



SUMMER PROGRAM

2018 YMCA SUMMER PROGRAM REGISTRATION FORM

Location: YMCA Parker Mathis
Ages: 5-6 Ages: 7-12

Parker Mathis Transport from/to YMCA? Yes No If yes, Sibling Name(s) & Age _____
***Must have siblings attending YMCA site to be eligible for transportation.

CHILD'S NAME: _____ Age: _____ Birth Date: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ School: _____ Grade (will enter in the Fall): _____
Child resides with: _____

If this child will have siblings attending camp please list here: _____

Please check the primary contact.

MOTHER/Guardian: _____ Address (if different than child's): _____
Employer: _____ Work #: _____ Work Address: _____
Cell Phone #: _____ Email: _____

FATHER/Guardian: _____ Address (if different than child's): _____
Employer: _____ Work #: _____ Work address: _____
Cell Phone #: _____ Email: _____

Emergency contacts other than parent(s):

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____
Authorized Pick Up: Yes No

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____
Authorized Pick Up: Yes No

PARENT AUTHORIZATION: *This information is correct to the best of my knowledge and the youth herein described has permission to attend the summer day camp program. In the event I cannot be reached in an emergency, I hereby give permission to secure proper care for my child.*

Signature of Parent or Guardian

Date

***REGISTRATION REQUIRES: REGISTRATION FORM, REGISTRATION FEE, FIRST WEEK FEE,
INCOME ELIGIBILITY FORM AND IMMUNIZATION RECORD**

Reg. Fee (\$10 per child): _____ IE Form: _____ Immunization Form: _____ Date: _____ Staff Initials: _____
T-Shirt Received Date: _____ Size: _____ Staff: _____

TRANSPORTATION AGREEMENT

This is to verify that I, _____ , give the Valdosta-Lowndes County Family YMCA
(Parent/Guardian Name)
permission to transport _____ from the YMCA to any field trips planned for the
(Child's Name)
YMCA's Summer Program.

Parent or Legal Guardian's Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____ , _____ suffer an injury or illness while in the care of the
(Child's Name) (Birth Date)
Valdosta YMCA, and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Child's primary source of health care is:

(Physician/Clinic name)

(Phone number)

Known medical/special conditions (i.e. diabetic. asthmatic, allergies, prescriptions, ADHD): _____

Plan of action for any medical/special conditions listed above: _____

CHARACTER DEVELOPMENT CONTRACT

- _____ **Appropriate Conversation** – Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other campers or staff.
- _____ **Appropriate Language** – Children must refrain from using obscene language or gestures for any reason.
- _____ **Respect** – When asked to do or not to do something, a child needs to follow directions the first time given. This is for the safety of all children. Please speak to staff & other children with respect.
- _____ **Play** – Children are asked not to engage in any horseplay with each other or with a counselor. No one will be allowed to hit, kick, push or display any type of aggressive behavior. We will use appropriate words to settle our differences. We keep our hands and feet to ourselves.
- _____ **Responsibility** – All children need to remain with their group and within eyesight of their counselor. This applies while we are here on the YMCA grounds, at park district properties, and on off-site field trips. We want children to be safe at all times.
- _____ **Caring** – It is important to use and care for equipment, toys and games properly so that other children can enjoy them. We will care for the property of the YMCA, of other children and of the YMCA staff.

Parent/Guardian Signature _____ Date _____

YMCA Child Care Representative _____ Date _____

YMCA SUMMER PROGRAM PARENT CONTRACT

As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

- ___ 1. I understand that this is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements.
- ___ 2. I understand that payments are due on Thursdays of the week prior to my child's attendence. A \$5 late registration fee will be applied if dues are paid after Thursday. Spaces are limited.
- ___ 3. I acknowledge that I have received a copy of the YMCA Summer Program Parent Handbook and will comply with the policies set forth.
- ___ 4. I understand that I am required to walk my child inside and sign him or her into the summer program daily.
- ___ 5. I understand my child cannot arrive before 7:30 am for early drop off and must be picked up by 6:30 p.m. from extended care.
- ___ 6. I agree to pay a late fee each time my child is not picked up by 6:30 p.m.
- ___ 7. I understand that I must provide my child with a lunch on the days that the summer feeding program will not provide them (to be posted at the YMCA).
- ___ 8. The YMCA, in conjunction with America's Second Harvest Kid's Cafe will provide lunch and p.m. snack for the campers. Participants are not allowed to purchase items from the vending machines during camp hours.
- ___ 9. I agree to immediately notify the YMCA childcare department of any changes that occur on my child's information card (phone numbers, address, etc.).
- ___ 10. I agree to notify the YMCA childcare department if someone other than myself or those individuals listed on my child's card will be picking my child up from the summer program. This notification must be in writing.
- ___ 11. I understand that I must have a picture identification card to show program counselors when I pick up my child.
- ___ 12. I understand that my child must have appropriate closed toe foot wear (sandals and flip flops are a safety hazard).
- ___ 13. I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. (The YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
- ___ 14. I understand that the YMCA takes photographs, videos, motion pictures and /or sound recordings of the Summer Program participant or members of the participant's family. I further grant the YMCA permission to use the photographs, video, motion pictures and/or sound recordings in its general publicity materials.
- ___ 15. I understand that I am not to leave my child at any YMCA Summer Program location unless a YMCA staff is there to receive and supervise my child.
- ___ 16. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- ___ 17. I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- ___ 18. I understand that per state regulations, my child's file is available for review by the Department of Family and Children Services and their representatives. In addition Law Enforcement personnel may request the information listed in your file.
- ___ 19. I understand that the YMCA may terminate my child's enrollment for any of the following reasons: _____
 - ___ Emergency names and phone numbers are incorrect
 - ___ Parent is late picking up child after Summer Program closes
 - ___ Non/late/NSF payment of fees
 - ___ Failure to adhere to the sign-in/sign-out policies
 - ___ Behavior that is continually disruptive or dangerous to others and/or self
 - ___ Behavior that is destructive to property and/or refusal to replace said property
 - ___ Any single incident that is deemed by the Program Director to be dangerous, harmful or disruptive
 - ___ Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- ___ 20. I understand the YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.

Signature

Print Child's Name

Parent/Guardian Signature

Date



**VALDOSTA-LOWNDES COUNTY FAMILY YMCA
RELEASE & WAIVER of LIABILITY & INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of **Georgia** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Signature of Applicant (parent or guardian if under 18)

Signature of Spouse

Print Name

Print Name

DATE

DATE



INCOME ELIGIBILITY FORM FOR THE

Summer Feeding Service Program and Child Adult Care Feeding Program (For Use by Camps, Closed Enrolled Sites and Daycares)



Please complete the following form using the instructions below. Sign the form and return it to: Second Harvest of South Ga Inc.

If you need help, call 229-244-2678~ 214, 302 or 402

Follow these instructions, if your household gets SNAP TANF or FDPIR:

- Part 1:** List participant's name and a SNAP, TANF or FDPIR case number.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is NOT required.
- Part 5:** Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

- Part 1:** Enter the child's name.
- Part 2:** Please contact us at **[phone number of Sponsor]**
- Part 3:** Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.
- Part 4:** Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each participant's name.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
 - Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.
 - In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
 - In box 2, list the amount each person got last month from welfare, child support, alimony.
 - In box 3, list Social Security, pensions, and retirement.
 - In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column C–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

Center Name: _____

Part 1. Children enrolled in Camp or Closed Enrolled Sites and Day Cares		
Names (First, Middle Initial, Last)	DOB	SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact Second Harvest of South Ga Inc. at 229-244-2678. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children) (Example) Jane Smith	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that CACFP/SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: ____ _ □ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
 Household size: _____
 Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.



SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **your Center within 5 days** (Sending in this form will not change whether your children get free or reduced price meals.).

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call Winona Green at **229-244-2678 ext. 214.**