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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **MAGIC VALLEY YMCA AFTERSCHOOL REGISTRATION PACKET**

Below is a checklist that we encourage you to review once you have filled out the registration forms. This will ensure that the packet is complete. Incomplete packets will not be accepted, which will result in delay of your start date. If you have any questions, please speak with the Program Director.

### **REQUIRED FORMS:**

	<b>PARENT</b>	<b>COORDINATOR</b>
Emergency Information Form	_____	_____
Health Information Form	_____	_____
Consent for School-Age Program Activities	_____	_____
Schedule Request Form	_____	_____
Payment Policy	_____	_____
Current Immunization Records	_____	_____

**Program Director:**

**Tammy Lowther,**

Magic Valley YMCA

1751 Elizabeth Blvd.

Twin Falls, ID 83301

(208) 733-4384



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# EMERGENCY INFORMATION FORM

## General Information (Please print)

YMCA Afterschool Program \_\_\_\_\_ Start Date \_\_\_\_\_

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

M  F Date of Birth \_\_\_\_\_ YMCA Member  YES  NO

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Name of school child attends \_\_\_\_\_

1st Parent/Guardian Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1st Parent/Guardian First Name \_\_\_\_\_ YMCA Member  YES  NO

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

2nd Parent/Guardian Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2nd Parent/Guardian First Name \_\_\_\_\_ YMCA Member  YES  NO

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

## HEALTH HISTORY AND INFORMATION FORM

Has your child had any serious or severe illnesses or accidents in the last 3 years?

YES  NO (If yes, explain) \_\_\_\_\_

Does the child take any medication during the day?  YES  NO

If yes, Medication Release Form is required. Please list medications:

Does your child have allergies?  YES  NO If yes, list:

Does your child have asthma?  YES  NO

If yes, what causes the onset of your child's asthma?

Do you have any concerns about your child's health or development that we need to be aware of?  YES  NO

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



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# MAGIC VALLEY AFTERSCHOOL PAYMENT POLICY

The following terms and conditions apply for all childcare accounts. **Please initial each statement after reading:**

## Registration Fee

Payment of the registration fee and first week's billing **must be included with the registration packet.**

Parent initial here \_\_\_\_\_

## Payment Dates

Payment cycles are weekly. All payments are due on the 1st Thursday of each week. If you anticipate having difficulty with paying your fees on time, please contact Leslie Flores, 733-4384, ext. 102.

Parent initial here \_\_\_\_\_

## Additional Charges and Termination of Services

Balances must be paid in full by the Thursday prior to week's services. An NSF charge will be charged for returned items along with a late charge if applicable. Delinquent accounts will be placed on a termination list. The YMCA reserves the right to terminate care until the account balance is paid in full. If there is a wait list, your child's place may be forfeited and given to the next child on the wait list.

Parent initial here \_\_\_\_\_

## Tuition credits

Tuition is calculated as a weekly rate. There are no tuition credits given for holiday closures, child illness or closing due to weather or an emergency situation. A list of holiday closures can be found in your parent handbook.

Parent initial here \_\_\_\_\_

## Collection of Fees

The YMCA reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a \$20 processing fee will be added to the account balance. **Parent initial here** \_\_\_\_\_

## After Hours Policy

Magic Valley Afterschool class ends at 6:00pm. If you pick up your child after the closing time, you will be charged \$1.00 for each minute after closing until 6:30 PM at which time Child Protective Services will be called. This charge will appear on your next invoice. **Parent initial here** \_\_\_\_\_

I have read and understand the terms and conditions of the Payment Policy and agree to abide by all the above stated terms. I also understand that I, the undersigned, am the person solely responsible for payment of my account regardless of any other parties involved (i.e. co-payer, ICCP, etc.).

Date \_\_\_\_\_

Child's Last Name (If different from Parent/Guardian) \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Social Security # : \_\_\_\_\_

## Weekly tuition payments for child care can be made two different ways.

**Pay in person** at Magic Valley YMCA, 1751 Elizabeth Blvd., Twin Falls, ID.

**Mail your payment to:** Child Development Accounting, 1751 Elizabeth Blvd., Twin Falls, ID 83301.

**For billing questions please call Janey at (208) 733-4384, ext. 103**

# PAYMENT AUTHORIZATION - OPTIONAL

I authorize my financial institution to honor bank drafts drawn by the YMCA on my account. The amount drafted will be for the current tuition due for that month. It is understood that my bank draft will be continuous unless written notification is received by the YMCA by the 25th of the month. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payment for all fees currently due, including any fees not covered by the bank draft as well as any owed after the bank draft stops.

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## Draft my account (check one)

- On the 1st of every month (for current month of service)
- One time draft ONLY for registration and First Billing Cycle fee.

Name on Account \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

\_\_\_\_\_  
Name of child for whom this draft is authorized

\_\_\_\_\_  
Child Center to which the fees are paid

\_\_\_\_\_  
Name of child for whom this draft is authorized

\_\_\_\_\_  
Child Center to which the fees are paid

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## Credit Card (or Debit Card with Visa or MasterCard logo)

Funds to be withdrawn from (circle one) Visa/MasterCard/Discover

Card number: \_\_\_\_\_ Expiration: Month/year \_\_\_\_\_

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# CONSENT FOR ACTIVITIES

Child's Name (Please print) \_\_\_\_\_

**Permission for swimming and/or wading at any YMCA facility:**

Parent initial here \_\_\_\_\_

**Permission to transport on YMCA buses on fieldtrips and walking fieldtrips:**

Parent initial here \_\_\_\_\_

**Permission for application of sunscreen:**

As a parent/legal guardian, I give consent to have the YMCA Child Development staff apply Coppertone Water Babies 100 SPF sunscreen that will be provided by the YMCA. I understand that I will be responsible to provide sunscreen for my child if I do not give permission.

Parent initial here \_\_\_\_\_

**Permission for Photograph Release:**

I authorize the Magic Valley YMCA to utilize photos of my child for on-site publications such as classroom and center newsletters, posters, picture collages and media. I understand that these publications may be posted inside classrooms, center hallways, entrances and may be sent to center participants via e-mail. I may revoke this consent at any time, by submitting a written request to the Site Coordinator.

**Please Select One**

I **DO** authorize the Magic Valley YMCA to use photos of my child as described above.

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **DO NOT** authorize the Magic Valley YMCA to use photos of my child as described above.

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# MANDATORY RISK WAIVER AND MEMBERSHIP UNDERSTANDING

YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Magic Valley YMCA and its staff, volunteers and members. We, the undersigned, do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence, the negligence of my family participating in said activities, or the negligence of the Magic Valley YMCA. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. While on the premises of Magic Valley YMCA facility or enrolled in any YMCA programs, my family and I agree to act with Caring, Honesty, Respect and Responsibility.

Primary Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of minor child(ren) I am responsible for:

_____	_____
_____	_____
_____	_____
_____	_____



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# MEDICATION AUTHORIZATION FORM

## Authorization to Administer Medication

Parents: You must complete all three sections of this form before hand delivering this document and the medication for your child to your child's YMCA teacher. Failure to complete the requirements will result in your child not receiving his/her medication.

### SECTION 1

Child's name \_\_\_\_\_  
Name of medication \_\_\_\_\_  
First date to administer medication   /  /    
Last date to administer medication   /  /    
Times to be given \_\_\_\_\_  
Dosage to be given \_\_\_\_\_  
Method to administer medication \_\_\_\_\_  
Special instructions \_\_\_\_\_  
Possible side effects \_\_\_\_\_  
Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2

I, \_\_\_\_\_, give representatives of the Magic Valley YMCA authority to administer to my child medications as detailed above. I agree to furnish the correct amount of medicine and detail the times at which it is to be administered. I understand that this is done at my request and I agree not to hold the YMCA responsible should complications occur. I also agree to provide emergency information in the event of any side effects which may occur.

  /  /   \_\_\_\_\_  
Date Signature of YMCA representative acknowledging medication received from parents

### SECTION 3

  /  /   \_\_\_\_\_  
Date Signature of YMCA representative acknowledging medication received from parents



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Twin Falls, ID 83301
(208) 733-4384
FAX (208) 733-4386

MEDICAL CONSENT FORM

Child's name Last First Middle

As parent and/or guardian, I do hereby authorize for the treatment of my child/children in the event of a medical emergency situation which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted ONLY after a reasonable effort has been made to reach me.

Name(s) of parent or guardian:

Address:

Home phone:

Mother's or guardian's business phone:

Father's or guardian's business phone:

Name of family physician:

Physician's phone:

This release form is completed and signed of my free will with the sole purpose of authorizing medical treatment under emergency circumstances during my absence.

Signature

Date



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# AUTHORIZED PICK UP

## Who do you authorize to pick up your child? (Please print)

1. Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relation: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relation: \_\_\_\_\_

4. Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relation: \_\_\_\_\_

## ATTENDANCE

Please check the one that applies to your child's attendance for the week.

Full week

Half week



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