YMCA AFTER-SCHOOL PROGRAM: REGISTRATION FORM (2025-2026 School Year)

YMCA Members/Non-Members in Grades Kindergarten through Eighth

To register for YMCA After-school Program, submit the completed registration form and registration fee:

Greene County YMCA
404 Y Street /Greeneville, TN 37745
423-639-6107
www.greenecounty-ymca.org / teresag@greenecounty-ymca.org

Transportation provided from: Tusculum View, Hal Henard, Eastview, GMS, Greeneville Adventist Academy and Doak

Email Addresses (to receive important program information and updates)

1st	
2nd	

After-School Program Participants (must be siblings to register on the same registration form)

1st	First Name:	M.I.	Last Name:	
Gender: M / F	Date of Birth		Age	Grade in Fall 2025
School		**Please circle** Member / Non-Member		
2nd	First Name	M.I.	Last Name	
Gender: M / F	Date of Birth		Age	Grade in Fall 2025
School		**Please circle** Member / Non-Member		

Parent / Guardian

1st	First Name	Relationship to child	
Address	City	State	Zip
Home Phone	Wireless Phone	Work Phone	
Employer		Work Hours	
2nd	Name	Relationship to child	
Address same	City	State	Zip
Home Phone	Wireless Phone	Work Phone	
Employer		Work Hours	

Emergency Contact / Authorized Pick-Up (Anyone picking up your child must be at least 18 years of age or older. A picture ID may be required at pick-up)

1st	Name	Relationship to child	
Home Phone	Wireless Phone	Work Phone	
2nd	Name	Relationship to child	
Home Phone	Wireless Phone	Work Phone	
3rd	Name	Relationship to child	
Home Phone	Wireless Phone	Work Phone	

Persons NOT Authorized to pick up my child (biological parents **CANNOT** be listed unless the appropriate legal / custody papers are provided)

HEALTH INFORMATION

1st	Full Name of Child	
Primary Care Physician		Phone
Dentist		Phone
Does your child have any allergies to food, medications or insect bites? If so, what are the allergies and what are the treatments for them?		
Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs:		

2nd	Full Name of Child	
Primary Care Physician		Phone
Dentist		Phone
Does your child have any allergies to food, medications or insect bites? If so, what are the allergies and what are the treatments for them?		
Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs:		

AFTER- SCHOOL PROGRAM GENERAL INFORMATION & POLICIES

PHOTO AND VIDEO POLICY
Occasionally pictures of the children attending YMCA Programs may appear in newspaper articles or media publications. I hereby give my permission for the YMCA to take photos and/or videos of my child(ren) and use them for publicity/promotional use only.

TRANSPORTATION
I hereby give my permission for my child to be transported by a YMCA vehicle and participate in all program activities and field trips.

Vehicle Conduct Rules (All children must follow these basic safety rules. With a first infraction, parent(s) will be notified and asked to discuss proper behavior with their children. With the second infraction, transportation services may be denied. Parents will be notified.

- No fighting, swearing or abusive language and/or behavior.
- Remain properly seated (facing forward) with seatbelt on at all times.
- Keep all body parts inside the vehicle.
- No eating or drinking.
- No littering or throwing objects out of the windows.
- Potentially dangerous actions will not be tolerated.

AFTER-SCHOOL PROGRAM FEES (Children in Grades Kindergarten through 8th)

Weekly Rates (included in the following costs are days when school is out for Administrative and Professional Learning Days, Elections, Snow / Weather, etc…)

1 day: $25.00 Member / $30.00 Non-Member (not eligible for sibling discount)
2-3 days' participation: $52.00 Member / $62.00 Non-Member
4-5 days' participation: $62.00 Member / $77.00 Non-Member
Sibling Discount: $5.00 (not applicable to 1-day fee)

Camp Weeks (weeks when school is out the entire week)

Fall Break (October 6-10): $88.00 Member / $120.00 Non-Member
Christmas Break (December 22-26): $52.00 Member / $62.00 Non-Member (price change due to days closed) **Closed Dec. 24-25**
New Year's Break (December 29- Jan 02): $88.00 Member / $120.00 Non-Member **Closed Jan. 1**
Spring Break (March 16-20): $88.00 Member / $120.00 Non-Member
Sibling Discount: $10.00

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that all fees are due in advance by the Friday before the week your child will be attending.
- I understand cancellations should be made in writing at least one week in advance of session start date.
- I understand registration fees and deposits are non-refundable and non-transferrable to other Y programs.
- I understand that my child must be picked up when the program is over at 6:00 p.m. I will be charged $10.00 for each
- 15-minute interval past the closing of the program for each child.
- My child and I understand the vehicle, bringing items from home and swimming pool rules and agree to abide by these policies.
- I understand that I am to inform the Y After-School staff within 24 hours if my child has developed any reportable communicable diseases, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately.
- I understand that I may not leave my child at the Y or program site unless a Y After-School staff member or adult volunteer is there to receive my child.
- I understand that it is my responsibility to sign my child out before leaving in the afternoon. Sign-In / Sign-Out sheets are available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in or out must be at least 18 years of age. The YMCA cannot release minors to minors.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.
- I understand that state law mandates the Y mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that the Y will notify me of any illness my child has and I am to pick up my child as soon as possible.
- I understand the Y does not provide Accident / Medical Insurance for program participants.
- I authorize the Y to provide emergency treatment in the event that I cannot be contacted.
- I am an adult over 18 years and wish for my child(ren) to participate in the Greene County YMCA After-School Program. I understand and expressly acknowledge that I, for myself, and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action, or inaction of the Greene County YMCA, its staff, directors, members and guests. I have read, understand and am voluntarily signing this authorization and release.
- I have read and understand **ALL** the statements above regarding Y policies and procedures. I understand that failure to sign all necessary documentation and agreements as well as a failure to comply with all Y policies will result in my child not being able to participate in this program.

Parent / Guardian Signature_____ **Date**_____

the YMCA
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INITIAL DEPOSIT:

Amount Paid	Receipt Number	Date	Staff

CONFIRMATION RECEIPT OF PARENT HANDBOOK

Please fill out this sheet and turn it in (along with the After-School Registration Form) to the Front Desk Staff at the time of registration.

1st Participant's Name (print) _____

2nd Participant's Name (print) _____

I acknowledge receipt of the Greene County YMCA's After-School Program Parent Handbook. I confirm that I will read and become familiar with the policies and procedures of the Greene County YMCA's After-School Program. I understand the procedures outlined in the handbook were developed to make certain the safety and well-being of all children and to make parents / guardians aware of important payment deadlines and policies.

Parent/Guardian Name (print) _____

Parent/Guardian Signature_____

Date_____