



Student Information Form

First Name: _____ Last Name: _____

D.O.B. _____ Age: _____ Gender (please circle one): Female / Male

Program Registered for: [] Breakfast Club [] After School

Program days reserved: [] 5 days [] 3 days Indicate which days: [] M [] T [] W [] H [] F

Parent / Guardian # 1 Information

Parent / Guardian # 2 Information

Name: _____

Name: _____

Address _____

Address: _____

City / State / Zip code _____

City / State / Zip code: _____

Telephone #: _____

Telephone #: _____

Mobile #: _____

Mobile #: _____

Employer: _____

Employer: _____

Employment #: _____

Employment # _____

Email: _____

Email: _____

Emergency Contact: _____

Telephone #: _____

School Information

School Name: _____ Grade: _____ Telephone #: _____

- [] Yes my child will need transportation from the White Plains Bus Company to the Children's Learning Center After School program. (Please see enclosed application). Please be sure to include a copy of the transportation form with the registration packet.
- [] No, I have other arrangements for my child to arrive at the After School program from the White Plains School District.

Pick up Authorization

Please fill out all the information requested below. The YWCA will only allow authorized individuals (18) years or older to pick up you child. Prior written consent and proper I.D. is required for any other individual not indicated on this form who will pick up your child from the Children's Learning Center After School Program.

The following individuals are authorized to pick up my child:

- Name: _____ Relationship to participant: _____
Telephone #: _____ Mobile #: _____
- Name: _____ Relationship to participant: _____
Telephone #: _____ Mobile #: _____
- Name: _____ Relationship to participant: _____
Telephone #: _____ Mobile #: _____

Parent / Guardian Signature: _____ Date: _____

YWCA Emergency Contact Form

Please provide information of emergency contacts to be notified in the event of building and/or program closings, delays or situations in which the YWCA needs to send out immediate information pertaining to your child at the YWCA.

* Please note that calls and texts will go out **ONLY** to the **first 3 phone numbers** listed below via the IRIS system (Immediate Response Information System)

(Please Print)

Date: _____

Child's First Name: _____ Last Name: _____

Address: _____

Class: _____ Teacher: _____ Program Dates: _____

Please check your child's program: CLC Full-Day CLC Part-Day/Extended

Afterschool Middies Tumblettes Other _____

Parent / Guardian

First Name: _____ Last Name: _____

Home Phone Number: _____

Cell Phone Number: _____

[] **CALL** and/or leave message. [] Send **TEXT** message to this number.

[] Send message to the following **email**: _____

Emergency Contact #1

First Name: _____ Last Name: _____

Relationship to Child: _____

Cell Phone Number: _____

[] **CALL** and/or leave message. [] Send **TEXT** message to this number.

[] Send message to the following **email**: _____

Emergency Contact #2

First Name: _____ Last Name: _____

Relationship to Child: _____

Cell Phone Number: _____

[] **CALL** and/or leave message. [] Send **TEXT** message to this number.

[] Send message to the following **email**: _____



Child's First Name: _____

Last Name: _____

After-School Program Agreement (2017-2018)

Please review and return a fully signed agreement along with all other registration materials.

- Registration for Breakfast Club and After School activities are for the **entire school year** from the first school day in September through the last school day in June per the White Plains School District calendar.
- A **\$200.00** non-refundable deposit along with a youth program membership fee **must be paid with the submittal of the application forms in order to secure your spot.** *The youth membership fee must be valid through the end of this contract period.*
- There are three payment plans: Payment in full, tri-annual or eight month payment plan. A credit card (VISA/MasterCard/Discover/Amex) is required for payment plan contracts. Payments will be charged on the 5th day of each month as noted in the payment plan.
- School Vacation days are not included as part of the Breakfast Club or After School payments. (Please enroll separately in that program offering).
- A **\$25.00** fee will be assessed if you change or add days after your contract is processed.
- Parent/Guardian signing off on this contract accepts **FULL responsibility for all tuition payments.** It is NOT the responsibility of the YWCA to manage payments between multiple parties due to divorce or other reason.

Refund Policy

No refunds are given for membership fees or registration fees. No refund, credit, or discount is allowed for **absence due to illness, holidays, or vacations taken by families, inclement weather closing, or any other circumstances.** A Member may be eligible for a pro-rated refund for prepaid tuition (not including registration fee and membership fees) provided that (i) all tuition then due has been paid, (ii) the Member provides a documented medical disability as the reason for withdrawal from the Program and (iii) a written request for a pro-rated refund is submitted to the Program Director.

Release/Hold Harmless Policy

I understand that by signing this document, I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage, cost or claims of any kind,(together, "Claims") including Claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the YWCA Children's Learning Center After School Program, to the fullest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the After School Director in writing.

Parent/Guardian (Please print name)

Signature

Date

Special Needs Services: The YWCA's mission and philosophy reflects the policy of inclusion. We make every reasonable accommodation necessary to enroll children with disabilities into our program. If needed, the child may be able to receive support services integrated into the everyday program. Please note however, the YWCA has limited resources for these services. Families with special needs children should contact the Director as soon as possible to identify the specific support services and availability of same. Once these slots are allotted, we may not be able to accept additional students with special needs.

For children with special needs, kindly attach the current IEP or 504 plan for your child.

For Office Use Only:

Medical Form Received: _____

Blue Emergency Care: _____

Emergency Contact Form: _____

Payment Contract: _____

Parent Handbook Agreement: _____



Child's First Name: _____ Last Name: _____

Photography / Video Policy

Photographs and videotapes of YWCA activities and programs are for the publicity and / or promotional publications for the YWCA including the YWCA Facebook and website pages. We reserve the right to use all photographs and videos for these purposes only.

However, we respect your concerns and specific needs regarding privacy. If you do not wish your child to be photographed or taped for whatever reason, please indicate this by checking the appropriate box below:

- Yes, I consent to my child's photo being taken or used for the above described reasons.
- No, I do not consent for my child's photo to be taken or used for the above described reasons.

Participants Name: _____

Parent / Guardian's Signature: _____ Date: _____

Emergency Treatment Consent

In the event of an emergency, I _____ the parent of _____ give permission for immediate first aid to be administered by a qualified member of the YWCA staff or other authorized personnel. If the situation should require medical attention, the Children's Learning Center Director will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The Children's Learning Center Director or another staff member will call the designated physician and / or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives.

When a Children's Learning Center participant becomes ill / injured and does not require emergency care, he/she will be monitored by the medical staff. Parents will be notified and the child will be dismissed to parental care.

I have read and understood this policy of the YWCA White Plains and Central Westchester.

Parent / Guardian's Signature: _____ Date: _____

Participant's Physician: _____

Address: _____ City / State / Zip _____

Telephone #: _____

Participant's Dentist: _____

Address: _____ City / State / Zip _____

Telephone #: _____

Child's First Name: _____ Last Name: _____

Address: _____

2017-2018 Payment & Tuition Form

A \$200 non-refundable deposit along with the youth membership fee is required to enroll your child in the After School and Breakfast Club Programs of the Children's Learning Center. The deposit is due when you register your child. Three payment options: Full payment, Tri-annual or 8 - month Payment Plan. Balance due after program deposit (\$200) will be divided into three or eight equal payments. **Credit card must be provided for payment plan options.**

Class	Hours	Full Tuition* If paid in full by 9/5/17 receive \$100 discount	Payment Plans (per month) 8 months	Tri-Annual Payment Plans	Fill in Fee
Kids Connection					
5 Days	Until 6:00pm	\$3,488	\$411.00	\$ 1,096.00	
3 Days	Until 6:00pm	\$2,504	\$288.00	\$ 768.00	
Breakfast Club					
5 Days	7:00am – 8:30am	\$2,120	\$240.00	\$ 640.00	
3 Days	7:00am – 8:30am	\$1,658	\$182.25	\$ 486.00	
Total Fees					\$ _____

A \$25.00 fee will be assessed if you change or add days after your contract is processed.

Pay in Full: (receive \$100 discount if paid in full by September 5, 2017)

_____ Please automatically charge my full balance due by September 5th, 2017.

Payment Plans:

_____ Please automatically charge my 8-month payments to my VISA / MC / Discover on the 5th of the Month
(9/5/17 – 4/5/18)

_____ Please automatically charge my tri -annual payments to my VISA / MC / Discover on the 5th of the Month
(September, November, February)

Signature: _____ Print: _____ Date: _____

CREDIT CARD INFORMATION

Cardholder's Name (Please print) _____ Signature _____

MasterCard / Visa/ Amex/ Discover # _____ Expiration date: ____/____ Security Code _____

--For Office use only--

Fees _____ - Deposit (\$ _____) = \$ _____ (Divided by 3 or 8 payments) = \$ _____

Deposit _____ Sep _____ Oct _____ Nov _____ Dec _____ Jan _____ Feb _____ Mar _____ Apr _____



HOMEWORK CONTRACT

Child's Name: _____ Parent's Name: _____

This is an agreement between the Parent/Guardian and Child regarding homework.

I have spoken with my child and he/she understands that I expect for him/her to begin their homework while at the YWCA Afterschool Program.

We as Parents/Guardians understand that the YWCA staff will:

- Ask children if they have homework.
- Ask to see their daily planner.
- Provide 45 minutes to 1 hour **maximum** of **dedicated time** for **homework**, Monday-Thursday.
- Offer assistance as needed and gentle reminders to stay focused.
- Will provide quiet alternate educational activities in the classroom if your child has no homework.
- Older groups 3rd & up will be able to read for a half hour if they have completed their homework and there is no special activity on that day.

We are aware the **YWCA staff can NOT**:

- Provide one on one assistance, tutoring or supervision.
- Check backpacks or homework folders if children say they do not have homework.
- Force a child to do his/her homework.
- Correct homework as is the responsibility of the parent/guardian to do so.

We are aware that the responsibility of completing homework is on my child. The YWCA staff are there to support, re-direct and offer guidance to make sure that homework is completed but **CANNOT FORCE A CHILD TO DO HOMEWORK.**

Please remember that it is the **parent/guardians responsibility to make sure that his/her child's homework is complete.** If there are any special circumstances which the YWCA staff needs to be aware of in regards to your child learning process, speak to the Director.

Parent Signature: _____ Childs' Signature: _____

Date: _____ Child's grade: _____