



21st Century Community Learning Centers (21CCLC)

Student Enrollment Form Otto-Eldred after School Program

School Year 2016-2017

Student Information		
Student Name:	Date of Birth:	
School:	Grade:	Teacher:
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Ethnicity: 1. Caucasian 2. African American/Black 3. Hispanic/Latino 4. Asian 5. Pacific Islander 6. Native American/Alaskan 7. Other: _____		
My Child will attend program on: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Parent/Guardian Information		
Name of Primary Parent/Guardian 1:		
Relationship to Student: Mother Father Grandmother Grandfather Other: _____		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	Email:	
Name of Primary Parent/Guardian 2:		
Relationship to Student: Mother Father Grandmother Grandfather Other _____		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	Email:	

Child Release Information

I give my child permission to ride the bus home after program: Yes ____ No ____

Address for bus to drop my child off (**Only 1 address is allowed for bus route**):

My Child will be picked up: YES _____ NO _____

I give permission for the following individuals to pick up my child:

Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:

Authorizations

I agree to communicate with the YMCA staff regarding any questions or concerns in a timely manner. Yes ____ No ____

I grant permission for the YMCA to transport my child to and from field trips/activities and in emergency circumstances. Yes ____ No ____

I grant permission for my child to participate in walking field trips Yes ____ No ____

I grant permission for my child to be photographed by the YMCA and partnering organizations Yes ____ No ____

I understand that my child is responsible for their own behavior, clothes, and belongings Yes ____ No ____

By enrolling my child in the 21CCLC program, I grant permission to allow access of information including assessments, report cards, etc. to be used for data for the 21st Century Community Learning Centers Grant.

Parent/caregiver signature: _____ Date: _____

Health Information

*To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.

Please provide your child's medical history:

Allergies to food: Yes___ No___ Specify_____

Behavioral/Emotional: Yes___ No___ Specify_____

Physical Disabilities: Yes___ No___ Specify_____

Corrective Device: Yes___ No___ Specify_____

Asthma: Yes___ No___ Does your child use an inhaler or nebulizer: Yes___ No___

Allergy to penicillin: Yes___ No___ Allergy to plants: Yes___ No___

Allergy to insect stings: Yes___ No___ Hay Fever: Yes___ No___

Convulsions/Seizures: Yes___ No___ Diabetes: Yes___ No___

Other: _____

Does your child have special health care needs that require treatment or medication? Yes___ No___

Please explain: _____

(The after school program is unable to administer any medications except: emergency inhalers, emergency Epi-Pens, and Benadryl if given as a preventative medication with the Epi-Pen. We are only able to administer these medications when we are provided with the proper paperwork filled out by the parent/guardian and the child's doctor.)

Are there any activities your child cannot participate in: Yes___ No___

Please explain: _____

If my child requires emergency care and I cannot be reached, I give my consent to the 21st CCLC Program to obtain the necessary medical care for my child. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent Signature _____ Date _____

Parent/Guardian Authorizations: This registration for is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all program activities except as noted. Any questions or concerns, contact Stacie Titus at 814-368-6101 or staciet@yourymca.org

Parent Signature _____ Date _____

Parent Name (Printed) _____ Date _____

the **Y** STUDENT MEMBERSHIP FORM

PARENT INFORMATION		TITLE	FIRST NAME	MI	LAST NAME	SUFFIX
BIRTHDATE / /		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREFERRED METHOD OF CONTACT <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL		RETURNING Y MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED BY BRADFORD AREASCHOOL DISTRICT /
HOME ADDRESS LINE 1						
HOME ADDRESS LINE 2						
CITY				STATE	ZIP	
PREFERRED PHONE () -		OTHER PHONE () -		EMAIL ADDRESS		
STUDENT	FIRST	MI	LAST	GENDER	BIRTHDATE / /	
ACCEPTANCE						
I agree to abide by the rules and regulations of YMCA of the Twin Tiers that are designed for the enjoyment of all members. I understand that participation in Y membership and programs is a privilege and the Y reserves the right to revoke these privileges as necessary. I understand my photo may be used for Y communications pieces. I understand I am required to give 30 days' notice to terminate my membership.						
SIGNATURE OF PARTICIPANT/MEMBER/OR LEGAL GUARDIAN				DATE		

OUR MISSION

We build strong kids, strong families, strong communities

OUR VISION

The YMCA of the Twin Tiers provides opportunities to all by putting Christian values into practice through programs that build healthy spirit, mind and body for all. The Y embraces diversity and promotes community development.

- participation and inform Y staff of the symptoms.
- Agrees to follow the instructions of Y Staff and published codes.
- Agrees to read and adhere to the policies and procedures of the YMCA of the Twin Tiers including those written in the Member Handbooks of each facility.

I wish to be a member of the YMCA of the Twin Tiers. I have no medical condition which would prevent me from participating in activities of the Y except _____

MEMBERSHIP AGREEMENT

Instructions: Please complete the following according to your membership category.

Member/Program Member: Read and sign this document.

In consideration of being allowed to participate in any way, at any location, of the YMCA of the Twin Tiers membership, program, and related events and activities, the undersigned:

- Agrees to inspect the facilities and equipment to be used at any location, and if the participant believes anything is unsafe, he/she will immediately advise the appropriate Y staff.
- Agrees to complete the PAR-Q & You Questionnaire, and, if answered yes to one or more of questions 1-7, agrees to consult with a physician prior to beginning an exercise program.
- Agrees to monitor personal condition throughout participation in an exercise program, and should any unusual symptoms occur, participant will cease

GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

I personally assume all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in program events at any location. In consideration of my membership, I hereby release, absolve, indemnify and hold harmless the YMCA of the Twin Tiers, its staff, employees, volunteers, supervisors, instructors and any other representative, together with their agents, representatives or assigns (collectively the "Released Parties").

I hereby waive all claims against the Released Parties for any injury, including death, any loss due to theft of or damage to my personal property, or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or ever slight care. I agree to hold harmless the Released Parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from the above. I have read this general liability release and waiver of claims. I understand the terms of this document, understand that I am waiving my rights to any claims against the released parties, and sign it freely and voluntarily.

Parent/Guardian	Member Name	Member Signature (or parent if under 18)	Date
	Child/Student		

WHEN YOU JOIN THE Y, YOU JOIN A COMMUNITY ORGANIZATION THAT OFFERS MORE HEALTH, MORE HOPE, MORE OPPORTUNITY