



FIND THE INTERACTIVE  
REGISTRATION FORM AT  
[YMCAOKC.ORG/BA](http://YMCAOKC.ORG/BA)

2019 - 2020



# SCHOOL AGE PROGRAM



We raise the B.A.R.  
One child at a time

Belonging. Achievement. Relationships.

REGISTRATION INFORMATION AND FORMS

YMCA OF GREATER OKLAHOMA CITY

# Parent Information- Registration Quick View

A complete Parent Handbook with all full policies and additional information can be found at [YMCAOKC.ORG](http://YMCAOKC.ORG) or request a printed copy at your local Y. Below is a quick overview of several highlighted policies.

## REGISTRATION

Complete the registration application and submit to the Y branch where your program is offered. A new enrollment form is due for each program every year. Space is limited, so register early!

## REGISTRATION BEGINS

**APRIL 9, 2019**

**Current Before & After School Participants**

**APRIL 16, 2019**

**Open Registration**

- ★ Current immunization records must accompany your registration forms.
- ★ A \$25 non-refundable registration fee is required to hold each child's place in the program.

## Confirmations

Please keep any receipts or transactions made after registration. Please keep all cancelled checks, payment receipts or bank statements as documentation of childcare payments.

## Payments

Payments must be made through Electronic Funds Transfer (EFT) or advance payment made in full. Weekly bank drafts will be made on Wednesday for the following week. Any change to your bank draft information must be received at least seven days prior to the date you wish the change to take effect. If your childcare payment is returned for non-sufficient funds (NSF), your payment amount along with an NSF service fee will be collected electronically. For further details, please see the parent handbook.

## Cancellations/Refunds

Refunds will not be given, and no adjustments will be made for missed or partially attended weeks. Written notification of your intent to drop out of the program must be given at least two weeks prior to your intended last day.

## Vacations

Children enrolled in year-round programs will receive one week of vacation without payment during the school year. Written notification of the intended vacation must be given at least two weeks in advance.

## Admission Policy

The YMCA of Greater Oklahoma City generally admits children ages 5-12, although age requirements and program availability vary by location. The Y is open to all youth regardless of race, gender, religious belief or income. The Y will address children with additional needs on a per request basis. Upon reasonable notice, efforts will be made to accommodate your request. The safety and well-being of all must be maintained. For more information see the Americans with Disabilities Act in the parent handbook.

## Outside Contact between Staff and Children

Y staff are prohibited from having outside contact with children in Y programs. This includes, but is not limited to, birthday parties, babysitting, sleepovers, transportation and any non-Y events. Any exceptions require a written explanation prior to an event and are subject to administrator approval.



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# School Age Program

YMCA OF GREATER OKLAHOMA CITY

## BEFORE AND AFTER CARE PROGRAM FOR SCHOOL-AGE CHILDREN

2019 - 2020 Enrollment Forms (Please Print)

Attach Child's Photo Here

### A. Participant Information

School Attending \_\_\_\_\_

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Child lives with  Mother  Father  Both  Other \_\_\_\_\_

Other siblings that may be enrolled in the program (please list last name if different)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian #1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*This person will be the first we try to contact when needed

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent /Guardian #2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address \_\_\_\_\_ Work Phone \_\_\_\_\_

### B. Emergency Contact / Others Authorized to Pick Child Up

The Y can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y director to make changes to this information.

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

#2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

### C. Program Fees & Options

A **\$25 non-refundable registration fee** is required to hold each child's place in the program.

## PROGRAM FEES BELOW ARE FOR THE ROCKWELL PLAZA AND CHICKASHA AREA YMCA ONLY

	Membership Type	Weekly Fee	Select		Membership Type	Weekly Fee	Select
<b>OPTION 1</b> <b>YEAR ROUND</b> WITH OVERNIGHT CAMP + SCHOOL YEAR + SUMMER DAY CAMP + 1 WEEK AT YMCA CAMP CLASSEN	HOUSEHOLD	\$67	<input type="radio"/>	<b>OPTION 3</b> <b>SCHOOL YEAR ONLY</b>	HOUSEHOLD	\$45	<input type="radio"/>
	YOUTH	\$77	<input type="radio"/>		YOUTH	\$50	<input type="radio"/>
	NON-MEMBER	\$87	<input type="radio"/>		NON-MEMBER	\$60	<input type="radio"/>
<b>OPTION 2</b> <b>YEAR ROUND</b> + SCHOOL YEAR + SUMMER DAY CAMP	HOUSEHOLD	\$55	<input type="radio"/>	<b>OPTION 4</b> <b>SCHOOL BREAK CARE</b> <small>Based on space and availability.</small>	HOUSEHOLD	\$25	<input type="radio"/>
	YOUTH	\$60	<input type="radio"/>		YOUTH	\$30	<input type="radio"/>
	NON-MEMBER	\$70	<input type="radio"/>		NON-MEMBER	\$35	<input type="radio"/>

SEE FULL PROGRAM OPTION DESCRIPTIONS IN THE BROCHURE

Prices and locations for the Before and After School Programs vary and are subject to change. Care will not be offered on holidays that the Y is closed or on inclement weather days that the school is closed. These and other similar occurrences have been considered in the pricing, therefore, credits or refunds will not be issued. For more information regarding pricing and/or payments, contact your local YMCA.

## D. Participant Health History and Information

Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Check any conditions that your child has experienced:

- Asthma     Autism     Diabetes     Epilepsy/Seizures     ADD/ADHD     Cerebral Palsy/Other Motor Disorder  
 Cognitive or Learning Disabilities     Status of Vision, Hearing, Speech to Note \_\_\_\_\_  
 Non-Food Allergies (list) \_\_\_\_\_  
 Food/Milk Allergies (list) \_\_\_\_\_

If your child has food allergies or dietary restrictions, attach a statement from a medical professional. (required)

My child carries an epi-pen, inhaler or other medication. (additional medication form is required)

Other condition to note: \_\_\_\_\_

Please provide symptoms and/or special instructions for any condition marked above. (Additional form is required and notes may be attached.)

### Check any of the following that relate to your child:

- Fears we should be aware of \_\_\_\_\_  
 An event in your child's life that may have been particularly upsetting \_\_\_\_\_  
 Social or emotional characteristics you would like to note \_\_\_\_\_

Other conditions requiring special care or additional information you feel would be helpful. (Additional pages or notes may be attached.)

### Please initial each of the following:

\_\_\_\_\_ I have provided a copy of my child's immunization records along with this form. (Required to register.)

\_\_\_\_\_ I authorize Y staff members to apply sunscreen to my child as needed. Parent must supply sunscreen.

\_\_\_\_\_ I authorize Y staff members to apply bug repellent to my child as needed. Parent must supply bug repellent.

Is your child currently taking any medications?  Yes  No If yes, what kind and why? (Unless confidential by law). \_\_\_\_\_

If any medication (prescription or over-the-counter) is required during Y program time, a medication form **MUST** be completed. Please see our Medication Policy in the Parent Handbook for more information which can be found at [ymcaokc.org/BA](http://ymcaokc.org/BA) or picked up at the Y.

### The YMCA of Greater Oklahoma City has my permission to: (initial each line)

\_\_\_\_\_ Involve my child in swimming

\_\_\_\_\_ Involve my child in field trips

\_\_\_\_\_ Involve my child in photographs or video taken for Y publicity purposes

\_\_\_\_\_ Transport my child, provided that the Y and the driver have the legally required insurance in force, the driver has a valid Oklahoma driver's license and has completed the Y's driver requirements and tests, and there is a current Oklahoma tag on the vehicle.

## E. Agreements

### Statement of Understanding:

- I will notify the staff of any changes in the registration information.
- I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- I have reviewed the Code of Conduct and Behavior Management Policy with my child(ren).
- In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Y to take my child to the nearest facility for medical attention.
- I understand that it is my responsibility that my child is signed in upon arrival to the program and signed out before leaving each day.
- I understand that I cannot leave my child at the Y or program site unless a Y program staff member is there to receive and supervise my child. There must be an exchange of responsibility from an authorized individual to a Y staff member.
- I understand that the Y has a no outside contact policy between staff and children. Y Staff are prohibited from having outside contact with children in Y programs. Includes but is not limited to: babysitting, sleepovers, transportation or other non-Y events.
- I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **I understand that I am responsible for all of the information in the Parent Handbook.** A copy of the Parent Handbook is available online at [ymcaokc.org/BA](http://ymcaokc.org/BA) or I can request a printed copy from the Y.
- By signature and of free will, I do hereby agree to indemnify and hold harmless the Y for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.
- I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Y programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y from any claims or demands arising out of such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of Greater Oklahoma City, its staff, directors, members and guests.

I have read and understand the statements above regarding YMCA policies and procedures.

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

## F. Additional Information

(Information is collected for demographic purposes ONLY to ensure we are serving our entire community.)

### Ethnicity

- Native American       Caucasian/White  
 Asian/Pacific Islander       Hispanic  
 African American/Black       Other  
 Alaskan Native

### Household Income

- \$ 0 - 14,999       \$ 50,000 - \$74,999       \$200,000 - \$249,999  
 \$15,000 - \$24,999       \$75,000 - \$99,999       \$250,000 and above  
 \$25,000 - \$34,999       \$100,000 - \$149,000  
 \$35,000 - \$49,999       \$150,000 - \$199,999

## G. Accounting Policies and Payments

1. Acceptable payment form is: Electronic Funds Transfer (EFT) or advance payments made in full.
2. To secure your child's spot, a one-time \$25, non-refundable, registration fee is due at the time of registration.
3. Drafts will be made by the close of business on Wednesday for the following week of care. Drafts will be made each week unless a two-week written notification has been provided for a vacation week or for cancellation of registration.
4. The Y does not issue statements for individual tax purposes. Please keep any and all cancelled checks, payment receipts or bank statements as documentation of childcare payments.
5. No adjustments in the weekly fee will be made for partially attended weeks, when care is not provided due to holidays that the Y is closed or inclement weather days.
6. Refunds are typically not given. A Refund Request Form may be obtained from, and returned to the Member Service Desk and all refunds are at the discretion of the Branch Executive Director.
7. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25.00 will be collected electronically. Any change to your bank draft information must be received at least seven days prior to the date the change to take effect. A \$10 late fee will be assessed on payments not made by the deadline.
8. A late pick up fee of \$1.00 per minute will be assessed for each minute after 6:00 p.m. that your child remains in our care. This fee will be drafted from the account on file. If there is no account on file, this charge must be paid at the Y Member Service Desk and your child will not be allowed to attend until the amount due is satisfied.

### Bank Account Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name(s) of participants whom you are paying for \_\_\_\_\_

- I will make advanced payment in full at the Y Member Service Desk at the time of registration  
 I receive third party payments, such as DHS, I understand that I am responsible for all copayments  
 I will be paying through Electronic Funds Transfer. Information below is required **along with a voided check:**

Bank Name \_\_\_\_\_ Bank City/State \_\_\_\_\_

Type of Account:  Checking       Savings

Print your name as it appears on the bank account \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

I (we) request and authorize the YMCA of Greater Oklahoma City to charge the checking/savings account listed below for program fees. I (we) further authorize the financial institution to debit these fees. I (we) understand that these charges are continuous and ongoing until the end of the program or the Y receives the proper cancellation notice of two weeks.

We have read the Accounting Policies and agree to comply with all payments and policies.

\_\_\_\_\_  
Print Name of Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Joint Account Holder (if applicable)

\_\_\_\_\_  
Joint Account Holder Authorized Signature (if applicable)

\_\_\_\_\_  
Date



In addition to our program fees, we would like to help send another child to a School Age Program Childcare. Please add the following amount to our weekly draft:

\$2     \$5     \$10     \$20    other \$ \_\_\_\_\_

A one time donation can also be made at any of our Y Member Service Desks.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

SCHOOL AGE PROGRAM



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# YMCA LOCATIONS\*

## **BETHANY YMCA**

3400 North Mueller Avenue  
Bethany, OK 73008  
405 789 0231

## **CHICKASHA AREA YMCA**

725 West Chickasha Avenue  
Chickasha, OK 73018  
405 224 2281

## **EARLYWINE PARK YMCA**

11801 South May Avenue  
Oklahoma City, OK 73170  
405 378 0420

## **EDWARD L. GAYLORD**

### **DOWNTOWN YMCA**

1 Northwest 4th Street  
Oklahoma City, OK 73102  
405 297 7700

### **EDWARD L. GAYLORD DOWNTOWN CHILD DEVELOPMENT CENTER**

1 Northwest 4th Street  
Oklahoma City, OK 73102  
405 297 7760

## **GUTHRIE YMCA**

114 East Oklahoma Avenue  
Guthrie, OK 73044  
405 282 8206

## **MAIN STREET YMCA**

100 West Main Street, Suite 125  
Oklahoma City, OK 73102  
405 702 9003

## **MIDTOWN YMCA**

1110 North Classen Drive, Suite 200  
Oklahoma City, OK 73103  
405 232 9622

## **MIDWEST CITY YMCA**

2817 North Woodcrest Drive  
Midwest City, OK 73110  
405 733 9622

## **MITCH PARK YMCA**

2901 Marilyn Williams Drive  
Edmond, OK 73003  
405 330 4016

## **NORTH SIDE YMCA**

10000 North Pennsylvania Avenue  
Oklahoma City, OK 73120  
405 751 6363

## **RANKIN YMCA**

1220 South Rankin Street  
Edmond, OK 73034  
405 348 9622

## **ROCKWELL CROSSING YMCA**

12100 North Rockwell, Suite 6  
Oklahoma City, OK 73162  
405 728 9622

## **ROCKWELL PLAZA YMCA**

8300 Glade Avenue  
Oklahoma City, OK 73132  
405 621 5858

## **STILLWATER YMCA**

204 South Duck Street  
Stillwater, OK 74074  
405 372 5833

## **YMCA ASSOCIATION OFFICE**

500 North Broadway, Suite 500  
Oklahoma City, OK 73102  
405 297 7777

## **YMCA CAMP CLASSEN**

10840 Main Camp Road  
Davis, OK 73030  
580 369 2272

## **YMCA GREENBRIAR PROGRAM CENTER**

1500 Kingsridge Drive  
Oklahoma City, OK 73170  
405 378 0420

\*Call the Earlywine Park YMCA for more info.

## **YMCA HEALTHY LIVING CENTER - INTEGRIS**

5520 North Independence  
Oklahoma City, OK 73112  
405 942 9622

## **YMCA LINCOLN PARK SENIOR CENTER**

4712 North Martin Luther King  
Oklahoma City, OK 73111  
405 427 0862

## **YMCA MILITARY WELCOME CENTER**

Will Rogers World Airport  
7100 Terminal Drive - Unit 927  
Oklahoma City, OK 73159  
405 680 9781

## OUR MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

## OUR FOCUS

We believe that to bring about meaningful change in individuals and communities, we must be focused and accountable. That's why we focus our work in three key areas that are fundamental to strengthening community: youth development, healthy living and social responsibility.

## OUR CAUSE

At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

**\* Contact us to find out if a before and after school program is available near you.**

**405 297 7777**



**YMCAOKC.ORG**