



ASHLAND FAMILY YMCA 2020/2021 Y CARES Registration Form

Name of Child _____ Sex ____ DOB ____/____/____ Age ____

Address _____ City _____ Zip _____

Home Phone _____ E-mail _____

School _____ Grade _____ Teacher _____

Child lives with: ___ both parents ___ mother ___ father other _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

SCHEDULE:

Circle the weeks you would like to enroll your child. Circle if you would like AM care, PM care or Full Day care. To add weeks after you initially register, email kelsey@ashlandymca.org.

Choose week(s)

November 2-6	AM	PM	FULL DAY	January 4-8	AM	PM	FULL DAY
November 9-13	AM	PM	FULL DAY	January 11-15	AM	PM	FULL DAY
November 16-20	AM	PM	FULL DAY	January 19-22	AM	PM	FULL DAY
November 23-34	AM	PM	FULL DAY	January 25-29	AM	PM	FULL DAY
November 30 – Dec. 4	AM	PM	FULL DAY				
December 7-11	AM	PM	FULL DAY				
December 14-18	AM	PM	FULL DAY				

We currently have care planned through January 29. When ASD re-evaluates distance learning, we will add more weeks based on their decision.



ASHLAND FAMILY YMCA 2020/2021 Y CARES Registration Sheet

PLEASE READ THIS INFORMATION CAREFULLY, FOLLOW THESE GUIDELINES, AND INITIAL NEXT TO EACH STATEMENT

- I have received and read over the Y CARES Information Sheet. I understand that Y Cares is a program designed for the health and safety of each child to learn in an environment built around enrichment and physical activity. The Y Cares staff will help facilitate distance learning to the best of their ability.
- Tuition payment is due the Friday before the upcoming week via scheduled payment from a specified Checking or Credit Card account. I am responsible for all fees accumulated as a result of my child's participation in the program. Written notice of withdrawal from the program is required in an email to kelsey@ashlandymca.org the Thursday before the week registered. Any withdrawal from the program after that week's tuition has been received will not be refunded. Failure to pay tuition may result in my child's suspension from the program.
- A \$1.00 per minute late fee will be applied for pick-up past 12p/6p and charged to my account on file. A continuation of late pick-ups may result in my child's suspension from the program.
- If applicable, I understand financial assistance must be approved and in place prior to registration.
- I understand in order to receive the member rate, membership must be in place prior to registration.
- I give my permission for:
 - My child to participate in supervised swimming activities as part of the program. I understand swim suits and towels will not be provided on swim days.
 - In case of minor injury, I hereby authorize a program leader to administer basic first aid to my child.
 - My child to be photographed.
- In case of sickness or accident, I hereby authorize the YMCA to secure medical attention, including transportation, for my child if they are unable to communicate with me. I understand that participants in the Ashland Family YMCA programs are not covered by medical, dental, or accident insurance. Each participant must furnish their own personal coverage.
- I understand if my child has an IEP/Behavior Management Plan/ 504 Student Accommodation Form during the school year, I must disclose this to the Y. As an inclusive organization, the Y will make every effort to accommodate your child's needs. While we are experienced and able to support a wide variety of exceptionalities, we are unable to offer one-on-one support for a child needing extra care.
- To the best of my knowledge, my child is free of any potential health problems not listed on the health form which might restrict his/her participation or any communicable disease, which may endanger other children. I understand and agree to NOT send my child to the YMCA if they are experiencing a cough, fever, rash, headache, lice, diarrhea, abdominal pain or any other symptoms that would cause discontent. My child's health form is up to date.
- I understand my child must wear a face covering, face mask or face shield at all times. Face coverings/shields/masks are allowed to be removed while outside as long as a physical distance of 6ft or more can be maintained. A face covering or face mask is not allowed while in the water. Face coverings or face shields [must follow CDC guidelines for face coverings](#).
- I understand that allowing my child to attend the YMCA exposes them to the possibility of COVID-19 and other illnesses. I accept the risk and understand that the YMCA is not liable if my child becomes ill.
- I understand that anyone who tests positive for COVID or is exposed to someone who tests positive, or experiences symptoms of COVID should be quarantined. I will parent responsibly and consider the health and wellness of others participating.

CHILD'S NAME: _____ PARENT'S NAME (Please Print): _____

PARENT'S SIGNATURE: _____ Date: _____