



Contact:
 Kathryn Muzaurieta
 Email kmuzaurieta@ymcaspbc.org
 Phone 561-237-0933

PARENTS TRUST US..... KIDS LOVE US!

AFTERSCHOOL PROGRAM

Time: 2:00pm-6:00pm

Grades: Traditional (K-5th Grade)

Special Needs Program (K-12th Grade)

Intake Interview Required

DAILY ACTIVITIES

- Homework Help
- Nutrition
- STEAM (Science, Technology, Engineering, Art, & Math)
- Physical Activities
- Arts and Crafts
- Swimming on Fridays

**\$25
 Registration
 Fee**

PICK UP LOCATIONS

Verde	Del Prado
Sandpiper Shores	Addison Mizner
Whispering Pines	Hammock Point
AD Henderson	St. Jude Elementary

Cost

Member (With Y Transportation)	\$250
Non- Member (With Y Transportation)	\$360
Member (Self Transportation)	\$220
Non- Member (Self Transportation)	\$330

Peter Blum Family YMCA 6631 Palmetto Circle South, Boca Raton FL 33433

Peter Blum Family YMCA
Afterschool Program 2021-2022

Choose Program: Traditional ____ or Special Needs ____

School Attending: _____ Grade: _____

Does your child have an IEP? : YES NO

Child's Information:

Child's Last Name	First Name	M.I.	Date of Birth	Age
--------------------------	-------------------	-------------	----------------------	------------

Street Address	City	State	Zip Code
-----------------------	-------------	--------------	-----------------

Parent/ Guardian Information:

Parent/Guardian Last Name	First Name	M.I.
----------------------------------	-------------------	-------------

Street Address (if different)	E-Mail Address
--------------------------------------	-----------------------

Primary Contact Number	Alternate Phone Number
-------------------------------	-------------------------------

Employer	Employer Phone Number
-----------------	------------------------------

Parent/Guardian Last Name	First Name	M.I.
----------------------------------	-------------------	-------------

Street Address (if different)	E-Mail Address
--------------------------------------	-----------------------

Primary Contact Number	Alternate Phone Number
-------------------------------	-------------------------------

Employer	Employer Phone Number
-----------------	------------------------------

Please mark where the child "Physically" resides:

Both (mother & father) _____ Mother _____ Father _____ Guardian _____

Emergency Contacts/ Authorized Pick-Ups: (Persons other than Parent/Guardian to who the child may be released to and/or contacted in case of an emergency.)

- 1. Name: _____ Phone #: _____ Relationship: _____
- 2. Name: _____ Phone #: _____ Relationship: _____
- 3. Name: _____ Phone #: _____ Relationship: _____
- 4. Name: _____ Phone #: _____ Relationship: _____

Authorization to Remove Camper:

Mother: YES _____ NO _____ Father: YES _____ NO _____ (If "NO", please provide documentation.)

Please list any information regarding any medical problems - i.e. allergies (food, medicine, or others), emotional/nervous disorders, heart/respiratory, or any other areas of concern. If your child will be taking medication while in Afterschool, you must fill out a Medication Authorization Form.

Does your child have an physical limitations? YES NO If YES, please explain:

Agreement & Release of Liability Statement I hereby state that my child is physically and mentally capable of safe participation in the YMCA of South Palm beach County Programs. I assume all risks and hazards incidental to the conduct of this program. The YMCA of South Palm Beach County is not responsible for loss or damage of any program participate items. I also authorize the YMCA of South Palm Beach County to obtain medical treatment for my child in the event the parent/guardians or emergency contacts cannot be reached. I hereby give permission for my child to be transported by the Y bus for any scheduled activity. I am aware that there is a \$5 late fee for every 5 minutes after 6:10pm that is due at pick-up or immediately the following day. As of this day I have received and read the Peter Blum Family YMCA Youth Program Parent Manual. I understand and agree to abide by the polices stated herein. I also give permission for the use of photographs of my child in the YMCA of South Palm Beach brochures, flyers, and photo collections. I understand that there will be no credits/refunds or prorated given for program cancellation, days missed to vacations or illness.

PAYMENT METHOD: Savings Checking Credit Card VISA MasterCard Discover American Express

Name On Card: _____

Card Number _____ Exp. Date: _____

*Draft dates will be drafted on the 1st of each month**

I agree to pay above total amount according to card issuer agreement.

Name: _____ Date: _____

Non-Payment will result in cancellation of your child's enrollment.