

# Buchanan YMCA

## 2017-2018 Gateway Middle School



### PROGRAM

- I am enrolling my child in MONTHLY after school care.
- I am enrolling my child in DROP-IN after school care

### APPLICANT INFORMATION

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Entering Grade (2017 - 2018 School Year): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Are you registering online?*

- YES—*Complete pages 3, 4, 5*
- NO—*Please proceed and complete the entire application*

Home Address: \_\_\_\_\_  
Street City Zip Code

Parent/Guardian E-mail: \_\_\_\_\_

**Parent/Guardian #1 (emergency contact & authorized to pick-up child)**

Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Secondary Phone: \_\_\_\_\_

**Parent/Guardian #2 (emergency contact & authorized to pick-up child)**

Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_

**Additional authorized pick-ups/emergency contacts:**

**Pick-Up #1 Name:** \_\_\_\_\_  
**Pick-Up #1 Phone:** \_\_\_\_\_  
**Pick-Up #2 Name:** \_\_\_\_\_  
**Pick-Up #2 Phone:** \_\_\_\_\_  
**Pick-Up #3 Name:** \_\_\_\_\_  
**Pick-Up #3 Phone:** \_\_\_\_\_  
**Pick-Up #4 Name:** \_\_\_\_\_  
**Pick-Up #4 Phone:** \_\_\_\_\_

**Please list any allergies your student has:**

**Please list medications your student takes:**

**Is there anything else we should know about your student?**

**Family Doctor:**  
**Doctor's Phone:**  
**Preferred Hospital:**

**Students entering 5th grade and up may sign out and leave program on his/her own with your consent. Do you approve this?**

\_\_\_ Yes \_\_\_ No

**If yes, what time is your student allowed leave program?**

\_\_\_\_\_ PM

## SCHEDULES & FEES

### MONTHLY AFTER SCHOOL—SELECT SCHEDULE

Applicants must have either Facility Membership (access to YMCA gym facilities and programs) or sign up as a Community Participant (access to YMCA programs only). If you are interested in a Facility Membership, please contact our membership department at 415.931.9622 for more information or visit [www.ymcasf.org](http://www.ymcasf.org).

Rates with FACILITY Membership			Rates as COMMUNITY PARTICIPANTS		
AFTER SCHOOL	Monthly Fee	Prorate (August & December)	AFTER SCHOOL	Monthly Fee	Prorate (August & December)
<input type="checkbox"/> 3 days/week	\$235	\$117	<input type="checkbox"/> 3 days/week	\$276	\$138
<input type="checkbox"/> 5 days/week	\$292	\$150	<input type="checkbox"/> 5 days/week	\$344	\$172

**Please select the days your student will attend program (3 or 5 days only):**

**After School:**       Monday       Tuesday       Wednesday       Thursday       Friday

**SIBLINGS:** We offer a 20% discount on monthly child care fees for siblings. The discount will be applied towards the older sibling.

**FINANCIAL ASSISTANCE:** We offer financial assistance to qualifying families. If you are interested in applying, please complete a financial assistance application and submit with your income verification and registration packet. Please refer to financial assistance application for acceptable income verification documents. We will notify of your financial assistance award by email.

### DROP-IN AFTER SCHOOL

Drop-in Rates	
Type of Care	Daily Fee
<input type="checkbox"/> After School	\$25

Drop-in rates are same for Facility members and Community Participants

**DROP-IN POLICY:** Parents who would like to utilize drop-in care must provide at least 24 hours advance notice by speaking directly with the Site Director, or by emailing your request to [BuchananReg@ymcasf.org](mailto:BuchananReg@ymcasf.org)

This registration packet must be submitted prior to the child's first day of drop-in care with a payment method on file.

# BILLING POLICIES & PAYMENT—SELECT ONE

## BILLING POLICIES—MONTHLY AFTER SCHOOL

By signing below, I acknowledge and agree to the following:

- All child care payments are set up as automatic drafts by credit card or bank account transfer (EFT). Parents must provide a payment method either online or in person at Buchanan YMCA as part of the registration process.
- Child care payments are based on the selected schedule. Student's attendance and/or absence does not change the monthly fees due.
- Child care payments are due 10 days before the first of the month for the following month. A \$15 fee will be applied to any late and/or returned payments.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done online or in person at Buchanan YMCA.
- Parents will be contacted regarding any declined payments from their account. It is the parent's responsibility to pay for child care by the 1st of the month. If payment is not received by the 10th, child care will be terminated.
- A 30 day written or email notice to BuchananReg@ymcasf.org is required for program cancellation, and a 14 day notice is required for schedule changes. It is the parent's responsibility to notify Buchanan YMCA of program cancellation and/or schedule changes. Withdrawal of student from program is not considered as notice of cancellation and will not terminate child care payments.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PAYMENT DUE

\$ \_\_\_\_\_ Deposit—This is the August fee and is due at registration. Deposit is non-refundable.

### PAYMENT METHOD

- I have an existing payment method on file with the YMCA. Please charge my:  Credit card  EFT
- I do NOT have a payment on file and will submit my application in person at Buchanan YMCA.

## BILLING POLICIES—DROP-IN AFTER SCHOOL

By signing below, I acknowledge and agree to the following:

- Parents must provide a credit card or bank account to be automatically charged throughout the school year for drop-in care.
- Drop-in fees will be charged every Friday during the school year for any days your child attended that week.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done online or at the Buchanan YMCA front desk.
- Parents will be contacted regarding any declined credit card or checking account payments and are expected to provide a new payment method for payment. Future drop-in care cannot be utilized until all current balances are paid in full.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PAYMENT METHOD

- I already have payment method on file with the YMCA. Please charge my:  Credit card  EFT
- I do NOT have a payment on file and will submit my application in person at Buchanan YMCA.

## STUDENT CONTRACT

**Parent/Guardian:** Please read this over carefully with your student.

I, \_\_\_\_\_ (student name), understand and agree to meet the following requirements:

- I will report to program immediately after school and sign in.
- I will follow school rules and directions from staff members.
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in the After School Program.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.

**I understand that if I break these rules:**

- I will receive a warning.
- If I continue to break the rules or if the incident is serious, my parent/guardian will be contacted.
- If I fight in the After School Program, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- After the 3rd warning, a restorative meeting will be held. Depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## ACKNOWLEDGEMENT

I understand that Buchanan YMCA assumes no financial obligation for medical treatment, but in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my student as named on this application. I also authorize Buchanan YMCA to obtain a copy of my student's immunization records from the school in the event this information is necessary for medical treatment.

As the parent/guardian, I have read and agree with the After School Program rules and policies. I give permission for my child to attend offsite field trips organized by the After School Program and to use transportation arranged for the purpose of field trips (chartered bus, MUNI, or by foot).

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## ABOUT YOUR STUDENT

This section asks for information that is required by our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

**Student Race/Ethnicity (select one):**

- |   |  |
|---|--|
| <input type="checkbox"/> African American                 | <input type="checkbox"/> Middle Eastern-Arab               |
| <input type="checkbox"/> Black-Other (specify):           | <input type="checkbox"/> Middle Eastern-Iranian            |
|   | <input type="checkbox"/> Middle Eastern-Other (specify):   |
| <input type="checkbox"/> Asian-Chinese                    | <input type="checkbox"/> Native American                   |
| <input type="checkbox"/> Asian-Filipino                   | <input type="checkbox"/> Native Alaskan                    |
| <input type="checkbox"/> Asian-Indian                     | <input type="checkbox"/> Pacific Islander-Guamanian        |
| <input type="checkbox"/> Asian-Japanese                   | <input type="checkbox"/> Pacific Islander-Hawaiian         |
| <input type="checkbox"/> Asian-Korean                     | <input type="checkbox"/> Pacific Islander-Tongan           |
| <input type="checkbox"/> Asian-Laotian                    | <input type="checkbox"/> Pacific Islander-Samoan           |
| <input type="checkbox"/> Asian-Thai                       | <input type="checkbox"/> Pacific Islander-Other (specify): |
| <input type="checkbox"/> Asian-Vietnamese                 |  |
| <input type="checkbox"/> Asian-Other (specify):           |  |
| <input type="checkbox"/> Hispanic/Latino-Mexican American | <input type="checkbox"/> White                             |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Multiracial/Multiethnic           |
| <input type="checkbox"/> Hispanic/Latino-South American   | <input type="checkbox"/> Other (specify):                  |
| <input type="checkbox"/> Hispanic/Latino-Caribbean        |  |
| <input type="checkbox"/> Hispanic/Latino-Other (specify): | <input type="checkbox"/> Declined to state                 |

**Home Language (select one):**

- |   |   |
|---|---|
| <input type="checkbox"/> English          | <input type="checkbox"/> Mandarin               |
| <input type="checkbox"/> Spanish          | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Cantonese        | <input type="checkbox"/> Tagalog                |
| <input type="checkbox"/> Japanese         | <input type="checkbox"/> Toishanese             |
| <input type="checkbox"/> Khmer/Cambodian  | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Korean           | <input type="checkbox"/> Arabic                 |
| <input type="checkbox"/> Laotian          | <input type="checkbox"/> Russian                |
| <input type="checkbox"/> Other (specify): | <input type="checkbox"/> American Sign Language |

**Student English Fluency (select one):**

- |  |
|--|
| <input type="checkbox"/> Fluent          |
| <input type="checkbox"/> Somewhat Fluent |
| <input type="checkbox"/> Not Fluent      |

# YMCA of San Francisco Membership Application Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) 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 such participating children 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 acknowledgment that such premises and all facilities and equipment therein 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 by the undersigned and such children.

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, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, 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 or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor 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 or such children 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 they may incur due to the presence of the undersigned or such children 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 releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees 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.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization. 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 California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. PARTICIPATION: I give permission for my child to participate in YMCA activities, field trips, and for the YMCA to use any pictures taken of my child for future YMCA promotional purposes.

6. MEDICAL TREATMENT: I understand that the YMCA of San Francisco assumes no financial obligation for such treatment but, in the event that I cannot be reached for emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, to order injections and emergency treatment for my child as named on this form.

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.

Signature of applicant/parent: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name of applicant/parent: \_\_\_\_\_

Signature of co-applicant/parent: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name of co-applicant /parent: \_\_\_\_\_

Print name(s) of child(ren) in program: \_\_\_\_\_