



# Middle School Afterschool Enrichment 2012-2013 School Year

## Contact Information

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## Teen Time

In our after school enrichment program Teen Time, for School Middle School Students, participants will benefit from a safe place to stay after school that includes a nutritious snack, academic support, personal development, recreational and social time and organized activities.

### Session & Registration Dates

Session Dates August 15-May 23      Registration Dates Lincoln Y Members Begins April 2      Non Y Members Begins April 16

### Time

3:00 pm to 5:30 pm

### Fees

Y Family Member \$25/Month/Child  
Y Youth Member \$100/Month/Child  
Non-Member \$150/Month/Child

2011-2012 Teen Time Registration Fee \$20/Child

### Activities

Activities include: arts & crafts, indoor & outdoor sports, music, nature, swimming, cooking club, Chill Time (board games, Wii games, ping-pong, foosball), homework time, field trips, drama and more.

### Snacks

A nutritious snack is provided each afternoon.

### Transportation Options

Students participating in Teen Time who live in Air Park and qualify for a regular bus ride to school have the option to be transported home on the 5:30 pm late bus.

## Fallbrook Y Youth Policy

When Lincoln Public School is in session throughout the school year, anyone 14 years of age or younger must be participating in a supervised program or be accompanied by a parent, or responsible adult, in the Fallbrook YMCA facility, between the hours of 3:00 PM and 5:00 PM, Monday to Friday.



Fallbrook Y

# Registration Information

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

## Required Registration Materials

At the time of registration you will be required to provide the following information:

- Complete Child Information Record (or on file)
- Current Immunization Record (or on file)
- Direct Draft Information (VISA, MasterCard or Discover)
- Title XX Authorization, if applicable

Your registration will not be accepted unless all of the required paperwork is turned in at the time of registration, including the non-refundable/non-transferrable \$35 registration fee.

## 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 August 2012, the fee for August will be prorated.

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.

Financial assistance is available, please visit [ymcalincoln.org](http://ymcalincoln.org) for an application. Please allow 2 weeks for processing.

## 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.

## Photo/Video Disclosure Statement

The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in printed 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.

## 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, Northeast or Fallbrook Locations 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](http://ymcalincoln.org) for a current flyer and registration information for our Fundays program.

### 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



# YMCA 2012 Child Information Record

**For Office Use:** After the initial completion of this form please register the child for the Child Information Record in CLASS at the appropriate YMCA Branch.

Registered

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

**Please Indicate Facility:** \_\_\_\_\_

Please note, paperwork must be on file at each of the facilities where your child will be participating in YMCA Child Care Programs in 2012.

## Child Information Record:

**Child's First and Last Name:** \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Member  Non-Member

### Family Information:

**Parental Status:**  Single  Married  Widowed  Divorced  Separated  Re-married

Custodial & Legal Guardian is:  Both Mother & Father  Mother  Father  Other \_\_\_\_\_

Child resides with:  Both Mother & Father  Mother  Father  Other \_\_\_\_\_

### Mother/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Father/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Emergency Contacts and Information:

**Person(s) who will take responsibility for the child in an emergency when the Parent/Guardian cannot be reached: (ONE NAME MUST BE GIVEN)**

|                              |                              |
|------------------------------|------------------------------|
| Name: _____                  | Name: _____                  |
| Relationship to Child: _____ | Relationship to Child: _____ |
| Home/Cell Phone: _____       | Home/Cell Phone: _____       |
| Work Phone: _____            | Work Phone: _____            |

**Person(s) to whom the child may be released other than the Parent/Guardian: (If no one, please write "none")**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

### Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to the YMCA Program Staff to contact

Doctor \_\_\_\_\_

Name of Physician      Phone Number      Address      City

and, if necessary, take my child to the following doctor(s), clinics or hospital \_\_\_\_\_.

### Transportation Permission:

I hereby give the YMCA Program Staff permission to transport or arrange for transportation of my child \_\_\_\_\_

Name of Child

I understand staff will ensure that my child is placed in the appropriate safety restraint as indicated by Nebraska law at all times when the vehicle is in motion.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE & SIGN BOTH SIDES OF THIS FORM**

**Health History: Please check all that apply & complete the information below.**

Asthma       Seizures       Allergies (specify below)       Diabetes       Heart Problems (specify below)

Physical Limitations or Concerns (specify below)

Additional medical information or special requests can be described below. Please attach an additional sheet if necessary.

1. Does your child have any behaviors or communication difficulties or a history of negative behavioral problems, that you are aware of that may require special assistance from staff?       No       Yes  
If "yes" please describe and list any tips that you may have that work best for your child in preventing or handling the negative behavior. Please attach an additional sheet if necessary.

2. Does your child have a fear of something that she/he may come in contact with during the program that the staff should be aware of? (i.e. fear of heights, storms, dogs, animals, the water)

**Medication Competency Statement:**

I, \_\_\_\_\_, have determined the YMCA Program Staff competent to give or apply medication to my child.  
Name of Parent/Guardian  
I understand I will need to complete a medication request and have it on file with the medication.

**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 attach 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.

Immunization Records Attached       On file with the YMCA in a Program: \_\_\_\_\_ Verified by Front Desk Staff: \_\_\_\_\_

**Late Pick-Up Agreement:**

I understand that my child will need to be picked up from the site by 5:45 pm. If I cannot be there by 5:45 pm I understand I must contact the Site Supervisor or Program director so they can inform the Program Staff. I understand that if I do not call, the YMCA may follow the LPS procedure and call the police to transport my child. Parent or Guardian Initials: \_\_\_\_\_

**Important Reminder:**

Please retain a copy of the Program Brochure, which includes important and specific information regarding the program, including program hours, dates and fees.

**Permission Form: Please read carefully and select yes or no accordingly.**

- 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 understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.

**\*\* 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.

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: \_\_\_\_\_



# YMCA AFTER SCHOOL ENROLLMENT FORM

## Child Enrollment Information

Child's First and Last Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Fall 2012 Grade Level : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Please place a check mark next to your current membership status:

Family Member  Youth Member  Non-Member

Please note, if your membership status changes at any time you must come to the Fallbrook YMCA to complete a Membership/Program Change Form to amend your fees.

Please place a check mark next to the facility school:  School Middle School

Please place a check mark next to the program you would like to enroll your child in:

PM Only

## Required Registration Materials

At the time of registration you will be required to provide the following information:

- Complete Enrollment Form
- Complete 2012 Child Information Record (or on file)
- Current Immunization Record (or on file)
- Direct Draft Information (VISA or MasterCard Only)
- Title XX Authorization, if applicable

Your registration will not be accepted unless all of the required paperwork is turned in at the time of registration, including the non-refundable/non-transferrable \$35 registration fee.

**Parents Please Complete the Direct Draft Authorization on the Reverse Side**

### Office Use:

Forms Received:  Child Information Record (or on file)  
 Current Immunization Record (or on file)  
 Program Direct Draft Authorization (on back)  
 Title XX Authorization (if applicable)

Fees Paid:  \$35 Registration Fee Paid

Date Registration Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Registered In Class: Staff Initials \_\_\_\_\_ Date: \_\_\_\_\_



# PROGRAM DIRECT DRAFT AUTHORIZATION

Program Name: \_\_\_\_\_ Program Location: \_\_\_\_\_

## 1. Account Information:

I (we) hereby authorize the YMCA of Lincoln, NE to make the following pre-authorized debit transactions against my (our):

Credit/Debit Card:  Visa Or  Master Card

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Do you use this CREDIT/DEBIT CARD to pay for YMCA:

Membership, Child Care Programs, or other programs?

If other programs, which one(s)? \_\_\_\_\_

## 2. Payment Information:

Monthly Draft (per registrant): \$ \_\_\_\_\_

## 3. Terms & Conditions - I further agree to the terms and conditions stated below:

In the event I want to cancel this authorization, I will provide the YMCA a written notice two weeks prior to the next scheduled payment date. The YMCA may cancel this authorization at any time by sending me a written notice of cancellation. Account Owner Initial \_\_\_\_\_

If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments. Account Owner Initial \_\_\_\_\_

## Applicant Information & Signature:

Participant Name (Please Print): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Entered By (Print Name): \_\_\_\_\_ Verified By (Print Name): \_\_\_\_\_

Last Name, First Name (print): \_\_\_\_\_

Program Ends/Cancellation Date: \_\_\_\_\_