



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# AVERY COUNTY AFTER SCHOOL REGISTRATION FORM

STUDENT NAME:

---

SCHOOL STUDENT ATTENDS:

---

**PLEASE RETURN TO THE YMCA FRONT DESK  
436 HOSPITAL DRIVE  
LINVILLE, NC 28646**

**FAMILY INFORMATION**

Mother/Guardian's Name

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_  Home  Work

Mobile # \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Custodial Parent:  yes  No

Preferred method of communication  Email  Phone  Text  All

Father/Guardian's Name

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_  Home  Work

Mobile # \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Custodial Parent:  yes  No

Preferred method of communication  Email  Phone  Text  All

Please indicate who the primary contact is:  Mother/guardian  Father/guardian

Who does the child reside with the majority of the time: \_\_\_\_\_

**CHILD'S INFORMATION**

Child's name (on public school record) \_\_\_\_\_

Name Called \_\_\_\_\_

Address on file with the school system

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (as of August 2020) \_\_\_\_\_

School and School District: \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Ethnicity  Caucasian  African American  Hispanic  Asian or Pacific Islander  Other: \_\_\_\_\_

**CHILD'S ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK UPS**

Please indicate emergency contacts and person authorized to pick up your child from the Avery County After School program.

Please note that we require a written request to remove any names listed.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

**HEALTH HISTORY**

Please indicate your child’s known allergies, medications, or special circumstances. Check all that apply to your child, or check “None” for those that don’t apply:

Medication (type and schedule) \_\_\_\_\_

None

Emotionally, behaviorally, intellectually or physical challenged (explain) \_\_\_\_\_

None

Allergies (type) \_\_\_\_\_

None

Special circumstances \_\_\_\_\_

None

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Policy

1. Non-Prescription medications require written note and instructions
2. Medication form must be signed by parent for any medication
3. Medication must be current. We will not accept or administer expired medication.
4. All medications must be in original container
5. We allow the self-carry of emergency medication ONLY for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the prescribing physicians written permission.

**MEDICAL TREATMENT POLICIES**

Accident Insurance – Participants are responsible for their own accident insurance when using Avery County After School.

Medication – Avery County After School does not normally administer any medication and will do so only when directed in writing by the child’s parent or guardian. Medications must be in original containers with written instructions for dispensing. Do not send medications with your child. A parent or guardian must give the medication to program staff. Notice: With respect to giving EpiPen and/or Glucagon injections to children participating in its programs, Avery County After School will comply fully with the requirements of the Americans with Disabilities Act. For those children who may require EpiPen and/or Glucagon injections, or who have other special medical needs, the After School program will meet with the parent(s) or guardian(s) of such children and, through dialogue, strive to develop a mutually acceptable plan designed to address the medical circumstances of each individual child. Avery County After School will not administer, or be responsible for administering, medications that have to be inserted into body cavities.

Blood Borne Pathogen Exposure – I understand that, while my child is in the care of Avery County After School , if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, Avery County After School will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, Avery County After School will provide the name and telephone number of the child’s attending physician to the staff member. I have read and agree with the statement and specifically authorize Avery County After School to release the name and telephone number of my child’s physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.

Emergency – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, Avery County After School will contact emergency medical personnel and, pending their arrival, take those actions that are in Avery County After School judgment to be in the best interests of the child.

**AUTHORIZATION FOR MEDICAL TREATMENT**

In the event that I cannot be reached to make arrangements for medical treatment, I authorize Avery County After School Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Parent/Guardian signature: \_\_\_\_\_

**Special Circumstances**

Parents or guardians are required to inform Avery County After School in writing, prior to the child's acceptance in Avery County After School program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavior problems or special circumstances regarding psychological, medical, or physical condition. Upon being informed of such circumstances, the director may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

**MEDICAL INFORMATION**

Child's dentist \_\_\_\_\_ Dentist's # \_\_\_\_\_

Child's medical doctor \_\_\_\_\_ Doctor's # \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

## **BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICIES**

It is important that staff maintain good order and discipline in all programs. Top objective in all Avery County After School programs are safety and positive atmosphere for learning and developing social skills. Avery County After School makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

Avery County After School does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using and inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity.

A child's behavior is expected to be consistent with the following:

5. Use appropriate language at all times
6. Cooperate with staff and follow directions.
7. Respect other children and staff, equipment and facilities, and yourself.
8. Maintain a positive attitude
9. Stay in program areas — running away is not acceptable
10. Participate successfully within the Avery County After School staff-child ratio specific for each program.

### **Avery County After School Discipline Policy**

11. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parents(s)/guardian will be notified.
12. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parents(s)/guardian. A behavior contract will be established and signed by the parent(s)/guardian and the program director.
13. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
  - First offense: 1 day suspension
  - Second offense: 3 day suspension
  - Third offense: 5 day suspension
  - 4th offense: Withdrawal from the program
11. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissals.

Behavior which may result in immediate suspension or dismissal include, but are not limited to:

15. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff. Prohibited to conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying, or intimidation.
16. Fighting
17. Possession of a weapon of any kinds
18. Vandalism, destruction, or theft of Avery County After School property or property of others
19. Sexual misconduct
20. Possession of or use of alcohol.
21. Possession of or use of controlled substances unless under the prescription of a doctor
22. Running away
23. Biting

**WAIVERS/PERMISSIONS**

I permit my child to participate in activities the Avery County After School conducts outside the fenced-in play areas at Avery County After School facilities.

Field Trips – I permit my child to leave the Avery County After School site on authorized trips under the supervision of the Avery County After School staff.

Photography/Audio – I give the Williams YMCA of Avery County (“YMCA”) and WAMY and its employees and agents permission to use for any lawful purpose my and/or my child’s likeness, image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like, with the understanding that the Avery County After School will not publish my child’s name. I agree that Avery County After School has complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, television, radio, newspapers, magazines, social media sites (e.g., Facebook, Twitter, Flickr, blogs, etc.), and/or audio, print or internet publications. I also agree that Avery County After School has permission to release such pictures, etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may be used in publications and/or on websites outside of Avery County After School control.

Transportation – I understand and agree that for YMCA programs providing transportation for my child 1) to a YMCA program from home, 2) home from a YMCA program or, 3) from his/her school to a YMCA program, the Williams YMCA’s liability for my child begins when the child boards a YMCA vehicle and ends when the child exits the vehicle. Under some circumstances, YMCA liability will continue if my child is exiting the YMCA vehicle to participate in a YMCA program. Pickup and drop off points will be determined prior to my child attending the program for which he/she is registered. If YMCA staff encounters circumstances that they perceive as dangerous at the location where my child is scheduled to exit a YMCA vehicle, my child will not be permitted to exit.

**INDEMNITY**

In consideration of my child participating in the Avery County After School 21<sup>st</sup> CCLC program of the Williams YMCA and WAMY, I agree on behalf of my minor child, myself, our heirs, representatives, executors, administrators, and assigns, and HEREBY DO RELEASE the Williams YMCA, WAMY, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the Williams YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child’s participation in the Avery County Afterschool 21<sup>st</sup> CCLC program whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of the Williams YMCA, WAMY, its officers, agents, volunteers and employees. I further certify that my child has limitations which would preclude their participation in the Avery County After School program. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

**LIMITED ENROLLMENT AND PARTICIPATION**

DUE TO SPACE LIMITATIONS ENROLLMENT IN THE AVERY COUNTY AFTER SCHOOL PROGRAM IS LIMITED I UNDERSTAND THAT IF MY CHILD IS ABSENT FOR TWO CONSECUTIVE WEEKS WITHOUT CONTACTING THE PROGRAM DIRECTOR, HE OR SHE MAY BE TERMINATED FROM THE PROGRAM AND THEIR “SLOT” FILLED WITH ANOTHER CHILD.

I have read, understand, and agree with the policies and permissions as stated in this document and have discussed the behavior expectations with my child/ward. I understand that Avery County After School has the authority to revoke my child’s right to participate in Avery County After School and YMCA programs for behavior which is not in keeping with the mission of the YMCA and WAMY or for failing to follow the policies/procedures of the Avery County After School program. I have read and understand all the policies stated above and have received a copy of this document and understand it is my responsibility to contact the Avery County After School Program Director or my legal counsel if clarification is needed.

**PARENT OR GUARDIAN ACCEPTANCE:**

---

Parent/legal guardian Date

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the fiscal agent of this 21<sup>st</sup> CCLC program to rely upon this representation for all purposes related to the program.

**ADMISSION AGREEMENT:** Please read and initial

- \_\_\_\_\_ Water Activities: I give permission for my child to participate in water activities during program hours.
- \_\_\_\_\_ Physical activity: I permit my child to participate in physical activity as part of the Avery County After School program
- \_\_\_\_\_ Medical: In the event of an emergency, I give authorization for the Avery County After School program to render 1<sup>st</sup> aid and, when deemed necessary, contact emergency medical personnel
- \_\_\_\_\_ Image release — I authorize photographing or digital images to be taken and published of my child to promote the Avery County After School program.
- \_\_\_\_\_ Absences: I understand that it is my responsibility to notify the Avery County After School program director by 9 AM daily if my child will not attend the program that day.
- \_\_\_\_\_ Avery County After School program closures: I understand that the Avery County After School may be closed due to weather or other unforeseen circumstance.
- \_\_\_\_\_ Internet: I give authorization for my child to gain access to the Internet or have Email/ Internet communications in compliance with 15 USC §Chapter 91, The Children’s Online Privacy Protection Act and Title XVII, the Child’s Internet Protection Measures.
- \_\_\_\_\_ Field trips: I permit my child to attend Avery County After School program fieldtrips and participate in trip activities.
- \_\_\_\_\_ FERPA/HIPPA I understand the Avery County After School program staff may have access to my child’s medical and academic information but will ensure privacy under federal law is maintained.
- \_\_\_\_\_ Although the Avery County After School program will make every effort to safeguard personal belongings, I understand that the Avery County After School program is not responsible for any personal items lost, stolen or damaged at the Avery County After School programs.
- \_\_\_\_\_ Student/Parent acknowledges that they have received and read Avery County After School Student/Parent Handbook.