



Contact:
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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

AD Henderson	Del Prado	St. Jude
Addison Mizner	Hammock Pointe	Verde
Blue Lake	Sandpiper Shores	Whispering Pines

COST

Member (With Y Transportation)	\$270
Non- Member (With Y Transportation)	\$380
Member (Self Transportation)	\$240
Non- Member (Self Transportation)	\$350

Peter Blum Family YMCA
Afterschool Program 2024-2025

Choose Program: Traditional ___ Special Needs ___

Choose Transportation: Y Bus Transport ___ Self-Transportation ___

School Attending: _____ Grade (Fall 2024): _____

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.
E-Mail Address	Primary Contact Number	Alternate Phone Number
Employer	Employer Phone Number	

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

Siblings:

Do you have a child in our Preschool or Middle School Aftercare YES _____ NO _____

Medical Information:

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 prorata given for program cancellation, days missed to vacations or illness.

PAYMENT METHOD: _____ On File (last 4 digits) ___ Checking ___ VISA ___ MasterCard ___ Discover ___ AMEX
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.

Signature: _____ Date: _____

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

Permission for
Food-related Activities & Special Occasion
food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below.

Permission Options: (Select and initial one of the options below):

_____ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may participate in activities.

_____ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may not participate in activities.

_____ My child HAS a food allergy or dietary restriction. He or she may not participate in activities.

_____ My child HAS a food allergy or dietary restriction. He or she may participate in activities, but must not eat or handle the following items (please list below):

_____	_____
_____	_____
_____	_____

Type of Permission: (Select (✓) One):

Specific Permission Only for: _____
Food Activity or Event Date

General Permission

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

_____ Date
Parent or Guardian

YMCA Afterschool parents,

Please sign both portions of Influenza Virus and Distracted Adult brochures, which need to be included in our records. The informational pamphlets have been provided in your registration packet.

Thank you!

Jenna Lawrence
Afterschool Director

During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



Statement of Understanding and Acknowledgement

Please Initial

_____ YMCA's childcare payments will be made through a bank draft system where tuition is paid directly to the YMCA from your checking, savings or credit card account. It takes 30 days to process the paperwork. Prior to the initial bank draft transfer, tuition payments are due monthly in advance.

_____ A 30-day notice is required **IN WRITING TO THE DIRECTOR** when leaving the program. Failure to do so will result in continuation of the monthly deduction from the bank account.

_____ Tuition remains the same regardless of school closings, holidays or illness.

_____ Hours of operation are from 2:00- 6:00pm. Office Hours are from 10:00 am to 6:00 pm.

_____ Children may not arrive earlier or be picked up later than the Afterschool's hours of operation.

_____ Late fees are as follows:

- \$5 for the first 10 minutes after 6:00 p.m., \$5 for each additional 5 minutes.

_____ If a child is left more than (1) hour past closing, we will notify the Department of Children and Family Services.

_____ Multiple late payments or pick-ups may result in the child's enrollment in the Afterschool Program being terminated.

_____ To protect children with severe peanut allergies, we do not permit peanut butter, peanuts or peanut products in the classrooms.

_____ I have received a copy of the **YMCA Discipline Policy** and understand the policies and guidelines set forth.

_____ I have received a **copy of the Parent Handbook** and **Know Your Child's Day Care Center** brochure. Also, I have received a copy of the **payment procedures** used by the YMCA and I will comply with these procedures and procedures.

_____ I acknowledge that I have informed the YMCA of Boca Raton Afterschool Program of any medical conditions my child has and have provided all the documentation requested.

I, _____, have read and understand the documents contained in the Registration Package and the Afterschool Parent Handbook of the YMCA of Boca Raton.

Parent or Guardian's Signature

Date