



2017 - 2018 YMCA PRIMETIME REGISTRATION FORM

TRANSPORT

Yes No

Please complete **ALL** spaces. If an item does not apply, please answer N/A or None.

CHILD'S NAME: _____ Age: _____ Birthdate: _____ Sex: _____

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

Home Phone: _____ **SCHOOL:** _____ Grade: _____ Teacher: _____

Child resides with: Both Parents Mother Father Other _____

MOTHER/GUARDIAN #1: _____ Employer: _____ Work#: _____

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

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

Cell Phone #: _____ Email address: _____

FATHER/GUARDIAN #2: _____ Employer: _____ Work#: _____

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

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

Cell Phone #: _____ Email address: _____

PHYSICIAN'S NAME: _____ **PHONE#:** _____

EMERGENCY CONTACTS OTHER THAN PARENT(S) AND PEOPLE OTHER THAN PARENTS THAT ARE ALLOWED TO PICK UP THIS CHILD:

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Phone #'s: _____

Phone #'s: _____

Relation: _____

Relation: _____

Emergency Contact: YES NO

Emergency Contact: YES NO

PARENT AUTHORIZATION: This information is correct to the best of my knowledge and the youth herein described has permission to attend the PrimeTime Program. In the event I cannot be reached in an emergency I hereby give permission to secure proper care for my child.

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer an injury or illness while in the care of
(Child's Name) (Birth Date)

the Valdosta YMCA and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Child's primary source of health care is: _____

List any physical, medical, mental or developmental disabilities, allergies, and/or prescriptions: _____

Special procedures needed to be followed: _____

Signature of Parent/Guardian

Date

Signature of YMCA Staff

Date

PARENTAL AGREEMENT/ACKNOWLEDGEMENT FORM

- As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

Initial

1. The YMCA agrees to provide child care for _____, Monday through Friday (or on a weekly basis, at the discretion of the parent(s)/guardian) from 2:30 PM to 6:30 PM during the school months of August through May.
2. I understand that program fees are payable through bank or credit card draft only. Weekly drafts are done every Monday that PrimeTime operates for the entire school year. **Initials:** _____
3. I understand that my child must be picked up no later than 6:30 PM. I also understand that I will be charged \$5 late fee for the first fifteen minutes and an additional \$20 after that. I also understand that if I am habitually late, my child will no longer be allowed to participate in the program.
4. I understand that only medications that deal with life threatening instances will be dispensed. I will provide a written authorization form provided by the YMCA which includes name of child, date, name of medication, prescription number (if any), dosage, dates and time of day medication is to be given. Medicine will be in the original container and child's name will be marked on the bottle. Over the Counter medications cannot be dispensed.
5. I understand that my child will not be allowed to enter or leave the facility without being escorted by me or the person I designate. ID's must be checked when your child is being picked up from program.
6. I acknowledge that it is my responsibility to keep my child's records current to reflect changes as they occur, e.g. telephone numbers, work location, emergency contact, child's physician, child's health status, immunization records, etc.
7. The YMCA agrees to keep me informed of my child's progress and any incidents, including illness, injuries, adverse reactions to medications, etc. which involve my child.
8. I understand that if my child's behavior becomes a danger to other children and cannot be corrected or if my child is habitually unruly or disobedient, he/she will no longer be allowed to attend the program.
9. I have received a copy of this agreement and the parent handbook and agree to abide by the policies set forth in them.
10. I understand that my child will be provided with a snack each day.
11. I understand that my child(ren) may be photographed while at PrimeTime & the photographs may appear in Y Publications.
12. That YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. (The YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
13. That should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)
14. That the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
15. That per state regulations, my child's file is available for review by the Department of Family and Children Services and their representatives. In addition Law Enforcement personnel may request the information listed in your file. A copy of official request for information will be kept in the child's record you may request a copy from the YMCA.
16. That the YMCA may terminate my child's enrollment for any of the following reasons: _____
- Emergency names and phone numbers are incorrect
 - Parent is late picking up child after Program Center closes
 - Non/late/NSF payment of fees
 - Failure to adhere to the sign-in/sign-out policies
 - Child leaving the Program Center without authorized written permission
 - Behavior that is continually disruptive or dangerous to others and/or self
 - Behavior that is destructive to property and/or refusal to replace said property
 - Any single incident that is deemed by the Program Center Director to be dangerous, harmful or disruptive
 - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
17. The YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.
18. Registration fees are Non-Refundable.
19. Electronic devices and personal toys are not permitted during Primetime hours.

Signature

Parent/Guardian Signature

Date



CHARACTER DEVELOPMENT CONTRACT

- _____ **Appropriate Conversation** - Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other campers or staff.
- _____ **Appropriate Language** - Children must refrain from using obscene language or gestures for any reason.
- _____ **Respect** - When asked to do or not to do something, a camper needs to follow directions the first time given. This is for the safety of all campers. Please speak to staff & other campers with respect.
- _____ **Play** - Campers are asked not to engage in any horseplay with each other or with a counselor. No one will be allowed to hit, kick, push or display any type of aggressive behavior. We will use appropriate words to settle our differences. We keep our hands and feet to ourselves.
- _____ **Responsibility** - All campers need to remain with their group and within eyesight of their counselor. This applies while we are here on the YMCA grounds, at park district properties, and on off-site field trips. We want campers to be safe at all times.
- _____ **Caring** - It is important to use and care for equipment, toys and games properly so that other campers can enjoy them. We will care for the property of the YMCA, of other campers and of the YMCA staff.

Consequences of Contract Violations:

If an incident occurs where a camper conducts himself/herself in a manner that jeopardizes their safety, the safety of others, or is not in accordance with the mission of the YMCA and camp, the following steps will be taken:

1. **First Violation** - A staff member will address and document the issue directly with the child. The child may be removed from an activity for the day such as swimming or free play. Parents will be contacted before or at the end of the program depending on the time of the incident. **Parents must sign the counseling report at the time of pick up.**
2. **Second Violation** - A staff member will address and document the issue directly with the child. The parent or guardian will receive a phone call and be asked to pick up their child within the hour. The child will not be allowed to attend camp the next registered day. Parents must sign the counseling report at the time of pick up.
3. **Third Violation** - A staff member will address and document the issue directly with the child. Parents will be contacted immediately to pick up their child from the program. The child will be suspended from the program for a week. **Parents must sign the counseling report at the time of pick up.**
4. **Fourth Violation** - Child will be dismissed from camp for the remainder of the program. Any child causing severe harm to another child or staff member will be dismissed from the program immediately.

The following guidelines have been read and discussed.

Parent/Guardian Signature

Date





VALDOSTA-LOWNDES COUNTY FAMILY YMCA RELEASE & WAIVER of LIABILITY & INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself 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 acknowledgement that such premises and all facilities and equipment thereon 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.

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 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, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore 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 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 that may incur due to the presence of the undersigned 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 releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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.

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 **Georgia** 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

Child's Name (Please Print)

Signature of Parent or Guardian

Print Name

Date



INCOME ELIGIBILITY FORM FOR THE

Summer Feeding Service Program and Child Adult Care Feeding Program (For Use by Camps, Closed Enrolled Sites and Daycares)



Please complete the following form using the instructions below. Sign the form and return it to: Second Harvest of South Ga Inc.

If you need help, call **229-244-2678~ 214, 302 or 402**

Follow these instructions, if your household gets SNAP TANF or FDPIR:

- Part 1:** List participant's name and a SNAP, TANF or FDPIR case number.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is NOT required.
- Part 5:** Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

- Part 1:** Enter the child's name.
- Part 2:** Please contact us at **[phone number of Sponsor]**
- Part 3:** Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.
- Part 4:** Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each participant's name.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
 - Column A-Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column B-Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.
 - In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
 - In box 2, list the amount each person got last month from welfare, child support, alimony.
 - In box 3, list Social Security, pensions, and retirement.
 - In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column C-Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

Center Name: _____

Part 1. Children enrolled in Camp or Closed Enrolled Sites and Day Cares		
Names (First, Middle Initial, Last)	DOB	SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact Second Harvest of South Ga Inc. at 229-244-2678. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children) (Example) Jane Smith	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that CACFP/SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.



SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **your Center within 5 days** (Sending in this form will not change whether your children get free or reduced price meals.).

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call Winona Green at **229-244-2678 ext. 214.**