



**PRINCETON FAMILY YMCA**  
**2011-2012 PYA**  
**CONTRACT AGREEMENT & ENROLLMENT FORM**  
**PRINCETON REGIONAL SCHOOLS**

**STUDENT INFORMATION**

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Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ENROLLMENT INFORMATION**

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**FULL TIME: 4-5 DAYS**

FULL TIME - **Pannell:**

**\$20/mo.**

FULL TIME - **Crimmins:**

**\$20/mo.**

FULL TIME - **Littlebrook:**

**\$20/mo.**

❖ YMCA YOUTH Full Facility Membership is INCLUDED

**TOTAL:** \_\_\_\_\_

In signing this contract,

- 1) I/We are enrolling our child according to the schedule and fee indicated above. Any changes or cancellations in the information above are to be made in writing and given to the YMCA Youth & After School Office at least thirty (30) days in advance of change.
- 2) I/We agree that the monthly tuition is due by the 25<sup>th</sup> of the previous month and that a \$20.00 late fee will be charged for payments not received by the 1<sup>st</sup> of the month. In signing the attached Credit Card Authorization Form, I/We authorize the Princeton Family YMCA to charge our credit card. If there is a security deposit paid on my account, the Princeton Family YMCA has the right to use said deposit for any current month payment not received by 1<sup>st</sup> of each month. Automatic credit card payments will be charged no later than the 1<sup>st</sup> business day of the month. If payment has not been secured by the 1<sup>st</sup> of the month, the YMCA staff will notify you by phone to pick up your child and your child will not be able to return until payment is received. Returned checks are subject to a \$31 fee.
- 3) I/We agree that in the event of illness, vacation, or other absences such as other after-school programs & activities, I/we will notify the After School site by 2:00pm on that day. Regardless of illness and/or other activities, I/we are responsible for my/our child's full tuition payment. No credit is given for such absences.
- 4) I/We give permission for my/our child to participate in all YMCA After School Program activities, including field trips. I/We understand that detailed information will be distributed for approval of each special event prior to the date of such event.
- 5) I/We understand that the After School Program ends at 5:30pm each day.
- 6) I/We understand that the fees indicated above are equal for every month that school is in session, regardless of the number of days on the school calendar. There will be no reduced fees for months with fewer school days.

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Parent/Guardian Signature

Date

\* Sec Deposit, if applicable



# PRINCETON FAMILY YMCA

## 2011-2012 PYA

### CREDIT CARD AUTHORIZATION

Name of Member: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### In signing this document, I understand that the Princeton Family YMCA:

- Has permission to charge my credit card for the required \$20/mo to participate in the After School Program.
- Has permission to charge my credit card for my child(ren)'s tuition fee(s) associated with the After School Program. This payment will be deducted MONTHLY on the 25<sup>th</sup>. Payment schedule can be adjusted at parent's request – and must be arranged with Youth & After School Director.
- Has the right to charge this credit card for any unpaid program balances acquired on my account.

MasterCard

Visa

Discover

American Express

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Name (as it appears on Card): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

#### Princeton Family YMCA Credit Card Agreement

1. The Princeton Family YMCA After School Program Credit Card Agreement is a continuous payment plan. I understand that this payment plan will remain in effect for as long as I have my child(ren) enrolled in the YMCA After School Program, or until the credit card is cancelled or the Authorization granted to the YMCA has been revoked.
2. It is my understanding that if I wish to terminate or change my payment in any way, I must give the YMCA thirty (30) days written notice, and that all charges will continue to accrue during the thirty (30) day period.
3. The Princeton Family YMCA may, at their discretion, adjust the monthly rate applicable to my child's program. I understand that I will receive at least thirty (30) days written advance notice prior to the effective date of any such change and the changed rate will be charged to my credit card in accordance with the Authorization, and I hereby authorize any such change.
4. Should my bank for any reason not honor any payment/credit transmission, I realize that I am still responsible for the payment.
5. It is my understanding that my child must have a current Youth Full Facility Membership in order for (s)he to be enrolled in the YMCA After School Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



# PRINCETON FAMILY YMCA

## 2011-2012 PYA

### AUTHORIZED PICK UP AND RELEASE

#### STUDENT INFORMATION

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Student's Name (Last) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

#### FAMILY INFORMATION

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Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Names & Ages of Siblings: \_\_\_\_\_

Please advise us of custody arrangements if separated/divorced: (provide attachments if necessary)

\_\_\_\_\_

#### PICK UP AUTHORIZATIONS

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The following persons **authorized** to pick up my child and/or may be called in case of an emergency if I am unavailable.  
PARENTS: IF ANYONE IS NOT AUTHORIZED TO PICK UP YOUR CHILD, PLEASE PROVIDE DOCUMENTATION TO THIS EFFECT

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

#### PERMISSION TO WALK HOME FROM AFTER SCHOOL SITE

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My child is permitted to walk home from their after school site at the conclusion of the program each day at 5:30PM. I understand that the YMCA cannot provide supervision once my child has exited the building.

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

#### TRANSPORTATION & TRIPS

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My child has my permission to be transported to and/or from the Princeton Family YMCA After-School site for activities, and any other reason deemed necessary by the YMCA Director.

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

#### PHOTO RELEASE STATEMENT

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By signing here the Princeton Family YMCA **has** permission to have my/our child's photograph appear in any media or marketing opportunities approved by the YMCA.

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



# PRINCETON FAMILY YMCA

## 2011-2012 PYA

### HEALTH HISTORY FORM

PLEASE PRINT CLEARLY  
ONE FORM PER CHILD

#### STUDENT INFORMATION

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

#### MEDICAL HISTORY

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please list any allergies or dietary restrictions \_\_\_\_\_

Please list any medications that your child is currently taking, prescribed and over the counter: \_\_\_\_\_

Is your child currently under medical care for any illness or condition?  Y  N

If yes, please explain: \_\_\_\_\_

Describe any current health condition(s) requiring medication, treatment, or special restriction or consideration while at MASH: \_\_\_\_\_

Please describe any past medical conditions or treatment that could have an impact on your child's experience at MASH: \_\_\_\_\_

Please check any conditions your child has had:

- |  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Musculo-skeletal disorders |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Other _____                |

Describe any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at afterschool? \_\_\_\_\_

Has your child had a full physical in the last 2 years?  Y  N

If yes, please indicate the date: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

COPY OF IMMUNIZATION RECORDS MUST BE ATTACHED

#### Consent of Treatment

I know of no reason(s), other than the information indicated on this form, why my child should not participate in afterschool activities. In an emergency, when neither I nor the person named above can be reached, I hereby authorize the Youth and After School Director and/or Senior Program Director to take any action deemed necessary for the best interests of my child, including transportation for emergency room treatment. Permission is granted to any medical personnel selected by the YMCA to provide needed care including: routine health care, administration of medications, X-rays, routine test and treatment; to release records as needed for insurance purposes; and to provide or arrange transportation for emergency medical treatment.

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# PRINCETON FAMILY YMCA

## 2011-2012 PYA

### BEHAVIORAL MEMO OF UNDERSTANDING

#### PROGRAM BEHAVIOR GUIDELINES

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The Princeton Family YMCA believes the following premises should serve as guidelines for our attitudes and actions:

- People are RESPONSIBLE for their actions.
- We will always RESPECT each other and the environment.
- HONESTY will be the basis for all relationships and interactions.
- We will CARE for ourselves and those around us.

Our After School Program operates under the belief that children who are actively involved, surrounded by caring staff & made aware of the YMCA's behavior guidelines will behave in a positive manner. We foster raising a child's self-esteem through positive reinforcement. However, sometimes corrective action is required when a child's behavior is inappropriate, such as when a child:

- Requires constant attention from staff.
- Inflicts physical or emotional harm on self or others.
- Abuses the staff, equipment or the facility.
- Ignores or repeatedly disobeys the behavior guidelines.

#### SPECIFIC AFTERSCHOOL RULES

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The following rules will be reviewed with children on the first day they attend the AFTERSCHOOL program.

- 1) Parent/children must treat everyone involved in AFTERSCHOOL Program with respect. This includes all YMCA staff, fellow participants, parents, bus/van drivers and staff at field trip locations and enrichment classes.
- 2) Children should NEVER be alone while at AFTERSCHOOL. If participants are engaged in an activity or short-term project where a YMCA staff member is not present they must always stay with a buddy. The buddy/truddy system is always in effect at AFTERSCHOOL.
- 3) Parent/children must respect the environment. This includes the natural environment and all property and equipment of the YMCA, the school site, and field trip locations.
- 4) Children must never pick up sticks, rocks, etc. from the environment unless they are instructed to do so by a staff member in an organized activity. Environmental objects may become hazardous to the health and well being of the child him/herself, fellow participants, and staff.
- 5) Children must never climb trees unless a structured activity allows for exploration and a staff member is present.
- 6) Children must respect the belongings of others. They are not to open or use the belongings of others unless permission is granted by the property owner.
- 7) The following items are NOT to be brought to AFTERSCHOOL. If YMCA staff notice these items during the program day, the items will be confiscated by staff and returned to the parent/guardian of the child at the end of the day. Exceptions will be made only when YMCA staff request that items be brought from home for a particular activity. The YMCA and its staff are not responsible for lost or broken items.
  - Hand-held video games and virtual pet
  - Walk-mans or portable CD players
  - Trading cards (Pokemon, etc.)
  - Drugs, alcohol, tobacco products – Parents & the proper authorities will be notified.
  - Firearms, Knives and other weapons
  - Matches, butane lighters, or other explosives.
  - Personal toys and other items of value which may become broken or lost.

## **BEHAVIOR MANAGEMENT PROCEDURES**

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When a child does not follow the behavior guidelines, the following steps will be taken. These steps are progressive and assume that behavior problems continue to occur:

- 1) Staff will redirect the child to more appropriate behavior.
- 2) The child will be reminded of the behavior guidelines and rules, and a discussion will take place regarding the child's behavior.
- 3) Time outs will be used, when needed. Staff will discuss appropriate behavior and will then allow the child to return to the activity.
- 4) The parent/guardian will be notified of the problem through a written form. Written documentation will identify the behavior problem, what provoked the problem, and all corrective actions attempted.
- 5) Supplemental Behavior Contracts will be written to address specific problems and solutions to the problems.
- 6) A conference with the parent/guardian, staff & Site Director will occur to determine appropriate action.
- 7) If the problem persists, a conference will occur with the parent/guardian, child, staff and Program Director. The YMCA Program Director will have all documentation and conference notes for review. Future participation may require counseling.
- 8) If a child's behavior at any time threatens the immediate safety of self, other children or staff, the parent/guardian will be notified and expected to pick up the child immediately – suspension from the Program may be warranted.
- 9) If a problem persists and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program.
- 10) Expulsion from the program will be considered in extreme situations.

The following behaviors are **NOT** acceptable and will result in immediate suspension or expulsion:

**SUSPENSION** for the remainder of the current day and the next day:

- Seriously endangering the health and safety of self, other children and/or staff.
- Theft or damage to the YMCA, school or personal property.
- Leaving the program without being signed out or without permission.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or school rules on a continuous basis.
- Use of profanity, vulgarity, and/or obscenity.
- Lewd behavior.

**IMMEDIATE EXPULSION:**

- Possession and/or use of illegal drugs, alcohol, tobacco, knives, firecrackers, firearms or explosives.
- Parent or child makes any immediate threat to staff or other enrolled child.

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(Please Tear off and return with Registration)

**PARENT & PARTICIPANT SIGNATURE REQUIRED**

I have reviewed the Behavioral Memo of Understanding with my child. We both understand and agree to all of the terms presented in this contract and that the above guidelines are for the parent/guardian as well.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date