



Middle School Afterschool Enrichment 2011-2012

Contact Information

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Scott and Lux S.T.A.R.S (Students Together Afterschool Reaching Success)

An after school enrichment program held at Scott and Lux Middle Schools in cooperation with the Cooper YMCA. Participants will benefit from a safe place to stay after school that includes a nutritious snack, academic support, character and asset development and organized activities. A special activity will be offered Monday through Friday, come everyday or just a couple days a week.

Session & Registration Dates

Session Dates August 16-May 24 Registration Dates Lincoln Y Members Begins April 4 Non Y Members Begins April 18

Time

3:00 pm to 5:30 pm

Fees

Y Family Member	5-days \$144/month	3-days-\$90/month	2-days\$54/month
Y Youth Member/Non-Member	5-days \$180/month	3-days-\$108/month	2-days\$72/month

Activities

Activities include: arts & crafts, indoor & outdoor sports, music, nature, swimming, cookouts, field trips, drama and more.

Snacks

A nutritious snack is provided each afternoon.

Cooper Y



Registration Information

Registration is on a first come/first served basis. A \$35 non-refundable, per-child registration fee is due at the time of registration. Please pre-register, space is limited.

In August, after you have registered for the program, you will receive a confirmation letter and registration packet explaining program details.

Cancellations

Written notice is required 2 weeks prior to the end of the month in order to cancel a child's registration or change the payment information. Please visit the front desk for a program cancellation/change form.

Payments

The Lincoln YMCA requires that monthly program fees be paid via automatic draft of a bank account or debit/credit card. Monthly deductions will begin in September 2011. Families will be responsible for paying the August fee by August 15, 2011.

Your membership status at the time of registration determines the fee for the program. If your membership status changes, you must contact the YMCA Program Director to amend your fees.

Program assistance is available, please visit ymcalincoln.org for an application. Please allow 2 weeks for processing.

Non-School Days

The monthly program fees do not include care for non-school days. Care on many of the non-school days is available at the Cooper YMCA through our Fundays program. Activities include crafts, games, active play, field trips and swimming.

Please visit the YMCA front desk or the website ymcalincoln.org for a current flyer and registration information for our Fundays program.





COOPER REGISTRATION & CHILD INFORMATION FORM

Lux and Scott S.T.A.R.S

S.T.A.R.S Registration: Please complete one form for each child.

Scott 5-Days 3-days 2-days Lux 5-Days 3-days 2-days

Child Enrollment Information:

Child's First and Last Name: _____

Male Female Age: _____ Grade: _____ Date of Birth: _____

Family Member Youth Member Non-Member

Family Information:

Parental Status: Single Married Widowed Divorced Separated Re-married
Custodial & Legal Guardian is: Both Mother & Father Mother Father Other _____

Mother/Legal Guardian Information:

First & Last Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-Mail Address: _____

Father/Legal Guardian Information:

First & Last Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-Mail Address: _____

Emergency Contacts and Information

Emergency Contacts in Case of Emergency and Parent/Guardian cannot be reached:

Name: _____

Relationship to Child: _____

Home/Cell Phone: _____

Work Phone: _____

Name: _____

Relationship to Child: _____

Home/Cell Phone: _____

Work Phone: _____

Child Information:

Authorized Escorts Other than Parent/Guardian or Emergency Contacts: (NA if not applicable)

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Contacts:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Child Information Continued:

Health History: please check all that apply

Asthma Seizures Allergies (specify below) Diabetes
 Heart Problems Physical Limitations or Concerns

Additional medical information or special requests: _____

Immunization History

Nebraska State Department of Health and Human Services requires that every child's immunization history be on file. THIS RECORD MUST BE COMPLETED BEFORE YOUR CHILD MAY ATTEND DAY CAMP. Please enclose a photocopy of your child's up-to-date immunization history. Children must be immunized for the following: Measles, Mumps, Rubella, Polio, Diphtheria, Pertussis, Tetanus, Varicella (Chicken Pox), Haemophilus influenza type B and Invasive pneumococcal disease. If your child has had Varicella (Chicken Pox) you must provide written documentation that states the month and year of infection.

Permission Form:

- Yes No I give staff permission to transport my child for the purpose of program activities.
- Yes No I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities.
- Yes No I give permission for the YMCA to arrange for emergency treatment and to contact our family health care provider if parent/guardian cannot be reached and it is necessary to preserve the health of my child until such time when I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

**** Please note,** The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events grants permission for the YMCA of Lincoln, Nebraska to use these photographs and/or video in its marketing and public relations efforts.

By signing below I give permission for my child to participate in program activities. I understand that the YMCA does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

Parent Signature: _____ Date: _____

Cooper

6767 S. 14th Street
Lincoln, NE 68512
(402) 323-6400

Downtown

1039 P Street
Lincoln, NE 68508
(402) 434-9230

Fallbrook

700 Penrose Drive
Lincoln, NE 68521
(402) 323-6444

Northeast

2601 N. 70th Street
Lincoln, NE 68507
(402) 434-9262

Youth Sports

570 Fallbrook Blvd., # 210
Lincoln, NE 68521
(402) 434-9217

Camp Kitaki

570 Fallbrook Blvd., #210
Lincoln, NE 68521
(402) 434-9225