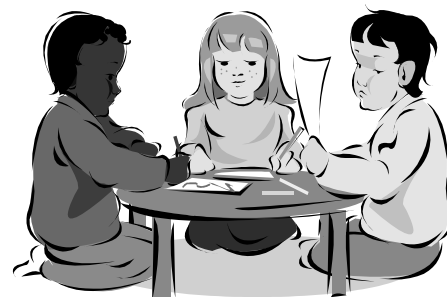




# BEFORE & AFTER SCHOOL

## Registration Packet

The Lawton Family YMCA offers before and after school child care for children in kindergarten through 5th grade. Limited transportation is available for some schools. Drop Off for Before School begins at 6:30am. After School program hours end at 6:00pm. Care is available for students who attend St. Mary's on days they are dismissed early. Space is limited, sign up early! We are a DHS licensed and approved 2 start facility.



### Please Print

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ CIRCLE: Pick Up Required No Pick Up Needed

CIRCLE: Male Female CIRCLE: YMCA Member Non-Member

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

**\*Parents listed above are the primary EMERGENCY CONTACTS & AUTHORIZED PICK-UP PEOPLE**

Mom's Cell #: \_\_\_\_\_ Mom's Home/Work #: \_\_\_\_\_

Dad's Cell #: \_\_\_\_\_ Dad's Home/Work #: \_\_\_\_\_

Primary E-Mail Address: (REQUIRED) \_\_\_\_\_

### BAS Program Activities

- Homework Assistance
- Swimming
- Organized Sports & Games
- Arts & Crafts
- Field Trips
- Rock Climbing
- Reading Time
- Educational Activities
- And So Much More!

Transportation is currently available for St. Mary's, Bishop, Lincoln, Wilson, and Washington Elementary.

\*Additional schools may be available, talk with Kevin Pettigrew for more information.

CIRCLE: Before School After School Before & After School

### BEFORE School Program Fees Begins at 6:30am)

- · YMCA Family Membership \$35/week per child
- · Program Members \$45/week per child

### AFTER School Program Fees (Ends at 6:00pm)

- · YMCA Family Membership \$45/week per child
- · Program Members \$60/week per child

### BEFORE AND AFTER SCHOOL PROGRAM Fees

- · YMCA Family Membership \$70/week per child
- · Program Members \$95/week per child

### PAYMENT INFORMATION

ALL payments must be made by the WEDNESDAY prior to your child being picked-up from school by the Y. If you do not pay by that Wednesday, a \$10 late fee will be added. If you do not pay by Monday for that week's program, we will not pick up your child on Tuesday, NO EXCEPTIONS.

## Authorized Pick-Up Information

ONLY the adults listed on the authorized pick-up list will be permitted to pick your child up from the After School program, no exceptions! You can authorize as many people to pick up your child as you want, we recommend having at least 4 people on your pick-up list (grandparents, neighbors, friends, etc) if something comes up and you cannot pick up your child, only those authorized to do so may pick-up.

**Its better to authorize too many people than not enough!**

## Authorizing Additional Pick-Up People

You may authorize more pick-up people throughout the school-year, to do this come to the Lawton Family YMCA anytime and fill out another authorized pick up form. Only parents/legal guardians may add people to the list and it may only be done at the Lawton Family YMCA, you must have a Photo ID in order to prove you are the parent/legal guardian of that student.

\*You CANNOT authorize people to pick up your child over the phone because we are not able to verify anyone's identity with a photo ID.

## Sole Legal Custody

If one parent is the sole legal guardian of a child, we must have a copy of a legal document evidencing his/her authority. Should the other parent, who is restricted from seeing the child, attempt to pick-up or visit the child, a legal document must be on file to prevent the unauthorized visitation.

## Authorized Pick-Up List Order

In the event of a serious behavior issue or medical emergency, BAS Staff will attempt to contact you or your spouse. If either one of you cannot be reached, they will contact the authorized pick-up individuals in the order in which you list them on the authorized pick-up list.

### Extra Authorized Pick-Up People\*

\*Both parents are the PRIMARY EMERGENCY CONTACTS & they are both authorized to pick up your child. The people listed below are also approved to pick up your child from the Y.

**Please see the Authorized Pick-Up Section above for more information!**

If we cannot get ahold of either parent, in the event of an emergency, the authorized pick-up people will be contacted in the order that you list them below until we get ahold of someone.

Pick-Up Person #3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home/Work Phone Number: \_\_\_\_\_

Pick-Up Person #4: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home/Work Phone Number: \_\_\_\_\_

Pick-Up Person #5: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home/Work Phone Number: \_\_\_\_\_

Pick-Up Person #6: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home/Work Phone Number: \_\_\_\_\_

All authorized pick-up people must still show a photo ID in order to pick-up your child.

If you wish to add or subtract someone from this list at a later date, extra forms will be available

# Medical Information & Authorization Form

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

## Doctor Information

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_

Dr. Office Phone Number: \_\_\_\_\_ After Hours Phone Number: \_\_\_\_\_

## Allergies

Please list any and all allergies your child may have (peanuts, dairy, certain medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## Medical Conditions & Medications OUTSIDE of the Y

Please list any and all medical conditions that your child may have. (ADD, ADHD, Asthma, Diabetes, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child takes (even if they take it in the morning before school or at school) the more information you can give us, the better our staff can serve your child.

\_\_\_\_\_  
\_\_\_\_\_

## Medication Authorization Form

Please list any/all **PRESCRIPTION** medications to be administered by camp staff while your child attends the Before & After School Program at the Lawton Family YMCA. OTC medications will only be administered by BAS staff if accompanied by a doctors note/prescription.

I hereby authorize the Lawton Family YMCA to administer the following **prescription medications** to my child:

**Medication:** \_\_\_\_\_

Dates and Times to be Administered:

\_\_\_\_\_  
\_\_\_\_\_

Instructions:

\_\_\_\_\_  
\_\_\_\_\_

**Medication:** \_\_\_\_\_

Dates and Times to be Administered:

\_\_\_\_\_  
\_\_\_\_\_

Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Photo Release**

I hereby GIVE\* my consent for my child's pictures to be taken and used for promotion purposes. This includes brochures, flyers, seasonal guides, videos, websites and any other promotional purpose as deemed appropriate by the Lawton Family YMCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you do not give permission for your child's pictures to be used, DO NOT sign and date this section.

**Swimming**

I hereby give my permission for my child, to swim at the Lawton Family YMCA, the City Pool on 17th St. & the Comanche Nation Waterpark, provided that there are certified & trained Lifeguards on duty at all times. (All students will be swim tested each week before being allowed to swim, and personal floatation devices (PFDs) will be given to those students who do not pass the swim test.) I hereby give my permission for the Lawton Family YMCA to transport my child to those three locations for swimming, provided that the driver is 21 years of age or older, has liability insurance in force and has a valid drivers license.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you do not sign this section, your child will not be allowed to swim.

**Transportation Permission**

I hereby give my permission for the Lawton Family YMCA to transport my child on all announced field trips, including the Community Gardens at Cameron University, provided that the driver is 21 years of age or older, has liability insurance in force and has a valid drivers license.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Risk of Injury**

I authorize the Lawton Family YMCA to provide emergency treatment in the event I cannot be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless for any claims to some risk of injury. I also agree to hold the YMCA harmless of any damage or loss of any property or injury to the person that may occur through participation in any activity at the Lawton Family YMCA or its programs.

\*In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Program Coordinator, Youth & Family Life Director, or person in charge to take my child to:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**100% ID Check**

There is a 100% ID check EVERY DAY, please have a photo-ID ready when you come to pick up your child. Make sure that all of your authorized pick up people are aware of this policy if they are planning to pick up your child. If you do not have a photo ID you will be asked to leave and go get one.

NO EXCEPTIONS!

**Shot Records must be turned in before the Before & After School Program starts!**

\*If you have already turned in shot records to the Lawton Family YMCA in 2012, you do not need to do this again.