



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CONCORD FAMILY YMCA KYDSTOP AFTER SCHOOL PROGRAM

Boscawen

Licensed by the Bureau Of Childcare Licensing - number \_\_\_\_\_

**FULL WEEK** Monday - Friday

**YMCA Member**

Before School

\$50 wk \*

After School

\$60 wk \*

Both Before & After

\$80 wk \*

**Non Member**

Before School

\$70 wk \*

After School

\$80 wk \*

Both Before & After

\$100 wk \*

Circle the days that you will be attending:

Full Week or

Monday Tuesday Wednesday Thursday Friday

\* Rates subject to change with YMCA Board approval

Child's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Gender: Male Female

Home Phone \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Additional Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Primary Caregiver \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

REQUIRED Emergency Contact: Please list at least one person other than Parents/Guardians listed above to contact in case of emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

People authorized to pick up my child OTHER than those listed above: \_\_\_\_\_

## MEDICAL INFORMATION

**Important— Physical and Immunization** must be on file at the YMCA before child can attend.

Name & Phone # of Child's Doctor \_\_\_\_\_

Does child wear a medic-alert tag?  No  Yes please describe \_\_\_\_\_

Allergies (drugs, foods, insect stings, etc.)  No  Yes please describe \_\_\_\_\_

Can Child Swim?  No  Yes

Recent Injuries, Illnesses, Operations,  No  Yes please describe \_\_\_\_\_

Physical Disabilities or Chronic Conditions  No  Yes please describe \_\_\_\_\_

Psychological, Emotional or Behavioral Disorders  No  Yes please describe \_\_\_\_\_

Is there anything else we should know about child's physical or emotional condition?  No  Yes please describe \_\_\_\_\_

Does the Child take daily medication?  No  Yes please describe \_\_\_\_\_

Will the child need to take medication at the YMCA?  No  Yes \* If Yes, we medical form must be filled out. Medication must be in its original container and will only be dispensed according to label. Authorizations may be faxed to 603.224.5352 and must be updated annually. Over the counter medication will be dispensed with parent/guardian written authorization.



Follow us on Facebook and see what your camper is up to!  
<https://www.facebook.com/Kydstop / Camp Mowkawogan>



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CONCORD FAMILY YMCA KYDSTOP AFTER SCHOOL PROGRAM Boscawen

## WEEKLY FEE AND FINANCIAL ASSISTANCE

You may apply for childcare assistance through the State of New Hampshire Childcare Assistance

Or

A YMCA Scholarship

State of New Hampshire Childcare Assistance Program:

Are you currently eligible for childcare assistance through the State?      Yes      No

If yes, please complete the YMCA's State Assistance Contract with a YMCA staff member and complete the State Form 2530.

### Other information

Parent initial - \_\_\_\_\_ A \$40 non-refundable registration fee is due with this application.

Parent initial - \_\_\_\_\_ Physical and Immunization must be on file at the YMCA before a child can attend. If your child has had one in the past 2 years, please provide a copy with completed registration form.

Parent initial - \_\_\_\_\_ If the child needs to take prescription medication while at the YMCA, we **must** have an authorization from signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends.

Parent initial - \_\_\_\_\_ Over the counter medications will only be dispensed **with** written authorization from the parent/guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's printed instruction.

Parent initial - \_\_\_\_\_ Payment is expected on the Friday before a school week starts. **Payment will not be prorated.**

Parent initial - \_\_\_\_\_ We require a credit card on file for weekly payments. Credit Card Payment Authorization Form must be completed at time of registration, which will automatically charged **only** for the weeks your child attends.

Parent initial - \_\_\_\_\_ Please pick up your child by 6:00PM. Late pickups will be charged \$1 per minute. Late fees will be required upon pickup.

Parent initial - \_\_\_\_\_ If your account becomes 2 weeks past due your child may not continue to attend and you will not be able to enroll your child in other programs until the balance is paid in full.

**WAIVER AND RELEASE OF LIABILITY, AND AUTHORIZATION FOR MINORS:**

- In consideration of being allowed to participate in any way in the Concord Family YMCA and related events and activities, the undersigned agree to the following:
- As the parent or legal guardian of the participant I will instruct t the minor participant that prior or participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor or supervisor or other event organizer of such condition(s) and refuse to participate.
- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economical losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We release, waive, discharge and covenant not to sue the Concord Family YMCA its affiliated programs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants. Volunteers, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participate, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the released or otherwise.
- By signing this form I hereby authorize that the minor participate may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Concord Family YMCA recreational program or related events and activities.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be south and followed. I agree that the Concord Family YMCA will be notified in advance of any changes in the member's health status that may affect the member's needs during the YMCA's activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

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

**Transportation Authorization:** I grant permission for my child to walk from their classrooms at the end of the school day to our program at Boscawen Elementary OR to be bused to their elementary school in the morning and picked up by the YMCA after their school day and brought to Boscawen Elementary (Webster Elementary and Penacook Elementary) . The Concord Family YMCA may also transport my child on field trips. I understand that the licensed childcare program is responsible for my child from the time he/she arrives at the program services site until her or she leaves the program.

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

**Use of Sunscreen:** I give permission for my child to wear sunscreen. YMCA staff have permission to apply the sunscreen on my child. If my child does not have his/her own sunscreen, I give the YMCA staff permission to use a sunscreen, provided by the YMCA , for my child.

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

**First Aid:** I give permission for my child to receive basic first aid treatment.

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

**Emergency Medical Transportation:** I give permission for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

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

**Photo Authorization:** I, Parent or Legal Guardian, give/grant the YMCA permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the YMCA. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

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

The licensing authority for this program is the bureau of licensing and certification childcare licensing unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parent and must make them available for parents to review upon request. Statement of findings and corrective action plans are also available on-line at <http://childcare.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852-3345, ext 4624. During the licensing, monitoring, and complaint investigation visits to licensed program the department shall speak with children regarding the care they receive at the program if in the judgement of the licensing specialist the children's; response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. **However, if you do not want your child interviewed, or if you want to be informed prior to your child being interviewed you must give the director or designee, and update annually, a signed, dated statement indicating your preference.**