

# YMCA After School @ The Lamplighter School

2010—2011 School Year

After School Program is managed by Town North Family YMCA

Town North is committed to helping working families by providing after school care. We believe children should have a safe and fun place to go after school.

Come join us after school at The Lamplighter School. We have exciting activities and children make lasting friends.

When: Monday thru Friday

Time: School Dismissal to 6:00pm

Full time care (3 or more days):

Full members of the YMCA:

\$225/month

Activity members of the YMCA:

\$265/month

DISD employee or Government employee:

\$215/month

Part time care (2 or less days):

\$185/month for full members

\$190/month for activity members

\$170/month for DISD and Government Employees

Need care for the school holiday's??

Let the YMCA be your care of choice.

We run an all day program for most holidays, we follow the DISD School Calendar

Our program is from 7:00am to 6:30pm

Cost: \$35/day

- September 6th
- September 27th
- October 1st
- November 22nd thru the 24th
- December 20th thru the 23rd
- December 27th thru the 30th
- December 31st we close at 3pm
- January 3rd
- January 17th and 18th
- March 14th thru the 18th
- Inclement Weather Day's (if needed)  
April 22nd and May 23rd
- June 3rd

Location:

3325 Valley View Ln, Farmers Branch, 75234

Financial Assistance is available. Please check the website for more information, [www.townnorthymca.org](http://www.townnorthymca.org).

4332 Northaven Rd, Dallas, TX 75229

Phone: 214.357.8431

Fax: 214.357.2986



# YMCA Of Metropolitan Dallas Afterschool Program - Enrollment Form

<b>AS Program Site</b>		<b>Member #:</b>	
<b>Start Date:</b>		<b>Security Code:</b>	
<b>Days of Care:</b>	M   T   W   TR   F	<b>Hours of Care:</b>	

## Child's Information:

<b>Last Name:</b>		<b>First Name:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Date of Birth:</b>		<b>Home Tele #:</b>	
<b>Age:</b>		<b>Ethnicity:</b>	
<b>School attending:</b>		<b>Gender:</b>	
<b>School Address:</b>		<b>School Tele #:</b>	
<b>May the YMCA release to non custodial Parent?</b>	No      Yes	<b>Custodial Parent:</b>	

## Parent/Guardian Contact Information:

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Cell #:</b>		<b>Home Tel. #:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Employer:</b>		<b>Work Tel. #:</b>	
<b>Email Address:</b>			

## Parent/Guardian Contact Information:

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Cell #</b>		<b>Home Tel. #:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Employer:</b>		<b>Work Tel. #:</b>	
<b>Email Address:</b>			

## Emergency Contacts - Authorized to Pick Up My Child:

<b>Name:</b>		<b>Home Address:</b>	
<b>Relationship to child:</b>		<b>Cell #:</b>	
		<b>Work #:</b>	
<b>Name:</b>		<b>Home Address:</b>	
<b>Relationship to child:</b>		<b>Cell #:</b>	
		<b>Work #:</b>	

## Additional Person(s) Authorized to Pick Up:

<b>Name:</b>		<b>Phone #:</b>	
<b>Name:</b>		<b>Phone #:</b>	
<b>Name:</b>		<b>Phone #:</b>	

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# YMCA Of Metropolitan Dallas Afterschool Program - Enrollment Form

## Health History/Information

### Allergies and Special Conditions

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

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### Medications being taken

Please list any medications your child is taking

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I certify that \_\_\_\_\_ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA After-School and Day Camp programs. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

### Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Suite# City Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/ Legal Guardian)

\* \* \* \* \*

### Admission Agreement & Parent Information Packet Receipt/Releases

*Parent/Guardian will indicate Receipt/Release by initialing on each blank*

**Transportation:** I give permission for my child to transported in an authorized YMCA vehicle for YMCA events/field trips or to afterschool program locations.  
\_\_\_\_\_  
(Parent/Guardian Initials) I, parent/guardian, understand that I will be informed of all planned field trips.

**Water Activities:** I give permission for my child to participate in water activities during program hours at a predetermined day/time at the YMCA.  
\_\_\_\_\_  
(Parent/Guardian Initials)

**Movies:** I give permission for my child to watch a G rated movie. I understand that the movies, though not part of daily lesson plans, will be approved and viewed by the director.  
\_\_\_\_\_  
(Parent/Guardian Initials)

Signature \_\_\_\_\_ Date \_\_\_\_\_

# YMCA Of Metropolitan Dallas Afterschool Program - Enrollment Form

## **Admission Agreement cont.**

**Policies and Procedures:** I have received a copy of the YMCA After-School and/or Day Camp Program Parent Hand-book. (Contains school age information and statements)

\_\_\_\_\_  
(Parent/Guardian Initials)

**Immunization, Hearing & Vision Screening:** I certify that my child's current immunization records, hearing and vision screening and TB test (if applicable) is on file at my child's school which is located at the address indicated on this form.

\_\_\_\_\_  
(Parent/Guardian Initials)

**Hours of Care:** I understand that I will be charged an additional \$1.00 for every minute I am late after close of site. And unless payments have been worked out with Program Director, my bill must be paid in full for my child to attend the following week.

\_\_\_\_\_  
(Parent/Guardian Initials)

**Child Custody:** YMCA staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information listed on page 1 of this document.

\_\_\_\_\_  
(Parent/Guardian Initials)

### **Behavior Policy Statement**

The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

I have read the **Admissions Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying authorization and consent to medical treatment of minor and the parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

**By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.**

The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes showing my child in YMCA activities for use in public relations, promotional or advertising purposes.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent/ Legal Guardian)



# Town North Family YMCA After School Payment Contract 2010 – 2011

Child's Name: \_\_\_\_\_

After School Site: \_\_\_\_\_

## Monthly fees

### Full Time Rates (3 days or more)

_____ Full Member Rate	\$225.00 per child/month (\$112.50 semi-monthly)
_____ Activity Member Rate	\$265.00 per child/month (\$130.00 semi-monthly)
_____ School District/City Employee Rate*	\$215.00 per child/month (\$105.00 semi-monthly)

*\*School District/City Employee's must provide proof of employment.*

### Part Time Rates (2 days or less)

### \*EXCEPTION: JOHNSTON OUTPOST

_____ Full Member Rate	\$185.00 per child/month (\$90.00 semi-monthly)
_____ Activity Member Rate	\$190.00 per child/month (\$92.50 semi-monthly)
_____ School District/City Employee Rate*	\$170.00 per child/month (\$82.50 semi-monthly)

*\*School District/City Employee's must provide proof of employment.*

\_\_\_\_\_ Approved Financial Assistance Rate \$ \_\_\_\_\_ (Attach award letter)

## Billing Options

Please check one Billing option:

### Option 1: Draft (Choose Draft to waive the Registration fee)

\_\_\_\_\_ Monthly 1st      \_\_\_\_\_ Monthly 15th      \_\_\_\_\_ Semi-monthly (1st & 15th)

### Option 2: Manual Payments

\_\_\_\_\_ Monthly 1st      \_\_\_\_\_ Monthly 15th      \_\_\_\_\_ Semi-monthly (1st & 15th)

### Draft Information:

Credit Card Type (please circle)      Visa      MasterCard      Discover      American Express

Credit Card Issuer: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Checking Account (Must provide voided check)

## Sign up fees—Office Use \$30Registration Fee (if not on Draft)

\$ \_\_\_\_\_ (Registration Fee) + \$ \_\_\_\_\_ (Monthly Amount) = \$ \_\_\_\_\_

First Payment Due on \_\_\_\_\_

By my signature, I do hereby agree to allow the Town North Family YMCA to draft, where applicable, my bank account or credit card for payment for the Town North YMCA after school program. **A 30-day written notice is required for cancellation of the program.** I understand that my payments will be the same as the amount listed above REGARDLESS of the number of days my child attends. **The YMCA will charge \$25 fee for returned payments due to insufficient funds, closed accounts or stopped payments.** I understand that it is my responsibility to notify the YMCA of any bank or credit card changes. I understand if my checking account returns as insufficient or declined, my credit card will automatically be debited. **The Town North YMCA has the right to revoke care if the balance exceeds 30 days past due.** Balances over 30 days past due may be sent to collections.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member # _____	Office Use Staff Initials _____
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# Town North Family YMCA

## All Day Out Registration Form '10-'11

Please check off the All Day Out days you would like to sign up for. Hours of care are from **7:30 am—6:30pm**. In order to insure your registration please submit this form and **FULL** payment at the Town North Family YMCA on or before the registration deadline. A \$10 late fee will be charged after the registration deadline. Notifications of cancellation must be made 24 hours prior to the ALL DAY OUT date. No refunds or credits will be given after this time period. Program will be cancelled if we do not have 10 children. Bring a snack lunch.

Security Code: \_\_\_\_\_

Current Elementary School: \_\_\_\_\_

Johnston Outpost  
3325 Valley View Lane  
Farmer Branch, TX 75234

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

DL#: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

DL#: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Dates	Registration Deadlines	Daily Rate for all Members	x
September 6th, 2010	September 1st, 2010	\$37.00	
September 27th, 2010	September 22nd, 2010	\$37.00	
October 1st, 2010	September 27th, 2010	\$37.00	
November 22nd, 2010	November 17th, 2010	\$37.00	
November 23rd, 2010	November 17th, 2010	\$37.00	
November 24th, 2010	November 17th, 2010	\$37.00	
December 20th, 2010	December 15th, 2010	\$37.00	
December 21st, 2010	December 15th, 2010	\$37.00	
December 22nd, 2010	December 15th, 2010	\$37.00	
December 23rd, 2010	December 15th, 2010	\$37.00	
December 27th, 2010	December 22nd, 2010	\$37.00	
December 28th, 2010	December 22nd, 2010	\$37.00	
December 29th, 2010	December 22nd, 2010	\$37.00	
December 30th, 2010	December 22nd, 2010	\$37.00	
December 31st, 2010 (close @ 3)	December 22nd, 2010	\$37.00	
January 3rd, 2010	December 29th, 2010	\$37.00	
January 17th, 2010	January 12th, 2010	\$37.00	
January 18th, 2010	January 12th, 2010	\$37.00	
March 14th, 2010	March 9th, 2010	\$37.00	
March 15th, 2010	March 9th, 2010	\$37.00	
March 16th, 2010	March 9th, 2010	\$37.00	
March 17th, 2010	March 9th, 2010	\$37.00	
March 18th, 2010	March 9th, 2010	\$37.00	
June 3rd, 2010	May 25th, 2010	\$37.00	

Member #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Office Use Receipt #: \_\_\_\_\_

I understand all of the policies and payment procedures that are associated with ALL DAY OUT. My child's enrollment form is on file with the YMCA After School department or I have provided one. I understand that the schedule may be subject to change.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_