

Participant(s) Name: _____

FIRST

LAST



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

(Staff Only) Date Received: ____/____/____

Time Received: _____ AM / PM

Staff Initials: _____



2026/2027 After School Enrichment registration packet

For students ages *5-12 years old (K-6)

Dear Families,

Thank you for choosing the YMCA as your trusted childcare provider! To ensure your child is fully registered for YMCA Before & After School Enrichment (BASE), please be sure to complete the enclosed paperwork. Children must be five years of age and in kindergarten to attend. **Once completed in full, please return in person or email it to Ldefox@glowymca.org.** Please do not hesitate to call with any questions or concerns you may have.

Elizabeth Delfox
Orleans County Child Care Director



YMCA Afterschool Enrichment Program Registration Checklist

Dear Parent/Guardian,

In order to ensure your child is fully registered for the YMCA afterschool Enrichment program, please be sure to complete the enclosed paperwork. It is extremely important that **ALL** forms be fully completed and returned to the YMCA as soon as possible. Please know that until your child's registration packet is turned in, they will not have a guaranteed spot and will not be able to attend the YMCA afterschool Enrichment program.

Thank you again for your cooperation. Please do not hesitate to call with any questions or concerns you may have.

Please be sure to review and complete the following before handing in the packet:

- Review the Parent Handbook
- Sign and date the Parent Handbook Signature Page
- Complete the Program Participant Information Form
- Sign and date the Behavior Agreement (both you and your child)
- (Required) Complete the Electronic Funds Transfer Authorization Form
- Review and Complete the Participant Liability Waiver
- Additional OCFS paperwork
 - o **If your child has special health care needs (this includes dietary needs, learning disabilities, any type of allergy or illness, etc.) you must complete the OCFS 7006 & 6029 Form**
- Located on our website: <https://glowymca.org/programs/BASE/>



Parent Handbook Signature Page

I have read the Parent Handbook and understand the GLOW YMCA Afterschool Enrichment program policies.

My signature below indicates that I have read and understand **all** of the information in the YMCA Afterschool Enrichment program Parent Handbook.

I also verify that I have reviewed all of the Code of Conduct information with my child and understand that I may be called to pick-up my child in the event that these policies are not followed.

(scan QR for handbook)

Parent/Guardian Signature: _____

Date: _____



Confidential Child Information

All of the following questions are completely optional. Our cooperation with various funding sources requires us to provide research information on the children who participate in our programs. The following information obtained is confidential and strictly used for research purposes only.

Please check all that apply:

- Black
- Hispanic/Latino
- Caucasian
- Asian
- American Indian
- Other

Parent/Guardian Signature: _____

Date: _____

Please return this page with your registration information

The leaps grant awarded from OCFS has given the Orleans County YMCA the opportunity to offer significant reduced rates for the 2026 – 2027 school year. With that there is only one rate option.

We ask that you indicate below the schedule you plan to send your child to our program.

Medina YMCA AFTERSCHOOL ENRICHMENT PROGRAM: Oak Orchard Elementary	Please circle days you intend use of program
Medina YMCA Afterschool Enrichment program: PM Only 5 DAY Till 6PM	M T W T H F

Students are required to attend a minimum of four (4) days per week out of the five-day program schedule in order to retain their enrollment status. Failure to maintain an attendance rate of at least eighty percent (80%) in any given week may result in the forfeiture of the student’s spot, which will then be offered to a family on the waitlist.

YMCA Afterschool Enrichment program
(Anticipated pickup times in boxes)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Anticipated PM pick-up</u>	<u>Anticipated PM pick-up</u>	<u>Anticipated PM pick-up</u>	<u>Anticipated PM pick-up</u>	<u>Anticipated PM pick-up</u>



Child Must be 5 years old and in Kindergarten before they can start the program.

GLOW YMCA
 YMCA Afterschool Enrichment program
 Program Participant Information Form
 CHILD AND FAMILY INFORMATION

Child's Name:		Date of Birth:	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		City, State, Zip:		School:	
Child's Nickname:		Child lives with:		Teacher's Name:	
Primary Parent/Guardian Name:		Street Address: (If different than above)		City, State:	Zip:
<input type="checkbox"/> Emergency Contact	Home Number:	Birth Date:		Place of Work:	
<input type="checkbox"/> Pick-up Authorization	Cell Number:	Email Address:		Work Phone:	
Secondary Parent/Guardian Name:		Street Address: (If different than above)		City, State:	Zip:
Do you authorize this person to make changes or add authorized pick up people? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> Emergency Contact	Home Number:	Birth Date:		Place of Work:	
<input type="checkbox"/> Pick-up Authorization	Cell Number:	Email Address:		Work Phone:	
Name of Individual Responsible for payment:					

ALTERNATIVE CONTACT INFORMATION (INDIVIDUAL MUST BE 16 YEARS OR OLDER WITH PHOTO I.D.)

Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up



GETTING TO KNOW YOUR CHILD

*Important to fill out, so we can give your child the best care possible.
Any other information to help your child transition and enjoy the program is helpful!*

Special Talents:	
Hobbies/Interests:	
After School Activities/ Clubs: (days and times would be helpful as soon as you know them)	
Fears/Apprehensions:	
Ways to help your child handle transition:	
How does your child express anger/frustration?	
If my child gets upset, try this:	
Other friends in program:	
My child is authorized to watch movies rated: [] G [] PG [] PG-13	My child is a YMCA Member: [] Yes [] No [] Planning to joining soon!

HEALTH INFORMATION - PLEASE BE SURE TO INCLUDE ALL OF YOUR CHILD'S VITAL MEDICAL INFORMATION IN THIS SECTION TO INSURE PROPER AND QUALITY CARE OF YOUR CHILD

[] Asthma [] Convulsions [] Diabetes [] Special Diet [] Hearing [] Autism [] ADD/ADHD			
[] Vision [] Illness [] Learning Disabilities [] Injury [] Surgeries [] Emotional/Psychological			
[] Allergies: _____		[] Special Diet Requirements: _____	
DOES YOUR CHILD ROUTINELY CARRY AN EPI-PEN? Y OR N			
DOES YOUR CHILD ROUTINELY CARRY AN INHALER? Y OR N			
[] Currently taking prescribed medication? If yes, medication name & dosage: _____			
My child is currently covered by a hospitalization/medical care policy: [] YES [] NO			
My child receives specialty services through the school such as an IEP: [] YES [] NO (if yes, please include information attached)			
If your child has special health care needs notated above, you must complete the OCFS 7006 & 6029 Form – you are required to fill out these forms for your child to attend			
Policy Holder's Name:		Name of Insurance Company:	
Policy Holder's I.D. #:			
Physician's Name:	Phone:	City, State, Zip of Insurance Company:	Phone:
Specialist's Name:	Phone:	Dentist's Name:	Phone:



PARENT/GUARDIAN AGREEMENT

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ The information on this form is complete and accurate. I have provided all necessary information to properly care for my child. I must notify the YMCA staff immediately of any changes on these forms. In addition, I understand that it is my responsibility to contact the YMCA if my child will be absent from program.
- ✓ It is my responsibility to arrange for my child to be picked up from program before closing. I understand the procedure, which is set forth, and the consequences which will arise, in the event of my child not being picked up before 6:00PM; as stated in the Parent Handbook.
- ✓ YMCA staff and volunteers are not allowed to baby-sit, work for, or transport you or your child at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ The YMCA reserves the right to delay and/or cancel a program based upon enrollment/ staffing.
- ✓ Should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police.
- ✓ My child has permission to participate in walking field trips with the YMCA and to ride on vehicles arranged by the GLOW YMCA for transportation to and from YMCA Afterschool Enrichment program and scheduled field trips. Specifics will be posted prior to special events such as a walking field trip.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child if needed.
- ✓ The YMCA has permission to take and use photographs and videos of my child. These photos and videos may be used in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed or reimbursed for such photographs.
- ✓ I have read the YMCA Afterschool Enrichment program Parent Guide and shared the Code of Conduct with my child and agree to these policies and procedures.
- ✓ The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents as a result of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ This agreement shall be governed by the laws of New York State.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child's participation and conduct in YMCA programs and activities.
- ✓ Liability Waiver & Assumption of Risk: I knowingly and freely assume all risks, both known and unknown, associated with participation in YMCA programs, including the risk of serious injury, illness, paralysis, or death. I release, waive, and hold harmless the GLOW YMCA, its officers, directors, employees, agents, volunteers, and other participants from any and all claims arising from participation, except in cases of gross negligence or willful misconduct. The YMCA is not responsible for personal property that is lost, stolen, or damaged.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF, AND AGREEMENT TO THE ABOVE:

<i>Parent/Guardian Signature:</i>	<i>Date:</i>
<i>Parent/Guardian Name Printed:</i>	<i>Date:</i>



YMCA Afterschool Enrichment program
Participant Behavior Agreement

Participation in the YMCA afterschool Enrichment program is a privilege that comes with shared expectations of conduct and responsibility. This agreement outlines the behavioral standards required of all participants to maintain a safe, respectful, and supportive environment for everyone involved. By signing below, the participant and their parent/guardian acknowledge and accept these expectations.

Participant Agreement: As a participant in the YMCA afterschool Enrichment program, I agree to the following:

1. Compliance with Program Rules

I will comply with all rules, policies, and procedures established by the YMCA afterschool Enrichment program. These rules are designed to promote the safety, well-being, and enjoyment of all participants and staff. I understand that these policies may be updated or modified as needed and that I am expected to follow all such guidelines while participating in the program.

2. Upholding Core Values

I will make every effort to act in accordance with the YMCA's core values of **Caring, Honesty, Respect, and Responsibility**. These values will guide my actions, words, and choices while I am part of the program. I understand that demonstrating these values is essential to creating a positive and inclusive community.

3. Respect for Others and Property

I will show respect for all individuals involved in the program, including YMCA staff, fellow participants, and visitors. This includes using kind and appropriate language, listening when others are speaking, and treating others with dignity. I will also respect the personal belongings of others, YMCA property, and the physical space in which the program is conducted, including school or community facilities used by the YMCA.

4. Prohibited Conduct

I understand that certain behaviors are strictly prohibited and will not be tolerated under any circumstances. These include, but are not limited to:

- Use of profanity or inappropriate language;
- Talking back or speaking disrespectfully to staff or peers;
- Any form of physical aggression or violence, including hitting, kicking, pushing, or fighting;
- Bullying, harassment, or intimidation of any kind.

5. Consequences for Misconduct

I acknowledge that failure to follow the above expectations may result in disciplinary action. Depending on the severity and frequency of the behavior, consequences may include, but are not limited to:

- Verbal warnings or redirection;
- Removal from an activity or temporary separation from the group;
- Parent/guardian notification and required early pick-up;
- Temporary suspension from the program;
- Permanent removal (expulsion) from the program.

The YMCA reserves the right to determine the appropriate course of action based on the specific circumstances of any behavioral incident. Repeated violations or serious misconduct may result in immediate removal from the program.

6. Acknowledgment and Agreement

I have read and understand the behavior expectations outlined in this agreement

Participant Name (Printed): _____

Participant Signature: _____

Date: _____

I have discussed the above guidelines with my child. My child and I fully understand and agree to the listed above guidelines. I understand that I will be called to pick-up my child, without reimbursement, if they do not follow the agreement.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



YMCA AFTERSCHOOL ENRICHMENT PROGRAM Electronic Funds Transfer Authorization Form

The YMCA is pleased to offer Electronic Funds Transfer for YMCA Afterschool Enrichment program. To enroll in the YMCA electronic funds transfer program, please complete the following information and return it with your registration materials (pricing guide on next page).

Participant Name: _____ Telephone: _____

Program Start Date: _____

Monthly Draft Payment: \$50.00 for the 2026-2027 school year First Draft Date: First of September

YMCA Afterschool Enrichment program Schedule: _____

Final Draft Date: June 1st 2027

Electronic Funds Transfer Authorization

I authorize my financial institution to honor pre-authorized debit entries initiated by the GLOW YMCA on my account for the stated program fees:

I understand that:

My account will be debited on or after the **1st** day of each month based on the bank draft schedule above. Funds will be withdrawn from my bank account or credit card on a continuing basis and will cease on the date as stated in the bank draft schedule above. I further agree to provide the GLOW YMCA written notice, **15 days prior** to the draw date, of any changes or any intent to cancel program participation.

Changes or cancellations cannot be made by email, telephone or in person.

I understand and agree that if any payment does not clear my account, I will pay a \$30.00 service fee. If I do not reimburse the GLOW YMCA in full within 8 days, I understand that program participation will be denied unless special arrangements are made.

Signature of Account Holder

Date

Attach voided check from the appropriate bank account here.

Credit Card Holder _____

Credit Card Number _____

Security Code _____

Expiration Date _____



Orleans County YMCA
YMCA Afterschool Enrichment program

RECIPROCAL RELEASE OF INFORMATION

I _____ residing at
(Parent/Guardian Name)

(Address)

Authorize Medina Central School District to disclose information to the Orleans County YMCA executive director And / or the YMCA Afterschool Enrichment program Director regarding:

(Name of student)

Nature of information: (Please check each box acknowledging its permission to be shared with the stated above)

- Educational Information
- Psychological Information
- All Pertinent Information
- Behavioral Information and Plans in place

I understand that my records are protected under federal and specific state Confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. the provision of the treatment upon consent to disclosure to third party payers) and that in any even this consent expires automatically as described below.

Date and/or specific event to which this consent expires: Until further notice

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will

Executed this _____ day of _____, 20_____.

Parent/ Guardian Signature: