



School Year: _____
Summer Camp Year: _____

Florence Family YMCA Childcare Enrollment Form

Please mark the program
you are applying for:

For Office Use Only
 Registration Fee \$ _____
 Tuition Fee \$ _____
 Activity Fee \$ _____
Total Due \$ _____

School Year

- Preschool (3K or 4K)
- Preschool Winter Holiday Camp (3K or 4K)
- Preschool Spring Break (3K or 4K)

- Afterschool (5K thru 6th Grade)
- Winter Holiday Camp
- Spring Break
- Drop-In (School Closing Only)

Payment Type

- Check # _____
- Money Order # _____
- Credit Card Auth. # _____

Summer Camp

- Preschool (3K or 4K)
- Rising 5K thru 6th Grade
- CIT (Counselor In Training)

Your Child's T-Shirt Size
(for Summer Day Camp Only)

Youth S M L
Adult S M L XL



For Office Use Only Application Acceptance Date: _____
(YMCA Staff Member) Application Accepted By: _____
Member / Non-Member
Child's Full Name _____ Child's ID: _____
Start Date _____ School: _____ Grade: _____
Initial All As Completed: Full Payment Received _____ Initial Roll Call Book _____
Immunization Record _____ Classroom Roster _____ Bus List _____ Medical Release _____

The Florence Family YMCA Childcare Program

The Florence Family YMCA

is committed to providing the highest quality childcare possible.

We work in partnership with the families we serve to provide a safe and nurturing environment that promotes the growth and development of the whole child; emotionally, socially, physically, and cognitively. The YMCA staff consists of qualified and caring individuals who establish a supportive social environment that supports autonomy, self-esteem, and assists children in establishing positive relationships, friendships, and conflict resolution skills. At the Florence Family YMCA, you will find that childcare is about more than just looking after your kids. It's about holistically nurturing the child through programs that build a healthy spirit, mind, and body for all including:

Healthy Spirit – We provide a daily devotion time along with group discussion times in which children are given the opportunity to reflect on their day, talk about issues and concerns impacting their lives, and develop a stronger understanding of the core YMCA values of Honesty, Respect, Responsibility, and Caring.

Healthy Mind – We understand how important learning is. We provide a structured environment where the children have one (1) hour of homework time during our afterschool programs, crafts, team building exercises, and exploratory field trips during our summer camp programs. Staff is always on hand to support the kids as they work on their homework and learn new things.

Healthy Body – In an effort to promote healthy living, the YMCA provides daily fitness time. Program activities include, but are not limited to, kickball games, team sports, relay races, and group games. All youth will be working through an organized curriculum that promotes healthy living, nutrition, and fitness.

At the Florence Family YMCA, we offer Pre-School, Afterschool, and Summer Day Camp.

Our preschool program is provided year-round, Monday through Friday, for children ages 3 and 4 years old.

We use a theme-based "Creative Curriculum" with the understanding that children learn best by doing.

Our afterschool program is available to children in grades 5K through 6th grade with various options to explore and develop their interests and enhance their education.

Summer Day Camp offers opportunities to explore new experiences, focus on skill building exercises, find or enhance hidden talents, gain trust and independence, and to make lasting memories as well as friendships.

CHILD'S INFORMATION

Registration Date: ____/____/____

Start Date: ____/____/____

Child's Name (first/middle/last) _____ Name Called _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Male Female Birth Date ____/____/____ Age _____ Grade _____

School _____

FAMILY INFORMATION

Child in the custody of / lives with: Both Parents Mother Father Other (Specify) _____

Parent/Guardian#1: _____ Relationship to Child: _____

Home Address: _____ City _____ State _____ Zip _____

Place of Employment _____ Work Phone# () _____ ext. _____

Home Phone# () _____ Mobile Phone# () _____ Other# () _____

Email Address _____

Parent/Guardian#2: _____ Relationship to Child: _____

Home Address: _____ City _____ State _____ Zip _____

Place of Employment _____ Work Phone# () _____ ext. _____

Home Phone# () _____ Mobile Phone# () _____ Other# () _____

Email Address _____

PICK-UP AND EMERGENCY CONTACT AUTHORIZATIONS

Name _____ Relationship to Child _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____

Contact in Emergency if Parent #1 and #2 cannot be Reached May Pick Up This Child (*must be 18 and older*)

Name _____ Relationship to Child _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____

Contact in Emergency if Parent #1 and #2 cannot be Reached May Pick Up This Child (*must be 18 and older*)

Name _____ Relationship to Child _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____

Contact in Emergency if Parent #1 and #2 cannot be Reached May Pick Up This Child (*must be 18 and older*)

UNAUTHORIZED PICK-UP (Copy of Court Documents Must Be Provided)

Name _____ Relationship to Child _____ Court Ordered Yes No

Name _____ Relationship to Child _____ Court Ordered Yes No

SWIMMING ABILITY

Check One: Non-Swimmer Beginner Intermediate Advanced

Has your child taken YMCA Swim Lessons previously? Yes No

If yes, check level: Pike Eel Ray Starfish Polliwog Guppy Minnow Fish Flying Fish

CHILD'S MEDICAL INFORMATION

Immunization Records:

Immunization Records are Required for all children to participate in the YMCA Childcare Programs. Your child may not begin attendance in the YMCA Childcare until current immunization records are received.

Records Enclosed Immunization Records will be provided within 2-3 business days

Primary Care Physician Information

Name _____ Practice Name: _____

Office Phone# () _____ Fax# () _____

Address: _____ City _____ State _____ Zip _____

Dentist Information

Name _____ Practice Name: _____

Office Phone# () _____ Fax# () _____

Address: _____ City _____ State _____ Zip _____

In case of an emergency, please check the hospital you prefer we use: Carolinas Hospital System

McLeod Regional Medical Center Other, specify _____

Please answer the following questions about your child.

Chronic or Recurring Illnesses? Yes No If yes, please explain: _____

Disabilities or Activity Limitations? Yes No If yes, please explain: _____

Operations or Serious Injuries? Yes No If yes, please explain: _____

Dietary Modifications or Restrictions? Yes No If yes, please explain: _____

Physical Disability? Yes No If yes, please explain: _____

Developmental Delays? Yes No If yes, please explain: _____

Allergy Information

(Check all that apply)

- Nuts Eggs Milk Fish Wheat Soy
- Pollen Dust Insect Bites Latex Fragrances
- Other (Specify) _____

Health Information

(Check all that apply)

- ADHD Bleeding Asthma Diabetes Penicillin Seizures
- Autism Disorder (describe) _____
- Other (Specify) _____

Please specify what the reactions will be if the above allergies occur and procedures we should follow: _____

Is your child currently taking medications? Yes No If so, please list. _____

Will the Florence Family YMCA need to administer this medication to your child?

Yes No If yes, please complete an Individualized Care Plan and Medication Consent Form

Acknowledgements and Waivers (Please Initial Each Statement)

Child's Name: _____

____ I have received a Childcare Parent Handbook prior to my child's enrollment.
I have read and agree to abide by the policies and procedures set forth by the Florence Family YMCA to care for my child.

PERMISSIONS

Participation

____ I give permission for my child to participate in all activities, including field trips, that the Florence Family YMCA conducts.

____ I certify that to the best of my knowledge, my child is in good physical and mental health and is able to participate in all childcare programs.

____ By participating in a childcare program, my child agrees to cooperate with the Florence Family YMCA staff and follow all YMCA guidelines for appropriate conduct. Failure to do so can result in suspension or dismissal.

____ I agree to update emergency contact, parental consent, and/or authorized pick up information as soon as changes occur.

Swimming

____ I give permission for my child to participate in swimming at the Florence Family YMCA. I understand that Certified Life Guards will be on duty.

Photography and Recording

____ I hereby irrevocably release, consent, and allow the Florence Family YMCA and its agents to use my child's photograph, likeness, name, and/or voice, as it pertains to participation with the YMCA, in any manner for promotional efforts without expectation of reimbursement or claim of liability in connection with its use. I agree that the YMCA has complete ownership of such pictures and/or recordings 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, etc.) and/or YMCA audio, print, or internet publications.

Field Trip and Transportation

____ I permit my child to leave the Florence Family YMCA on authorized trips under the supervision of the YMCA staff. I give permission for my child to leave the Florence Family YMCA site to participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with summer camp and afterschool programs. I understand that field trips will be scheduled in advance and parents will be notified of the details prior to departure.

In cases of summer camp field trips, I understand that on days when my child's class has a field trip and the bus has already left, my child cannot be left at the YMCA and placed with another group. I will have to make other arrangements for my child's care on that day.

Release from Liability and Indemnification

____ I understand that YMCA activities have inherent risks, and I hereby assume all risks, hazards, injuries, and illnesses which may result from my child's participation in all YMCA activities and recreation activities, including but not limited to sports programs, exercise or childcare activities (i.e. swimming, running, or playing). I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA and its employees, organizers, volunteers, vendors, supervisors, officers, directors, participants, as well as persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my/my child's use of YMCA property and/or participation in any YMCA activities.

PAYMENT POLICIES

____ I understand that registration fees, activity fees, weekly fees, and any past due balances are to be paid in full at the time of my child's enrollment.

____ I understand that payment for my child's tuition is due on Fridays no later than 6:00 pm prior to my child's attendance the following week. **Payments not received by 6 pm on Friday for the upcoming week will be assessed a \$20 late fee (per child, per week).**

____ I am aware that the only acceptable forms of payment for my child's tuition are check, money order, debit, or credit cards (MasterCard or Visa) Use of an actual credit card or debit card as a credit card (without pin#) will be charged a \$1.00 convenience fee per transaction in accordance with Florence Family YMCA policy.

____ I am responsible for keeping up with the status of my child's account. I understand that it is not the Childcare Accountant's responsibility to keep up with my payments. I further understand that should my account fall behind, I must immediately bring any balance due to a current status or my child will lose his/her attendance privileges and my family will not be allowed to participate in any YMCA programs. My YMCA membership privileges will also be placed on financial hold barring me from use of the facility.

____ I understand that any information I may need regarding my child's account for flexible spending, payment history, or verification of childcare requires no less than 24 hours' notice in writing.

Vacation Weeks

____ I understand that the Florence Family YMCA only allows for three (3) vacation weeks during the school year (August thru May). I may use them at my discretion for illness, holidays, or family vacation. Nonattendance in any week during billing will be marked as a vacation week. I understand that once I have used my three (3) weeks, I am responsible for payment of any unattended weeks no matter what the reason is for such absence. Vacation request slips can be found in the main childcare lobby and must be dropped in the payment box providing two weeks notice to the childcare accountant.

Insufficient Funds

____ If my bank returns a check payment due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$30 for each returned check. I will need to send payment in the form of money order, cashier's check, debit or credit card for the returned check value plus the returned check fee within 15 business days after I receive notification from the YMCA Childcare Accountant. **Cash will not be accepted.** Payment in full is required before my child can participate in any YMCA programs. ***Failure to clear up a returned check within the specified time frame, will subject my information being turned over to the Solicitor's Office where the full amount of the check will be due in addition to a \$91.00 fee. I understand that there will also be a bench warrant issued for my arrest.***

____ If I have two returned checks within any childcare program, I will no longer be allowed to submit checks as a form of payment for any program within the Florence Family YMCA for one year.

Cancellations

____ Two week's notice is required in order to remove my child from any YMCA childcare program. I understand that a Childcare Exit Form must be completed and on file. Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will be held responsible for any additional charges incurred due to not providing notification.

PROGRAM POLICIES

Babysitting

___ The YMCA strives to employ the very best staff possible in all of our programs. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs.

Toilet Training

___ I am aware and understand that the Florence Family YMCA accepts children as young as 3 years old. All children 3 years and older must be toilet trained to attend.

Inclement Weather

___ I understand that the Florence Family YMCA typically follows the schedule of Florence School District One. I also understand that most programs including childcare are not available when school is closed due to inclement weather. This includes Preschool, Afterschool, and Early Dismissals.

Conduct Agreement

___ I understand that the YMCA is a Christian organization and therefore maintains certain standards and values while providing a safe and fun environment for my child. I also understand that all program participants including my child will display appropriate, acceptable behavior at all times. If my child's behavior becomes unacceptable, he/she will be subject to lose one or more privileges the same day. Corporal punishment is not acceptable by the Florence Family YMCA.

___ I understand that parent conferences may be requested if there is a need as a result of my child's behavior. If inappropriate behavior persists, childcare services can be terminated without notice.

Personal Belongings

___ All toys, electronics, CD's, cards, money, and etc. are not permitted at the Florence Family YMCA. There are plenty of toys, games, and activities provided by the YMCA to keep my child busy. The Florence Family YMCA shall not be held responsible for any of my child's belongings that may become lost, stolen or broken as result of my child bringing them into the YMCA or any YMCA activities on or off-site.

Late Pick-up

___ I understand that the YMCA Childcare Department is open from 7:00 am until 6:00 pm on Mondays thru Fridays and that the YMCA staff has their own personal obligations after that time. I must pick up or make arrangements for my child to be picked up no later than 6:00 pm. If, by the YMCA's clock in the childcare lobby, the time is 6:05, I will be charged a \$5.00 late fee plus an additional \$1.00 per minute / per child. This acquired fee must be paid by the next tuition payment or my child's enrollment may be terminated.

Inactivation/Reactivation

___ Should I decide to take my child out of the childcare program and return in the same program, any status of my child's account, including but not limited to, vacation weeks available will be the same as when my child left.

Refunds

___ I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted due to illness, vacation, or when YMCA programs are cancelled or closed due to inclement weather or unforeseen circumstances.

___ I understand that the Florence Family YMCA does not prorate its childcare programs under any circumstance.

___ I understand that any refunds due to overpayment on an account must be requested, in writing, within 30 days of the last day of my child's attendance. I forfeit refund of any overpayment if requested later than 30 days. Payment of refunds will be issued within 30 days.

___ I understand that registration fees and/or activity fees are non-refundable and non-transferrable.

MEDICAL TREATMENT POLICIES

Medication

___ I give permission to the Florence Family YMCA staff to administer prescription and non-prescription medication to my child. I agree to supply this facility the prescription information and dosage schedule, in writing, on an Individualized Care Plan and Medical Consent Form. I will bring all medication(s) to the Child Care Director or Assistant Director in a sealed Ziploc bag and in the original prescription bottle. I understand that no prescription medication will be given without the written authorization of parents or guardians.

___ I understand that my child is not to have any medication(s) on them nor in their bag as this can be dangerous to other campers and must be monitored by an authorized staff member.

Emergency

___ I hereby give permission for my child to be given CPR and first aid treatment by a qualified staff member of the YMCA. In the event I or my assigned emergency contacts cannot be reached, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital selected by the Childcare Director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

___ I authorize the YMCA childcare staff to act on my behalf during camp in emergency situations when I nor my designated emergency contacts cannot be reached.

Accident insurance

___ I understand that the YMCA does not provide medical insurance relative to accidents or injuries sustained as a result of program-related activities and that I must provide my own accident insurance when using the YMCA and when participating in YMCA programs off-site.

I have read and understand all the policies listed on both sides of this page. By signing below, I also acknowledge that I am the parent or legal guardian of the child named on this paper. I have full authority to give permission for the minor child to participate in this program and intend unconditionally for the Florence Family YMCA to rely upon this representation for all intents and purposes related to the program.

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____

Application / Child's Name: _____

NOTICE CONCERNING
RETURNED CHECKS

**ALL Returned Checks not reconciled and paid within a
timely manner will be turned over to the following
agency:**

**Solicitor's Worthless Check Unit
(843) 292-1586**

**TWELFTH JUDICIAL CIRCUIT
SOLICITOR'S OFFICE
WORTHLESS CHECK UNIT**

The Florence Family YMCA participates in the
Worthless Check Program. All checks returned to us by
the bank will be forwarded to the Solicitor's Office,
Worthless Check Unit for collection procedures.

Failure to pay any check and the applicable fees will
lead to your arrest and criminal prosecution.

**If your check has been submitted to the Solicitor's Office, it
will become your responsibility to contact them immediately
as a bench warrant will be signed and a fee will be due to the
Solicitor's Office in addition to the face value of the check and
the returned check fees.**

I have read and understand the policy on returned checks.

Signature

Date

Printed Name

Staff Signature and Date



**For Youth Development
For Healthy Living
For Social Responsibility**

To Our YMCA Childcare Parents and Guardians:

Thank you for considering the Florence Family YMCA to assist you with your childcare needs. We offer such programs as summer day camp, all day preschool, and afterschool. While you plan to enroll your child or children, I would like to take this opportunity to explain our billing procedures.

At registration time, you are asked to pay the first weeks' tuition in advance. This will give you time to adjust to our payment schedule. It is very important that you keep your child's payments current. A late fee in the amount of \$20 will be assessed weekly if your payment is late. Payments are due on Fridays, **one week in advance**. This means that your next payment will be due on Friday before your child begins attending on the following week. **Your payment is considered late by 6:00 pm on Friday evening. Late fees are per child / per week.** Non-payment of fees will result in loss of program privileges.

If you have extenuating circumstances, you must contact me in advance **before your child's account becomes past due to avoid discontinuation of services.** Our programs have waiting lists and all vacancies and terminations will be filled immediately.

Each child is given three (3) "vacation weeks" during the school year (August to May) for Afterschool enrollees and preschoolers. These weeks may be used at your discretion for holiday weeks when school is out, illness, or family vacations. Once your three weeks have been used, you will be billed for any additional weeks that your child does not attend regardless of the reason for their absence.

Registration and activity fees are non-refundable and non-transferrable. The Florence Family YMCA does not give refunds for missed days, early departures, or disciplinary dismissals. We also do not prorate or adjust our billing against our policies for short attendance weeks. Any refunds for voluntary withdrawal must be requested within 30 days of your child's last day of attendance. After such time, all refunds will be forfeited. Should you cancel your child's enrollment, we must receive written notice two weeks prior to your child's last day or you will be responsible for any additional fees.

Please be aware that during afterschool programs, additional activity fees may be added for winter holiday break and spring break.

When making payments, we only accept payment in the form of check, cashier's check, money order, debit cards, and credit cards. We also offer credit card drafts. **WE DO NOT ACCEPT CASH.** Any credit card payment will be charged a \$1.00 convenience fee per transaction. Credit card drafts securely on file will not incur this charge. **Please be sure that checks contain your child's first and last name for credit to the proper account.**

If you have any questions, please feel free to contact me at (843) 665-1234 ext. 113 or by email at zgraham@florenceymca.org.

Sincerely,

Zenora Graham
Childcare Accountant



For Youth Development
For Healthy Living
For Social Responsibility

Florence Family YMCA
Payment Agreement / Authorization Form

Print Name of Child(ren) _____ Grade(s) _____ Program _____

Print Name of Authorizing Parent _____ Weekly Fee Amount \$ _____

- * All registration fees, activity fees, tuition fees, and past due balances must be paid at the time of registration.
* Weekly fees are due in full regardless of the number of days my child(ren) attend. This reserves my child(ren)'s place in the program.
* Weekly tuition payments are due by 6:00 pm on Fridays, one week in advance of my child attending the program the following week. Any payment not received by 6:00 pm on Friday will be considered late and a \$20 late fee will be assessed each week per child.
* Registration and activity fees are non-refundable and non-transferrable.
* No refunds will be given for days missed, early withdrawals, or disciplinary dismissals.
* Prorating and account adjustments are not allowed for short attendance weeks, absences, nor circumstances beyond the YMCA's control.
* Cancellation must be submitted in writing two (2) weeks in advance or I will be responsible for paying additional fees in full.

I hereby understand and agree to follow all payment policies made by the Florence Family YMCA. By signing, I understand that I am the person who will be held responsible for the payment of my child(ren)'s tuition and fees (no exceptions).

Parent Signature _____

Date _____

(THIS SECTION IS OPTIONAL)

Credit Card Draft Authorization***

Child(ren)'s Name: _____

If completing this section, please be sure to only give this form to the Childcare Accountant.

Type of card:

checkbox



checkbox



checkbox



checkbox



checkbox Please Run My Card as a One Time Draft ONLY for Registration Fees .

checkbox Please Run My Card For Registration Fees and Continue to Run This Card for Childcare Payments Each Friday.

Name as it appears on the card: _____

Card Number: _____ Expiration Date: _____

I authorize the Childcare Accountant to use the above information only for the purpose of drafting my child's tuition, activity fees when applicable, and late pick-up fees as payment to the Florence Family YMCA for childcare services. I also authorize my bank or credit card company to honor this preauthorized debit against my account. When my financial institution honors such debits, this shall constitute my receipt for payment. Should any preauthorized debit not be honored by my financial institution when received by them, then it understood that the Florence Family YMCA, at its discretion, may resubmit the amount due on a future date. It is further understood that if such payment is not honored by the financial institution, payment is to be made by me in the amount of said payment in order for my child(ren) to continue in the childcare program.

I understand that I must inform the Childcare Accountant of any changes to my credit card information as soon as any changes occur.

Cardholder Signature _____

Date _____

Signature of Childcare Accountant Only _____ Date Received _____

Drafts to begin _____

(W BW SM M)

For Summer Camp 2018 Only

The Florence Family YMCA is offering Summer Day Camp from June 4, 2018 to August 16, 2018 with all the special activities that make summer fun. This camp is for children entering 5K through 6th grade. The hours are from 7:00 am until 6:00 pm. Camp runs all summer long in weekly sessions. You can chose to come all summer or select certain weeks.

Come with us as we go on new adventures each week. We will dive into our weekly themes through crafts, games, field trips, and much more.

Please check yes or no for the weeks your child will be attending.

June 4 – June 8	Camping at the Y	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 11 – June 15	Science Week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 18 – June 22	Around the World	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 25 – June 29	Fun at the Farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 2 – July 6	The YMCA Olympics (Closed July 4 th)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 9 – July 13	Go Green	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 16 – July 20	Summertime Circus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 23 – July 27	Buggin' Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 30 – August 3	Fairytales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
August 6 – August 10	Weather Week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
August 13–August 16	Oh, the Things You'll Know (Closed August 17 th)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child's Name _____

Grade (Rising) _____

Parent Signature _____

Date _____

Staff Signature _____

Date _____