



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENRICH YOUR DAY

YMCA After School Program SY17-18



#PuttingYouthFirst at #TheY

Come work with our friendly, qualified and experienced Enrichment Counselors this year to have a safe, enriching and enjoyable time! Let our staff bring fun and FUNctionality to your week with homework help, character development, leadership building, and healthy lifestyles! Students enjoy hands on activities to enhance their school experiences—while parents enjoy the piece of mind knowing their children are in a safe, nurturing, and enriching environment! Our program alleviates transportation barriers for parents by partnering with Salem and West Washington Schools to have a bus stop at the YMCA. We ensure your student can have success in and out of the classroom! We are more than just child care—we are an opportunity for your child to be valued, challenged, and to grow mind, body, and spirit! Students enjoy an afternoon snacks and lots of physical activity.

WHEN
MONDAY—FRIDAY
ALL SCHOOL YEAR!

- 3:30-4:00PM Arrival/Snack
- 4:00-4:30PM Homework Help
- 4:30-5:00PM Enrichment
- 5:00-6:00PM Group Activities
- 6:00PM Parent Pick-up

WHO
STUDENTS K-8TH GRADE
*TRANSPORTATION AVAILABLE FOR WW AND SALEM STUDENTS.

WEEKLY COST PER STUDENT

	PT	FT
Member	\$25	\$40
Non-Member	\$35	\$50

Scholarships are available based on need. Please contact the front desk for more details.

QUESTIONS
Youth Development Department
(812) 883-YMCA (9622)
programs@wcfymca.org

Payment must be received or scheduled by the Monday of services rendered each week. Payment is based on enrollment, not attendance, and must be paid weekly to hold students' spots.



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YMCA After School Program 2017/18 Registration

Child's Name _____

Mailing Address _____

City, State, Zip _____

Home Phone _____

E-mail Address _____

DOB _____ Age _____ Grade _____ Sex M F

Parent 1 Name _____

D.O.B. _____ Cell Phone _____

Parent 2 Name _____

D.O.B. _____ Cell Phone _____

My child(ren) may be picked up by: _____

Pick-up not permitted by: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Allergies/Medications: _____

General Days Attending: Mon Tues Wed Thurs Fri

I have read the YMCA Youth Release form, found at the YMCA or wcfymca.org on the full ASP Registration form, & agree to all terms & conditions.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE

Date _____ Amt. Paid _____ Receipt # _____ Subsidy Amt. _____ Staff _____

FULL ASP TERMS & CONDITIONS:

This RELEASE form is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand the Washington County Family YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletics, the use of any equipment, facilities, exercises, or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activity. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. In the event of a medical emergency, I understand that appropriate measures will be made to contact parents, guardians, and emergency contacts listed, however, give permission for the YMCA to contact EMS on behalf of my child for treatment should arise. I understand that I assume the obligations that may arise from this event, should it occur. I also give permission to the personnel of the Washington County Family YMCA and or local media to take photographs of my children to be used in marketing materials for the YMCA. I also acknowledge that in the event of inclement weather or other contributing factors causing a program to be cancelled by the YMCA, days will be rescheduled when possible. In the event that class(es) cannot, or are elected to not, be made up by the YMCA during that time, participants will receive credit towards the upcoming semester, to be utilized for that semester only. Classes missed due to personal factors will not result in credit being issued, or in registration fees being refunded in part or whole. I understand that this program is based on enrollment commitments, not attendance, and agree to pay the weekly agreed upon fee in full by the Monday of services to be rendered. I understand that payments must be established as an automatic withdrawal with either a debit, credit, or bank draft, or will be required in full at registration. I acknowledge that a written two week notice should be submitted to the YMCA should services no longer be needed, and I will be financially responsible for services during that time—regardless of physical attendance of the program. Fee schedules are based on a possible 38 weeks of service in accordance with the school calendar, and additional weeks added during the school year due to inclement weather will not require additional payment, as services rendered will have been paid for during previous weekly installments. I verify that I have the legal authority to speak on behalf of this minor, and assume responsibilities as stated above.



Parent/Guardian Signature: _____ **Date:** _____

IMPORTANT INFORMATION:

ASP programming is open on days that school is in session. Holidays, inclement weather, or other closures would result in ASP closure for that day.

***BREAK CAMPS** are offered during Fall, Winter, Spring and Summer breaks. Please check with the YMCA for details!

***Families interested in scholarships** must submit forms **PRIOR** to attendance for approval, and at least annually there after. Ask our Front Desk Staff for details.

CONSIDER BECOMING A MEMBER!

Y Members receive many benefits, including discounts on our quality programming! Contact our Front Desk for more details on how a membership can work for you!

Contact

Questions and concerns regarding Washington County Family YMCA Youth Programming can be directed to:

**Youth First Director
(812) 883-YMCA (9622) or programs@wcfymca.org**

***Registration for current and upcoming programs are on a first come, first serve basis. The Washington County Family YMCA strives to serve all, and will institute a waitlist once a session is full. RSVP now to guarantee your spot!**

*Payment is based on enrollment, not attendance. Students register at an enrollment status (PT/FT) and are charged weekly according to this commitment. Withdrawal from the program (and ceasing of future incurring financial obligation) can be made by submitting a two week notice in writing to the YMCA. Students enrolled PT that attend at a full time attendance will be charged a \$15 overage fee for that week. If this instance occurs more than 3 times in a school calendar year, student may be required to increase enrollment status to a FT commitment. Payments must be made weekly by the Monday of services rendered. Required automatic payments should be scheduled through debit, credit, or ACH Bank drafts. Please contact Debbie Rutherford at 812-883-9622 or Debbie@wcfymca.org Monday-Friday 9:00 am-3:00 pm for payment arrangements.

*Weekly payments are due August 2,7,14,21,28, September 5,11,18,25, October 2,16,23,30, November 6,13,20,27, December 4, 11, & 18 of 2017, and January 2,8,16,22,29, February 5,12,20,26, March 5,12, April 2,9,16,23, 30, May 7,14, & 22 of 2018; rates assessed based on enrollment/registration date—not attendance.