



Greater Naples YMCA

2019/2020 Afterschool Program Enrollment Form

AFTER SCHOOL PROGRAM LOCATION OF CHOICE

<input type="checkbox"/> Greater Naples YMCA 5450 YMCA Road, Suite 100 Naples, Florida 34109	<input type="checkbox"/> Golden Gate Elementary 4911 20 th Place SW Naples, Florida 34116
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CHILD INFORMATION

Child's Full Name:			Grade Entering:		
DOB: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Enrolled: / /	Bus Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus Service From: <input type="checkbox"/> Osceola <input type="checkbox"/> Pelican Marsh <input type="checkbox"/> Poinciana <input type="checkbox"/> Seagate <input type="checkbox"/> Vineyards					
Child's Address:					
My Child Attends:			Are you Greater Naples YMCA members: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT / GUARDIAN INFORMATION

Name:		Authorized to pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home #:	Work #:	Cell #:	
Address:			
City:	State:	Zip Code:	
Employment/ Occupation:			
Work Address:			
E-mail:			

Name:		Authorized to pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home #:	Work #:	Cell #:	
Address:			
City:	State:	Zip Code:	
Employment/ Occupation:			
Work Address:			
E-mail:			

To assist the YMCA After School Program in opportunities to enhance your family's experience, please provide the following information:

Who does your child live with? Mother & Father Mother Only Father Only Grandparents
 Foster Family Other

Medical Concerns(If none please specify none):

Allergy Concerns (If none please specify none):

Child's Physician:

Name of Clinic/Hospital:

Phone:

Permission for the Greater Naples YMCA to contact my child's physician to obtain emergency medical care if necessary.

Authorizing Signature:

Date:

Custody Concerns? Yes No (If yes, a copy of court orders must be on file with the YMCA)

Please explain details:

PERMISSION FOR ENROLLMENT AND RELEASE OF LIABILITY

I give my child permission to participate in YMCA activities. I am aware that the YMCA after-school program provides your child with a variety of different experiences and a unique curriculum based on adventures. I understand that even while every precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its staff members and volunteers from liability for any injury, loss or damage connected in any way whatsoever while participating in YMCA activities, whether on or off the YMCA premises. I understand that this release includes claims based on negligence, action or inaction of the YMCA, staff director, volunteer and members or guests. I have read and am voluntarily signing this authorization and release through signature/electronic signature. I grant permission for my child to participate in all activities provided by the YMCA. These adventurous, supervised activities include the following: nature trails and climbing the rock wall, swimming, outdoor picnics, gardening, tennis and intro to sport. I understand that as part of our curriculum and lesson plans, supervised activity experiences are designed as enrichment programs held outside the YMCA after-school facilities. These supervised enrichment programs include utilizing the enrolled children using the YMCA gymnasium, roof top, long house, swimming pool(s), rock wall, baseball field, trails and the Youth Development Center. I am providing my permission for my child to attend and participate in these beneficial enrichment programs.

Permission for Child to Participate & Release of Liability

Authorizing Signature:

Date:

INFORMED CONSENT

I understand that on occasion photos, videos, audio or printed materials for YMCA or the Y's strategic partners; Collier Health Services, Inc., d/b/a Healthcare Network of Southwest Florida, Lee Memorial Health Systems/Golisano Children's Hospital/Therapy, Special Olympics of Collier County and the Naples Children & Education Foundation (NCEF), may be made for the purpose of publicity. I give my permission for these photos, images and audio to be taken or made in the YMCA facility, the Early Childhood Education facility, on the Y campus, Golden Gate Elementary or at Y sponsored field trips.

I understand that as a parent/ guardian I will not take any pictures, video or audio of anyone else's child attending the YMCA's Afterschool program without first gaining permission from the other child's parent or guardian. I understand that I am not authorized to post any group activities or events that show more than my own child on any social media, i.e.: including but not limited to Facebook.

Please Choose One: I am Informed and do consent

I do not give my consent

Authorizing Signature:

Date:

YMCA HEALTHY CHOICES FOOD POLICY

The Greater Naples YMCA is concerned about the nutritional wellbeing of the children we serve. Our programs promote only healthy choices and our after school program is compliant with this policy.

Heart disease, cancer and stroke are largely affected by what we eat and how active we are. The Greater Naples YMCA ensures that all activities, events and meetings sponsored or supported by this organization will always include opportunities for healthy foods and beverages and we prohibit the distribution of unhealthy foods. This includes bringing in, sharing or distributing foods like cookies, donuts, fried food, sugary drinks, candy or other foods with little or no nutritional value. Food brought in by donors, parents, or other parties should be of a healthy nature aligning with our healthy food policy. Unhealthy foods will not be distributed to staff, members of the YMCA or the children in our programs. Fruits, vegetables and whole grains will always be encouraged as snack items for staff and members. Nutrition Elite, on the main YMCA Healthy Living campus, is purposely stocked with healthy food options for all meals and snacks. Our vending machines inside the Y have foods and drinks that already adhere to our mission to choose healthy food options. Water will always be available via water fountains and vending machines as the drink of choice of the Y. As a parent/ guardian of a child in the YMCA's after-school program I agree to comply with the YMCA food policy. I have reported any and all allergy restrictions to the YMCA and agree for my child to participate in all food related activities, except those that interfere or conflict with a reported allergy.

YMCA Healthy Choices Food Policy

Signature acknowledging YMCA policy:

Date:

AFTER SCHOOL PROGRAM PAYMENT OPTIONS & AUTHORIZATION AGREEMENT

Please Print Name on Account (First, M.I., Last):

Payment Option: Visa MasterCard Amex Discover

Payment Option: Bank Draft (Attach voided check)

Credit Number:

Bank Routing Number:

Expiration Date:

Account Number:

Draft Authorization – Please read and initial

____ I hereby authorize the Greater Naples YMCA to charge or initiate debit entries into my checking, savings, credit card or debit card account in the financial institution named below in an amount equal to the weekly tuition for the YMCA.

____ I understand that my account will be drafted on the Wednesday prior to the scheduled week and that that this enrollment will remain in effect until I give the YMCA a **one (1) week written notice**.

____ Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment plus a \$25 service charge applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution at any time.

Authorizing Signature:

Date:

APPROVED AUTHORIZATION FOR PICK-UP/DROP OFF/EMERGENCY LIST

State of Florida Department of Children and Families (DCF) requires a minimum of two (2) additional names and phone numbers of people authorized to remove the child from the YMCA programs in case of emergency, illness or accident if for some reason the parent(s) cannot be reached. Authorized pick up/drop off and emergency contacts must be a minimum of 18 years of age. Authorized people will not be able to be changed/added/deleted over the phone; all changes will be required to be made in person and in writing with the YMCA after-school office team.

Authorized Person #1

Name:		Relationship:
Address:		
Home #:	Work #:	Cell #:

Authorized Person #2

Name:		Relationship:
Address:		
Home #:	Work #:	Cell #:

Authorized Person #3

Name:		Relationship:
Address:		
Home #:	Work #:	Cell #:

I approve & authorize the above person(s) to pick-up/ drop off and care my child during any emergency.

Authorizing Signature:

Date:

GREATER NAPLES YMCA PARENT HANDBOOK RECEIPT

I acknowledge that I have received the Greater Naples YMCA After School parent handbook. I have read and agree to follow the policies and procedures included in the handbook.

Authorizing Signature:

Date:

KNOW YOUR CHILD CARE BROCHURE RECEIPT

I acknowledge that I have received and read the Department of Children & Families brochure, "Know Your Child Care Facility".

Authorizing Signature:

Date:

AFTER SCHOOL BUS TRANSPORTATION ACKNOWLEDGEMENT

I understand that this form shall serve as consent that my child will be picked up from school in order to attend the Greater Naples YMCA After School program.

I understand that the Greater Naples YMCA will not transport my child back to their school location and it is the responsibility of the parent/guardian to arrange for authorized pick-up of their child by the end of program session at 6:00pm

I also understand that I am responsible for notifying the school and the Greater Naples YMCA of any changes in transportation.

Authorizing Signature:

Date:

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the Greater Naples YMCA, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). **You agree that this Release is effective immediately.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE GREATER NAPLES YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE GREATER NAPLES YMCA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE GREATER NAPLES YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Authorizing Signature:

Date:

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

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This brochure was created by the Department of Children and Families in consultation with the Department of Health.



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**