DISCOVERING THE LIGHT IN YOU

After School Program
UPPER PALMETTO YMCA
Our goal is to provide a safe, stimulating and fun environment for children to learn through participation. We incorporate the Y's core values: Honesty, Responsibility, Respect and Caring in our activities. Our program is designed to enhance your child's school day through activities such as homework support, field trips, large and small group games, and devotions.

The Upper Palmetto YMCA is committed to providing the highest quality Afterschool care possible. We are excited about the unique programming opportunities provided by our Afterschool program. We strive to develop the whole child through programs that build a healthy spirit, mind and body for all, including the following:

**Healthy Spirit** – We offer daily devotion time, and a group discussion time, where youth have the opportunity to reflect on their day, and talk about issues and concerns impacting their lives. Youth also develop a stronger understanding of the core YMCA values of Honesty, Respect, Responsibility, and Caring.

**Healthy Mind** – We know that homework time is important. We provide a structured study room where youth have 30-45 minutes of homework time. Staff are on-hand to support youth as they work on their assignments.

**Healthy Body** – In an effort to promote healthy living, the YMCA provides at least 30 minutes of daily fitness time. Activities may include: kickball, team sports, relay races, group games, or yoga.

### Pick Up & Site Locations

**CHARLOTTE AVENUE**
**Pick up:**
Bellevueview Elementary School
Cherry Park Elementary School
 Ebenezer Elementary School
 Ebinport Elementary School
 Finley Road Elementary School
 Independence Elementary School
 India Hook Elementary
 Lesslie Elementary School
 Mt Gallant Elementary School
 Mt Holly Elementary School
 Northside Elementary School
 Oakdale Elementary School
 Old Pointe Elementary School
 Richmond Dr. Elementary School
 Rosewood Elementary School
 Sunset Park Elementary School
 York Road Elementary School
 Dutchman Creek Middle School
 Rawlinson Rd Middle School
 Saluda Trail Middle School
 Sullivan Middle School
 York Preparatory Academy

**CLOVER/LAKE WYLIE**
**Pick up:**
Bethany Elementary
Bethel Elementary
Crowders Creek Elementary
Griggs Road Elementary
Kinard Elementary
Larne Elementary
Oakridge Elementary
Oakridge Middle School
Clover Middle School

**CAROLINA CROSSING**
**Pick Up:**
Cotton Belt Elementary School
Harold C. Johnson Elementary School
Hunter Street Elementary School
Jefferson Elementary School
York Intermediate School
York Middle School

**BAXTER**
**Pick Up:**
Gold Hill Elementary School
Orchard Park Elementary School
Pleasant Knoll Elementary School

**FORT MILL YMCA AT THE COMPLEX**
**Pick Up:**
Fort Mill Elementary School
Doby’s Bridge Elementary School

### Schedule
Each YMCA After School Program follows the schedule of their local School District when scheduling all child care days, teacher holidays, inclement weather days and other holidays. The After School Program is open most teacher work days and school holidays.

### Program Hours
School Dismissal until 6:00 pm
All Day Care: 7:00 am—6:00 pm
Clover and Carolina Crossing offer care until 6:15 pm.

**The Program is Closed for 2019/2020:**

Lunch must be provided by participants when children are out of school.

### Registration Information
**WEEKLY DRAFT:** Fees are paid by credit/debit card drafts on the Saturday morning prior to afterschool week. **Failure to pay two consecutive weeks will withdraw the participant from the program.**

**FINANCIAL ASSISTANCE:** A limited amount of financial assistance is available. Please complete the application available at the YMCA front desk or visit www.upymca.org to download an application. Allow 2-4 weeks for processing prior to the first day of enrollment. After School Financial Assistance is applied during the After School/Summer Day Camp cycle beginning in August and ending the following August.

(5 child minimum for each location)
REGISTRATION FORM

PARTICIPANT INFORMATION

Child’s Name ____________________________ 2019/2020 School Grade __________________

Birth Date ____________________________ School __________________

Mailing Address ____________________________ Home Phone __________________

City __________________ Zip __________________ Male ☐ Female ☐ YMCA Member ☐ Yes ☐ No

PERSON FINANCIALLY RESPONSIBLE

Name ____________________________

Home Address ____________________________ City __________________ Zip __________________

Place of Employment ____________________________ Email __________________

Home Phone __________________ Work Phone __________________ Mobile Phone __________________

PERSONS AUTHORIZED TO PICK UP CHILD

Name ____________________________ Relationship __________________ Home Phone __________________

Work Phone __________________ Mobile Phone __________________

AFTERSCHOOL ENROLLMENT & LOCATION

CHARLOTTE AVENUE
☐ Afterschool Only
☐ AS/Camp Combo (Available until 8/31/19)
☐ Part-Time (3 days a week)
☐ M T W Th F (please circle)
☐ Extended Afterschool Care

CAROLINA CROSSING
☐ Afterschool Only
☐ AS/Camp Combo (Available until 8/31/19)

CHESTER COUNTY
☐ Afterschool Only

BAXTER
☐ Afterschool Only
☐ AS/Camp Combo (Available until 8/31/19)
☐ Part-Time (3 days a week)
☐ M T W Th F (please circle)

CLOVER/LAKE WYLIE
☐ Afterschool Only
☐ AS/Camp Combo (Available until 8/31/19)
☐ District Employee
☐ Extended Afterschool Care (min # required)

FORT MILL YMCA AT THE COMPLEX
☐ Afterschool Only

ENROLLMENT AGREEMENT (INITIAL EACH)

☐ NO CORPORAL PUNISHMENT
The use of Corporal Punishment is strictly prohibited at the Upper Palmetto YMCA. The YMCA
staff will use positive behavior management techniques that are developmentally appropriate
and adhere to the YMCA’s four core values of Caring, Honesty, Respect and Responsibility.

☐ RELEASE OF LIABILITY
In the event an accident occurs, I am aware that the YMCA does not provide accident
insurance, and I will not hold the YMCA responsible for any injury.

☐ HANDBOOK
I understand that a copy of the Upper Palmetto YMCA Summer Day Camp/After School Parent
Book is available online at www.upymca.org, and I agree to read and adhere to its content.

☐ PHOTOGRAPHY
I understand that my child may be photographed, videotaped, and/or interviewed for the
purpose of YMCA promotional use.

☐ HOLIDAYS, VACATIONS, INCLEMENT WEATHER
The YMCA does not prorate for holidays, vacations, inclement weather days or days your child
does not attend.

ENROLLMENT/PAYMENT AGREEMENT

I understand that I am responsible for paying every week my child is enrolled in the After
School Program. Fees must be paid by credit/debit card drafts only. Payments are due on the
Saturday prior to the week that the child is enrolled in the After School Program. A $35 fee will
be administered for declined credit/debit card drafts. Failure to pay on time for two
consecutive weeks will withdraw the participant from the program and will not be allowed to
attend the program on the Monday following the second unpaid week.

FIELD TRIPS
I give permission for my child to attend After School field trips. I understand that the YMCA
makes every effort to stay with the published field trip schedule. I understand, however, that
weather or other circumstances outside the YMCA’s control may cause a change either in the
field trip destination or the day of the trip.

YEAR-ROUND AFTER SCHOOL/SUMMER DAY CAMP
Weekly drafts continue each week until cancelled in writing. The Summer Day Camp portion
paid during the school year is non-refundable, if enrollment is cancelled before the child
attends summer camp.

Responsible Party ____________________________ Date ____________

FOR STAFF ONLY:
☐ Registration Form ☐ Pick Up ☐ Draft Form
☐ Payment Received ☐ Medical Form
Pick Up Site: __________________

Date/Time: __________________
MEDICAL QUESTIONNAIRE FORM

Child’s Full Name ___________________________________________ Age __________________________

Height_________________ Weight_________________ Hair Color_________________ Eye Color_________________

Primary Care Physician ______________________________________ Phone # ______________________

Dentist ______________________________________ Phone # ______________________

Does your child have any allergies to food, medications or insect bites? If so, what are the allergies and what are the treatments for them? ____________________________________________________________

Does your child carry this treatment with him/her? □ Yes □ No

Does the YMCA staff have permission to administer treatment if an allergic reaction occurs? □ Yes □ No

Is your child currently taking any medications? □ Yes □ No

Name of Medication ______________________________________________________

Dosage ________________________________________________________________

Time(s) to Administer _____________________________________________________

Instructions to administer medication: ______________________________________

*Any medicine that needs to be administered must be given to the YMCA staff prior to your child attending the after school program.

*Any medicine that needs to be administered must be in the original packaging.

Medical history: Please include any information that would affect diagnosis or treatment, such as diabetes, seizure disorders, injuries, etc. ______________________________________________________

Does your child have any special medical/dietary accommodations? □ Yes □ No

If yes, what are they? ______________________________________________________

Medical Insurance Information

Company _______________________________ Address _______________________________ Phone # ______________________

Policy # ___________________________ Group # ___________________________ Policy Holder Name ______________________

In the event that I am unavailable to answer for my child, I hereby give permission to the Upper Palmetto YMCA staff to seek emergency medical treatment for my child, including but not limited to X-rays, routine tests and/or injections. I have completed this form to the best of my knowledge and hereby assert that all medical information is true and correct. I have included all medical and behavioral information.

Parent/ Guardian Signature ___________________________________________ Date ______________________

*Although the Upper Palmetto YMCA desires to accommodate all children, we, unfortunately, are not able to accommodate children with special needs who are unable to function within our camp/after school structure. Please contact the branch director if you have questions.