent/guardian regarding a student's behavior.
3. Behavior Write-Up – A student's behavior may result in the child being given a behavior write-up. Three behavior write-ups in any school year will result in the suspension of the student. The parent/guardian is responsible for contacting the site director to set-up an appointment to discuss the student's behavior. If the student is reinstated and then receives a fourth behavior write-up, the site director will suspend the student immediately and termination from the program may result.
4. Behavior Action Plan/Improvement Plan – This will be established between the parent/guardian and the site director. The plan will be developed on a case-by-case basis and tailored specifically to the behavior and the student involved.
5. Suspension – Behavior problems that are deemed serious by the program director will result in immediate suspension, and the parent/guardian will be responsible for picking up their student immediately.
6. Termination – The YMCA After School Program cannot serve students who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to, the following:
 - Behavior that requires constant attention from the staff,
 - Behavior that inflicts physical or emotional harm on other children or self,
 - Behavior that abuses the staff and/or ignores or disobeys the rules.

No Tolerance Policy The following will NOT be tolerated in our program and could result in a possible suspension and/or removal from program:

- Abusive, harassing and/or obscene language or gestures
- Harm, physical aggression and/or violent acts
- Weapons of any kind
- Damaging or defacing YMCA property
- Offensive conduct

If a student chooses to leave YMCA property, they no longer under YMCA staff supervision and will not be considered a liability.

If a student cannot adjust to the program setting and behave appropriately, they may not be able to return to the program. Reasonable efforts will be made to assist students in adjusting to the program setting.

Lost and Stolen Items Policy

The YMCA is not responsible for any personal items lost/stolen/broken. We encourage bringing as little personal items as possible to prevent any lost, stolen, or broken items.

Roles and Responsibilities of Parent/Guardian

1. Make sure student has a current membership to Grove City YMCA.
2. Make sure student is notified on what days they are signed up to attend the Y.
3. Notify school what days the student is supposed to attend the Y.
4. Make sure payments are scheduled and up to date.
5. Student understands and reviews the rules and regulations.
6. Respect and follow YMCA policies to ensure program success for all youth.

Confirmation Receipt of Parent Guide

I acknowledge receipt of the Grove City YMCA After School Guide. I have reviewed rules and format of consequences with my child. I understand the procedures outlined in the handbook were developed to make certain the safety and well-being of all children.

Parent/Guardian Signature

Date

Child Signature

Rules

CARING

- Don't "put-down" others. Speak to others in a polite manner without swearing or hurtful comments.
- Keep your hands to yourself: No fighting or horseplay that could injure another person. Use words, not fists to solve problems.
- No running in the hallways.
- Children are not permitted to wait outside on YMCA property during after school time unless a staff is present.

RESPONSIBILITY

- Clean up after yourself: No littering or vandalism of property.
- Take care of all YMCA games and equipment as if it was your own. Do not kick basketballs or volleyballs.
- Children must sign in and sign out each day.
- Food and Drinks are to be consumed in the homework room only. Do not share food and drink with other children.
- Attend opening meeting.

RESPECT

- Follow the golden rule. Show respect to one another.
- Do not steal other people's belongings. Keep backpacks in designated area.
- No Swearing: Profanity will not be tolerated.
- Listen to Staff at all times.
- No electronic devices during opening meeting.
- Follow instructions set forth by the staff during games.

HONESTY

- Always tell the truth.
- All food deliveries must be ordered on the office phone to ensure child has enough money to pay for the food.
- If you are bothered by someone or something, talk to the staff

Payment Authorization Form

2023-2024 Fee Schedule

First Child: \$3.00 per day

Additional Child: \$1.00 per day

NAME	DAYS ATTENDING	COST	# DAYS ATTENDING	TOTAL
	M T W R F	3.00	x	
	M T W R F	1.00	x	
	M T W R F	1.00	x	
	M T W R F	1.00	x	

Payment Options:

_____ I want to make one monthly payment. This will take place the first Friday of the month.

_____ I want to make bi-weekly payments. This will take place on the first and third Friday of the month.

_____ I want to make weekly payments. This will take place every Friday.

Payment Method:

_____ Credit/Debit Card Account

Number:

Expiration Date: ____/____

American Express: ____ Discover: ____ MasterCard: ____ Visa: ____

OR

_____ EFT Account

Bank Name: _____

Routing Number _____

Account Number _____

By signing this, I am authorizing that payments may be withdrawn from my account automatically as indicated above. It is understood that sending a preauthorized EFT to the bank monthly shall constitute valid notice of payment due for the after school program. When the bank honors the EFT by charging my account, such EFT shall constitute my receipt for the payment. Should a preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment must be paid out-of-pocket, or the services could be terminated. Should any EFT not be honored by my bank for any reason, I realize that I am still responsible for that payment. This is in addition to any service fee my bank may charge. I understand that the draft will occur on the due date that I indicated above. I understand that withdraw from program requires two weeks written notice.

Signature _____ Date: _____

