



PARAGON AFTER SCHOOL REGISTRATION FORM

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail Address: _____

Race: (optional) (please circle): Amer. Indian or Alaskan Native Asian Black or African American

White Native Hawaiian or Other Pacific Islander

Parent Name: First _____ MI _____ Last _____

Work Phone: _____ Cell Phone: _____

Parent Name: First _____ MI _____ Last _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Must be different from parent(s)

Emergency Contact: _____ Phone: _____

ADDITIONAL AUTHORIZED PICK-UPS

Name of person(s) in addition to parents, to whom camper may be released:

1. _____
NAME PHONE NUMBER

2. _____
NAME PHONE NUMBER

PERMISSION FOR ENROLLMENT AND RELEASE OF YMCA FROM LIABILITY

If my child should become ill or injured during YMCA activities, I understand that the YMCA will: 1.) contact me immediately, or 2.) contact the person (s) I have designated in case I cannot be reached. Should the YMCA be unable to reach me or the person (s) designated, the YMCA is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child/children. I accept responsibility for payment of medical services rendered.

PARENT/GUARDIAN SIGNATURE

DATE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I give my child/children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing my child/children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, direction, members and guests. I have read and am voluntarily signing this authorization and release.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTO/VIDEO RELEASE

I grant permission to the Jackson YMCA to use photographs and videotapes taken of my child/children for YMCA publication purposes.

PARENT/GUARDIAN SIGNATURE

DATE

TRANSPORTATION RELEASE

I give my child/children permission to be transported by the YMCA. I understand that the Jackson YMCA will provide transportation to and from scheduled field trips.

PARENT/GUARDIAN SIGNATURE

DATE

ROCKWALL PARTICIPATION

I have completed and signed a rockwall waiver for my child. Circle: YES NO

SPECIAL HEALTH CONSIDERATIONS

Please circle YES or NO. For questions circled YES, tell us about it in the space provided.

-Any allergies YES NO _____

-Medical conditions YES NO _____
(Seizures, asthma, etc.)

-Behavioral considerations YES NO _____
(autism, homesickness, anxiety, etc.)

-Medications YES NO _____

***If medication is to be taken during program hours, please fill out the prescribed medication form at the Front Desk. All medications must be brought in original containers.**

Paragon After School Program Payment/Activity Agreement

All payments are due the FRIDAY BEFORE ATTENDANCE.

Child Name: _____

School: _____ Grade: _____

Circle one: Full Time (3-5 days) Part Time (1-2 days)

Circle days: Monday Tuesday Wednesday Thursday Friday

Registering for the entire school year? YES NO, I'd like to register the week before attendance

Draft Authorization

_____(initial) I authorize the Jackson Y to debit my account the Friday before the week my child attends bus-in.

_____(initial) I understand that I must notify the Y one week prior to cancel the upcoming debit from my account. As well as notify any changes in account information.

_____(initial) If my payment is returned to the Jackson Y for any reason I am responsible for the fee and also an additional \$10 return fee.

_____(initial) If your child does not attend weeks signed up for and you did not notify Y a week in advance you are still responsible to pay for that week of after school.

_____(initial) Any errors must be brought to the YMCA attention within 30 days.

Account Holders' Signature

Date

Last 4# on Account

OUR CORE VALUES:

CARING, HONESTY, RESPECT, RESPONSIBILITY

OUR MISSION:

To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

For Staff Use:
Information Imputed by _____

Membership # _____
Unit # _____