



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# Youth Development: Enrollment Checklist

## YMCA OF SAN JOAQUIN COUNTY

..Child's Name:.....Child Start Date:.....

..Child Care Site:.....

PLEASE INITIAL EACH ITEM AFTER COMPLETING THE PACKET

FORMS: AFTER SCHOOL (ALL)	PARENT'S INITIALS	COMPLETED (STAFF)
Registration Contract		
Admissions Agreement		
Health History / Child Release and Consent Form		
Authorized Pick Up Form		
Getting to Know You		
Student Behavior Management Procedures		
After School Program Data Form		
Release and Waiver of Liability and Indemnity Agreement		
Consent to Participate in Program Evaluation		
Photo, Video & Audio Recording Release		
Youth Development Family Handbook		
Credit Card / Bank Draft Authorization Form		
FORMS. AFTER SCHOOL (CA STATE LICENSED—SCHOOL AGE]		
LIC 613A—Personal Rights		
LIC 995E—Caregiver Background Check Process		
LIC 995— Notification of Parents Rights Caregiver Check		
FORMS: AFTER SCHOOL (GRANT FUNDED)		
Early Release Policy		
Transportation / Walk Home Release		

### ACKNOWLEDGEMENT AND RECEIPT

I acknowledge that I have received, read and sought clarification of any questions I have about the contents of the YMCA School Age Child Care enrollment packet.

Parent Signature.....Date.....



# YMCA OF SAN JOAQUIN COUNTY

## After School Rate Sheet

---

### Licensed After School Programs

#### Half Day Kindergarten Programs

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> A: 5 days a week until 4:30 pm              | \$405.00 per month |
| <input type="checkbox"/> B: 5 days a week until 6:00 pm              | \$533.00 per month |
| <input type="checkbox"/> C: 5 days a week 8:00— 10:45 or 12:00 -2:00 | \$298.00 per month |

#### Full Day Kindergarten & 1st Grade through 8th Grade

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> D: 5 days a week until 4:30 pm | \$334.00 per month |
| <input type="checkbox"/> E: 5 days a week until 6:00 pm | \$431.00 per month |
| <input type="checkbox"/> F: 3 days a week until 4:30 pm | 325.00 per month   |

### ASES Grant After School Programs

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> H: 5 days a week                    | \$300.00 per month |
| <input type="checkbox"/> I: 3 days a week                    | \$200.00 per month |
| <input type="checkbox"/> J: TEAM Program (requires approval) | \$40.00 per month  |

### Add On Programs:

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> K: Before School w/Plan                    | \$85.00 per month       |
| <input type="checkbox"/> L: Before School w/o Plan                  | \$132.00 per month      |
| <input type="checkbox"/> M: Wednesday Only (Aspire School]          | \$ 80.00 per month      |
| <input type="checkbox"/> N: Minimum Day Only (Lodi Unified Schools) | \$ 20.00 per <b>day</b> |

\*Scholarships available to Aspire Charter School Students



# YMCA OF SAN JOAQUIN COUNTY

## After School Licensed Registration Contract

Child's Full Name .....

Birthdate .....  Male .....  Female .....

Address ..... City ..... Zip .....

Home Phone ..... Cell Phone .....

Parent/Guardian Legal Name ..... Birthdate .....

Email .....

Parent Guardian Legal Name ..... Birthdate .....

Email .....

Child Lives With .....  Mother  Father  Both  Grandparents  Other .....

### Grade Entering

- TK     K     1st     2nd     3rd
- 4th     5th     6th     7th     8th

### School Attending

- Elk Horn                       Julia Morgan                       Manlio Silva
- Podesta Ranch                       River Oaks

### Payment Options (Please check one)

- Full payment for the year—Due at time of registration
- Monthly payments—Due by the 20th prior to service
- Bi Monthly Payments—Due on \_\_\_\_ & \_\_\_\_ month prior to service
- Weekly Payments—Due each Monday with full payment due by end of month prior to service

### PLEASE READ THE FOLLOWING AND SIGN BELOW

I have read the tuition and payment policy of the YMCA of San Joaquin County Afterschool and Child Care Centers, the Admissions Agreement located in his registration packet and the Family Handbook. My child and I have also read and signed the YMCA's School Age Student Behavior Management Procedures. I understand all fees are due on the 20th of the month prior to service.

A \$35 late fee per family will be assessed for any payment received after the 1st of the month. If payment is not received by the 5th, childcare services may be suspended. If payment is the responsibility of more than one parents, two signatures are required. I also understand that the non-refundable registration fee is required for each family enrolling in an Afterschool or Child Care Program.

Parent/Guardian Signature ..... Date .....

Parent Guardian Signature ..... Date .....



# YMCA OF SAN JOAQUIN COUNTY

## Admissions Agreement

YMCA of San Joaquin County Afterschool and Child Care is a licensed program for preschool and school aged children. Hours and fees vary between locations, please check your center's schedule. The basic fee schedule covers the days that the children are in school including minimum days. Fall Break, Winter Break and Spring Break are configured into the prices based on the minimum day hours (starting at 12pm). The hours between 7am and 12pm are not included in the rates plans. There will be separate registrations for the extended hours before each break.

1. The YMCA School Aged Child Care and preschool program Family Handbook serves as a part of this Admission Agreement. Please understand that it is your responsibility to read and understand the policies set forth in the Family Handbook.
2. All payments have to be paid through either Automatic bank drafts or Automatic credit card payments. We automatically draft your account on the 20th prior to service. If your bank draft / credit card payment is rejected, a \$25 service charge will be added to your account. Please provide any changes to your bank draft/credit card in writing to our office 15 days in advance.
3. Before or on the 20th prior to service: Fees must be paid by the 20th prior to service. (For example, September's fee needs to be paid no later than August 20th.)
4. After the 1st of the month: payments received after the 1st of the month of Service will be assessed a \$35 late fee.
5. After the 5th day of the month: If payment is not received after the 5th day of the month of service, your enrollment will be suspended.
6. All Children must be picked up by the end of their contracted program time. If you arrive after the end of your contracted program time, you will be charged \$5 per minute per child. These fees will automatically be added to account and included on the next months payment withdraw.
7. Fee Changes: We will give you a 30 day written notice in advance of any fee changes.
8. Refund conditions: All fees are charged on the basis of enrollment, not attendance. Refunds/prorates cannot be granted for absences due to illness or vacation. When you enroll, you are reserving time, space, staffing and provisions, whether or not your child attends. Refunds will be given for overpayment of fees or paid time after your two week cancellation notice has elapsed. Refund will not be given if your child is suspended or terminated from the program.
9. A two week written notice is required to withdraw from the program.
10. If your child has special needs, please let us know during enrollment. We want to provide the best environment for everyone and will make reasonable accommodation to fully include every child in activities. Failure to inform the Y at time of enrollment may result in a delayed program start date as we work to provide the appropriate accommodations.
11. Please understand that the YMCA of San Joaquin County is mandated by the State of California to report any suspected child abuse.
12. We periodically take pictures of participants in YMCA programs/activities. Please understand that these pictures may be displayed, used in fliers, brochures, videos or other YMCA promotional material. If you prefer your child's picture not be used in any of the above, please inform the YMCA staff in writing.
13. The state of California General Licensing Requirements Section 101195 states: Department of Licensing shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for the private interviews with and child(ren) or staff members; and the examination of all record relating to the operation of the facility. The Department of Licensing shall have the authority to observe the physical condition of the child (ren), including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed medical professional examine the child(ren).
14. We reserve the right to end your child's enrollment for the following reasons:
  - If you fail to pick up your child by the end of your contracted program time on three (3) consecutive days.
  - If you fail to pay your fees on a timely basis for two (2) consecutive months.
  - If there are repeated occurrences of absences without notification.
  - If there are disciplinary problems with your child that put other children at risk physically and/or emotionally.
15. Optional Services: At times, the YMCA will provide optional services to children in the child care centers. These services may take the form of a food program, youth sports league, enrichment course, or similar program. These services are strictly optional, and information about fees and schedules are available for each service on a separate form or flyer.
16. The YMCA of San Joaquin County is a non-profit organization. Our Federal Tax ID # is 94-1156319

Child's Name .....

Parent/Guardian Signature .....

Date .....



# YMCA OF SAN JOAQUIN COUNTY

## Authorized Pick Up Form

Authorized Person #1: .....  
Relationship to Child: ..... Birthdate: .....  
Home Phone: ..... Cell Phone: ..... Work Phone: .....

Authorized Person #2: .....  
Relationship to Child: ..... Birthdate: .....  
Home Phone: ..... Cell Phone: ..... Work Phone: .....

Authorized Person #3: .....  
Relationship to Child: ..... Birthdate: .....  
Home Phone: ..... Cell Phone: ..... Work Phone: .....

Authorized Person #4: .....  
Relationship to Child: ..... Birthdate: .....  
Home Phone: ..... Cell Phone: ..... Work Phone: .....

Authorized Person #5: .....  
Relationship to Child: ..... Birthdate: .....  
Home Phone: ..... Cell Phone: ..... Work Phone: .....

Authorized Person #6: .....  
Relationship to Child: ..... Birthdate: .....  
Home Phone: ..... Cell Phone: ..... Work Phone: .....

Authorized Person #7: .....  
Relationship to Child: ..... Birthdate: .....  
Home Phone: ..... Cell Phone: ..... Work Phone: .....

\_\_\_\_\_ I authorize the above people to pick up my child from the program. Please initial the following:

\_\_\_\_\_ I understand that the person above must be 18 years of age or older

\_\_\_\_\_ I understand that the person must show identification when picking up

\_\_\_\_\_ I understand that the people listed above will have to have their pictures taken that will only be used in our check in / check out system

\_\_\_\_\_ I understand that to add or remove anyone to this form once it is submitted requires written notice to the Program Coordinator

Child's Name .....  
Parent/Guardian Signature ..... Date .....



YMCA OF SAN JOAQUIN COUNTY
Confidential Health History and Consent Form

Child's Name: Last First Gender: M F
Address Home Phone
Birthdate: / / School Grade Age
Height Weight Hair Color Eye Color
Birthmarks/Scars
Caucasian Asian/Pacific Islander Hispanic African American Native American Other
Parent/Guardian Legal Name 1: Address
Home Phone Cell Phone Email
Employer Work Phone
Parent/Guardian Legal Name 2: Address
Home Phone Cell Phone Email
Employer Work Phone

EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP CHILD

In the case of an emergency, we will always contact the parent/guardian first. In the event a parent/guardian cannot be reached, we will contact other friends / relatives. No adults other than the parent / guardian or people listed below can pick up your child from our program without a legibly written, dated and signed note from the parent/guardian.

Name Cell Phone Alternate # Relationship
Name Cell Phone Alternate # Relationship
Name Cell Phone Alternate # Relationship
Name Cell Phone Alternate # Relationship

MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician Preferred Hospital
Doctor's Phone Doctor's Address
Family Dentist Dentist Phone
Medical Insurance Company Policy #

MEDICAL HISTORY

- ADD/ADHD Bed Wetting Bleeding/Clotting Disorder Diabetes
Recent Hospitalizations Migraines Psychological Conditions Seizures
Recent Hospitalizations Tuberculosis Heart Defect/Disease Asthma

List any other medical history here:

- Allergies: Pollen Penicillin Poison Oak Bee Stings Foods Hay Fever Other Drugs
Other Allergies? List any other allergies here:

List dietary restrictions here:



# YMCA OF SAN JOAQUIN COUNTY

## Confidential Health History and Consent Form

Any reason to restrict strenuous activity such as strenuous games?  Yes  No

List any past serious medical treatment such as operations, injuries or restrictions on physical activities:

Is your child currently involved in therapy?  Yes  No If Yes, Please Explain:

Does your child require special accommodations?  Yes  No If Yes, Please Explain:

If your child has special needs, please let us know during enrollment. We want to provide the best environment for everyone and will make reasonable accommodation to fully include every child in activities. Failure to inform the YMCA at time of enrollment may result in a delayed program start date as we work to provide the appropriate accommodations.

### MEDICATION DISBURSMENT AUTHORIZATION

If your child is currently taking prescription medications, complete this section. For your child's protection, our staff cannot administer medication without these forms. Any medicines that you give us for your child must be in the original container with dosage directions and/or doctor's instructions clearly labeled. Medication will be administered and documented according to directions on the bottle or by a doctor's instructions.

Medical Condition

Medication Amount to be given When

Comments or Instructions

Parent/Guardian Signature Date

\*Please list additional medications on separate page

### SUNSCREEN INFORMATION

The YMCA staff may apply sunscreen to my child's exposed skin (not covered by clothing/swimsuit), as needed.  Yes  No

### PHOTO/VIDEO RELEASE

I hereby consent to and authorize the use and reproduction of any and all photographs and video which have been taken of my child for the promotional purposes of the YMCA, or anyone authorized by the YMCA. I understand I receive no reimbursement for allowing my child's photo or video to be taken and the use of the photo or video.

### MEDICAL RELEASE

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I assume that the YMCA of San Joaquin County assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the YMCA to order X rays, routine tests, and secure proper treatment, hospitalize, and to order injections/and/or anesthesia and/or surgery and emergency treatment for my child as named on this form. All immunizations required for school are up to date unless I have signed that I do not immunize my child.

I agree to and understand the following guidelines: Participants agree to abide by the rules and regulations set by the YMCA for the health, safety, and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct, and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without YMCA staff permission.

YMCA of San Joaquin County reserves the right and will send anyone home (at the parent's / guardians' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Parent's/guardians signature is required on the Photo Release, Medical Release and agreement to follow YMCA policies and guidelines in order for your child to participate in the YMCA Program.

Child's Name

Parent/Guardian Signature Date



# YMCA OF SAN JOAQUIN COUNTY

## Getting to Know You

Thank you for letting your child spend time with us. Our goal is to help each child learn, grow and thrive. We'd like to start off by asking you to tell us a little about your child that we can share with our staff:

Child's Name (Nickname)..... Date.....

Parent/Guardian.....

School.....

1. Please tell us about your child. List special gifts, skills, talents, likes, dislikes and hobbies that you've noticed.

.....  
.....  
.....

2. On a weekend or during vacation, what do you and your child/family like to do together?

.....  
.....  
.....

3. How does your child handle conflict or upsetting situations?

.....  
.....  
.....

4. Do you have any special talents or skills that you would be willing to share with the students in our program?

.....  
.....  
.....

5. Is there anything else you would like us to know?

.....  
.....  
.....





# YMCA OF SAN JOAQUIN COUNTY

## Student Behavior Management Procedures

It is the goal of the YMCA of San Joaquin to provide a healthy, safe, and secure environment for all School Age Child Care and After School Program participants. The YMCA teaches the core values of Respect, Responsibility, Honesty and Caring. Children attending the program are expected to follow the behavior guidelines and appropriately interact in a group setting.

### PROGRAM BEHAVIOR GUIDELINES

- People are **RESPONSIBLE** for their actions
- RESPECT** each other and the environment.
- HONEST** will be the basis for all relationships and interactions.
- We will **CARE** for ourselves and those around us.

### WHEN A CHILD DOES NOT FOLLOW THE BEHAVIOR GUIDELINES, THE FOLLOWING STEPS WILL BE TAKEN

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules, and discussion will take place.
3. The parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior is, what provoked the problem, and corrective action taken.
5. A conference with the parent and staff will occur to determine the appropriate action.
6. A progress check or follow up will occur.
7. If the problem persists, a conference will occur with the parent, child staff and Program Director. The Program Director will have all documentation, and conference notes for review. Future participation may require counseling.
8. If a child's behavior at any time threatens the immediate safety or self, other children or staff, the parent will be notified and expected to pick up the child immediately.
9. If a problem persists and/or a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program.
10. Expulsion from the program will be considered in situation involving violent acts or after all alternatives have been attempted to resolves the problem.

### SUSPENSION FOR THE REMAINDER OF THE CURRENT DAY AND THE NEXT DAY

- \*Children suspended from school are not permitted to attend the School Age Child Care and After School Program for the duration of the suspension.
- \*Children expelled from school are not permitted to attend the School Age Child Care and After School Program unless notified by the school authorities.
- \*Endangering the health and safety of the children and/or staff.
- \*Threats made to children and/or staff regarding firearms, knives, firecrackers or explosives.
- \*Theft or damage to YMCA, school, or personal property.
- \*Leaving the program without permission.
- \*Refusal to follow program behavior guidelines and/or school rules. Use of profanity, vulgarity, and/or obscenity.
- \*Lewd behavior

If any of the behaviors listed above persists, a second suspension may occur pending expulsion.

### IMMEDIATE EXPULSION

- \*Possession of and/or use of tobacco, knives, alcohol, illegal drugs, firecrackers, firearms or explosives.
- \*Inappropriate interaction by parents, tutors or family towards other parents, participants or staff. (example: fights, hostile, etc.)

### PARENT / GUARDIAN SIGNATURE REQUIRED

I have reviewed the behavior Management Procedures with my child. I understand and agree to all the terms presented in this document.

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

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_



# YMCA OF SAN JOAQUIN COUNTY

## After School Program Data Form

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD ENROLLED IN THE PROGRAM

Child's Name: (PLEASE PRINT) .....  
LAST FIRST MIDDLE

Home Phone ..... Emergency Phone .....

Home Mailing Address .....  
STREET OR P.O. BOX CITY STATE ZIP CODE

Sex: (Circle One) M F Date of Birth ...../...../..... Grade: TK K 1st 2nd  
3rd 4th 5th 6th  
7th 8th

Does your child qualify for free or reduced lunch?  Yes  No

### Primary Language Spoken at Home:

- English
- Spanish
- Chinese
- Japanese
- French
- Polish
- Unknown
- Other, please specify:

### Secondary Language Spoken at Home:

- English
- Spanish
- Chinese
- Japanese
- French
- Polish
- Unknown
- Other, please specify:

### ETHNICITY INFORMATION

Please check the ethnic group the child most identifies with:

- Caucasian/White
- African American / Black
- Hispanic / Latino
- Native Hawaiian or other Pacific Islander American Indian or Alaska Native
- Asian



# YMCA OF SAN JOAQUIN COUNTY

## Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, equipment, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participation by children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has received, or immediately upon entering or participating will more thoughtfully review, and has carefully considered such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, OR UTILIZING ANY ONLINE OR IN PERSON SERVICES OFFERED BY OR AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "Releasees") from all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children, whether caused by the negligence of the Releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using the facilities or equipment of the YMCA for participating in any program affiliated with the YMCA whether caused by the negligence of the Releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of Releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY AGREES, by participating in the YMCA Nationwide Membership Program, to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and self-governing member association in the United States and Puerto Rico, from any and all claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

.....  
Signature of Parent / Guardian

.....  
Date

.....  
Print Name of Parent / Guardian

.....  
Signature of Parent / Guardian

.....  
Date

.....  
Print Name of Parent / Guardian



# YMCA OF SAN JOAQUIN COUNTY

## Consent to Participate in Program Evaluation

Your local YMCA and YMCA of the USA evaluate our programs to see what we are doing well, to identify area of the program that we can improve, and to make sure that the children we serve are benefitting from this program.

Part of the evaluation involves collecting information from program participants, Participation is voluntary and you can withdraw your consent to participate in the evaluation at any time. Your child's participation in the program will not be affected. If you choose to participate in the evaluation, your privacy and your child's privacy will be protected. We will not use your child's name in any report or publication. Individual responses will not be made public. Your child's information will be secured. As required for evaluation purposes, we may share your child's information with our evaluation partners, who we require to protect your child's privacy and confidentiality.

For evaluation purposes, we ask your permission to:

- \*Collect demographic information on your child
- \*Track your child's attendance in this program

Where applicable, we also ask your permission to:

- \*Survey your child about his/her program experience
- \*Interview your child about his/her program experience
- \*Receive the results of assessments your child takes as part of the program
- \*Observe your child participating in the program
- \*Receive academic data from your child's school in accordance with applicable state and federal laws.

Please receive the program—specific information sheet to see what information is collected in your child's program.

- YES, I agree to allow my child's information to be used as part of the program evaluation. I understand that his evaluation is part of the program my child is receiving and that my child's participation is voluntary.
- NO, I choose not to allow my child's information to be used as part of the program evaluation

If you sign below but do not check a box, we will assume you have agreed to the use of your child's information in the evaluation. This agreement remains in effect until you withdraw your permission.

Child's Name

Parent/Guardian Signature

Date



# YMCA OF SAN JOAQUIN COUNTY

## Photo and Video/Audio Recording Release

---

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted YMCA of San Joaquin County, I hereby give my permission and consent now and for all time, to YMCA of San Joaquin County, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Joaquin County and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities at YMCA of San Joaquin County, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to and/or claim, by me. I may, or may not be, identified in such reproductions, however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of San Joaquin County, I authorize, according to this Release, shall belong to YMCA of San Joaquin, YMCA of the USA and third parties collaborating with YMCA of San Joaquin County and/or YMCA of the USA. Therefore, they will have full right of deposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of San Joaquin,

Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of San Joaquin County will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of San Joaquin County, YMCA of the USA and third parties collaborating with YMCA of San Joaquin County and/or YMCA of the USA;

YMCA of San Joaquin County, YMCA of the USA and third parties collaborating with YMCA of San Joaquin County and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of San Joaquin County, YMCA of San Joaquin County, YMCA of the USA and third parties collaborating with YMCA of San Joaquin County and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of San Joaquin County for any purpose without compensation to me,

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of San Joaquin County, YMCA of the USA and third parties collaborating with YMCA of San Joaquin County and/or YMCA of USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA San Joaquin County as described herein.

---

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

---

Address \_\_\_\_\_

I am the Mother/Father/Legal Guardian of ..... (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

---

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



# YMCA OF SAN JOAQUIN COUNTY

## Early Release Policy - Aspire School District Only

---

A child may be released early from the After School Program prior to the end of program time at 6:00pm based on the following condition:

1. Student attends a "parallel program" (programs in the school or community such as soccer, basketball, catechism, etc.). An agreement with the parent and documentation of enrollment makes this parallel program the student's enrichment component.
2. Regular school day releases between 12:30pm and 3:00pm and the student has remained in the program for three or more hours that day (e.g. child may leave at 5:00pm if the regular school day release is 2:00pm)
3. Family emergencies (such as death in the family, catastrophic incidents, etc.)
4. Dismissal by staff members per program behavior / discipline policy.
5. Student has a medical appointment.
6. Weather conditions or early darkness, especially if the student walks home.
7. Student accidents or illness that occur during program time (program staff will call parent or guardian.)
8. Other conditions as prescribed by the school (especially as they relate to a student's safety). An example might be school bus transportation, especially if taking the bus home, might result in getting home close to 7:00pm if the child leaves at 6:00pm.

I have read and understand the terms and conditions of the early release policy and will abide by this policy. Failure to comply with this policy can lead to my child being dismissed from program.

Child's Name .....

Parent/Guardian Signature ..... Date .....



YMCA OF SAN JOAQUIN COUNTY
Youth Development Credit Card / Bank Draft

A. PERSONAL INFORMATION—PLEASE PRINT LEGIBLY

Primary Member: .....
First Name Last Name

E-mail Address .....

B. CREDIT CARD ACCOUNT INFORMATION

Card Type: [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover

Card Issuer (e.g. Chase Bank): .....

Card Number: .....-.....-..... Expiration Date: .....

Name on account (please print): .....

C. BANK ACCOUNT INFORMATION

A voided check is needed to complete bank draft transactions. I understand that if my bank account has an NSF (sufficient funds not available) my account will be drafted at the next available draft. (ATTACH A VOIDED CHECK)

Name on Account (Please Print) Date Account Holder's Signature

Payments for services will be taken out beginning on the [ ] 3rd OR [ ] 20th of ....., 20 ..... (MONTH)

For Afterschool Child Care programs, drafts will occur on the 3rd or 20th prior to service. If your payment returns it will automatically be charged on the next date. For example, if your draft is returned on the 3rd of the month, it will automatically be charged again on the 20th.

I authorize the YMCA of San Joaquin County to deduct a monthly charge to my credit card / financial institution in the amount listed above. I agree to give a 15 BUSINESS DAY WRITTEN NOTICE prior to my WITHDRAWAL DATE. I understand that if my credit card is declined or my bank draft is rejected, a \$25 service charge will be applied to my account. I also understand that if I do not cancel my Child Care or Afterschool program within 15—business days prior to my draft date, my account will be drafted for the full amount and there will be no refunds.

Parent / Guardian Signature ..... Date .....