



# ENROLLMENT PACKET

September 12 – May 31  
6th – 12th Grade



FOR YOUTH DEVELOPMENT®  
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FOR SOCIAL RESPONSIBILITY



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# TABLE OF CONTENTS

<b>About Our Program.....</b>	<b>1</b>
Y Club Goals	
Our Staff and Volunteers	
<b>Program Highlights .....</b>	<b>2</b>
<b>Program Schedule &amp; Example.....</b>	<b>2</b>
<b>Behavior and Rights .....</b>	<b>3</b>
<b>Concerns &amp; Safety.....</b>	<b>3</b>
<b>Financial Assistance.....</b>	<b>3</b>
<b>Enrollment Form.....</b>	<b>4</b>
Monthly Rates	
<b>Payment Agreement Form.....</b>	<b>5</b>
<b>Consent for Emergency Medical Treatment .....</b>	<b>6</b>
Health & Development History	
<b>Attendance &amp; Transportation .....</b>	<b>7</b>
Public Transportation	
<b>Sign-in and Emergency Contacts .....</b>	<b>8</b>
<b>Homework Response .....</b>	<b>9</b>
<b>Y Club Policies .....</b>	<b>10 &amp; 11</b>
Parent and YMCA Copies	



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## About Our Program

Welcome to the Shasta Family YMCA Y Club Program! We are happy to have you join us and we look forward to getting to know you! We know Y Club will be a fun and enriching experience! Y Club is designed to help teens and tweens succeed by inspiring creativity, independence and purpose through achievement, relationships and belonging. Y Club provides varied opportunities for fun, enrichment, personal development and increased social interaction.

### Y Club Goals:

By following the Y's three areas of focus- Healthy Living, Youth Development and Social Responsibility. Y Club provides youth with a safe place to go after school where they can belong, grow and learn. Exposure to many enriching experiences and opportunities will promote discovery of new talents and passions that will shape them as future leaders!

- I. **Healthy Living:** Develop youth with skills for healthy eating and physical activity to sustain a healthy lifestyle.
- II. **Youth Development:** Provide youth with educational experiences that help them achieve goals; build confidence; and become self-reliant, thriving individuals equipped for the future.
- III. **Social Responsibility:** Develop youth using Search Institute's 40 Developmental Asset Framework, by providing a caring, loving and encouraging environment that celebrates success, supports belonging and builds relationships.

### Our Staff and Volunteers:

Y Club staff and volunteers strive to meet the Y's four core values of caring, honesty, respect and responsibility. They are organized, creative, energetic and able to manage youth in group situations. All staff are cleared through the Criminal History and Child Abuse Index. Y Club staff provides an atmosphere of trust and security by helping youth gain self-esteem; solve problems; and offer praise and encouragement in a positive manner.



## Y Club Program Highlights

We believe the values and skills learned are vital building blocks for life and will help youth make smarter life choices. Through a variety of programs, Y Club will help educate and model healthy eating, positive behaviors, inspire growth, develop leadership skills, provide career exploration, and teach about other cultures and people in our community. We believe Y Club will form confident youth today and engaged adults tomorrow. Below are some highlights from our program:

- Nutritious snacks provided
- Sports, fitness and recreation
- Group activities, games
- Creative expressions through drama, art, music and dance
- Homework help
- Computer lab
- Social time
- Life skills
- Passions Discovered
- Career readiness
- STEM curriculum for hands-on learning experiences
- Community service projects
- Volunteerism at Y and in the community
- Accelerate Youth Leadership

## Y Club Program Schedule:

Y Club will run September 12, 2016 – May 31, 2017, **Monday – Friday from 1- 6 p.m.**, excluding the following holidays and school breaks:

### Dates Y Club Closed:

November 11: Veteran's Day

November 21-25: Fall Break

December 19-31; January 1- 2: Winter Break

January 16: Martin Luther King Day

February 13: Lincoln Day

February 20: President Day

April 10-17: Spring Break

May 29: Memorial Day

Not only will the youth participate in the benefits of Y Club, but as Y members they can take advantage of all that our facility has to offer such as aquatics, basketball, fitness, and group exercise classes.

### Daily Schedule:

Monday – Friday:

- Snack
- Group sharing
- Homework / Quiet time
- Class choices
- Aquatics
- Sports
- Accelerate (option on Thursday's for high school students)



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## Y Club Behavior and Rights:

It is our goal to provide a healthy, safe, and secure environment for all Y Club participants. Youth attending Y Club are expected to follow the behavior guidelines and interact appropriately in a group setting. We work towards this goal through the following:

- **Role Modeling:** Effectively exemplifying good qualities needed for acceptance in a group.
- **Positive Reinforcement:** To encourage repetition of good behavior.
- **Redirection:** Removing the youth from a negative situation and involving the youth in a more acceptable positive activity. If deemed necessary for the safety of your youth and others, the YMCA staff has permission to restrain and/or physically remove the youth from an unsafe situation. Parents will be notified if this circumstance occurs.
- **Reinforcing Problem Solving Skills:** Such as predicting consequences, settling disagreements without aggressiveness, and thinking about the feelings of others.

When and if the above procedures do not result in a positive change of behavior, suspension of the youth may occur. With these positive working strategies, the youth is hopefully able to realize that negative behavior is ultimately non-productive.

The safety of all enrolled youth is our primary goal. Extreme behavior problems may require individualized behavior contracts, meetings with parents, and or possible suspension.

## Concerns for Safety:

The Y, above all, is concerned for the safety of every youth in the program. If the YMCA staff has reason for concern regarding the safety of a youth's release to a parent or other adult, the staff may call the police. Cause for this course of action includes:

1. Parent/Adult suspected "under the influence" of drugs or alcohol.
2. Parent/Adult is abusive or threatening to child or staff.

## Financial Assistance:

We have Financial Assistance available for those who qualify. Applications are available at the Member Services Desk or you may download an application from our website at [www.sfymca.org](http://www.sfymca.org)



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## Y CLUB ENROLLMENT FORM

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Participant's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Gender:  M  F Parent's Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Youth lives with: Mother  Father  Contact First: Mother  Father

### Monthly Y Club Rates:

- Y Club Membership: \$36 + \$10 add on**       **Y Club Add On: \$10**  
(Includes youth membership and Y Club)      (For current Y members)

### Agreement – PLEASE INITIAL

- \_\_\_\_\_ 1. I have received and understand the Y Club's policies and rates.
- \_\_\_\_\_ 2. There will be no refund of fees for non-attendance or cancellation. All cancellations require 30 day written notice.
- \_\_\_\_\_ 3. The Y reserves the right to terminate this agreement if the youth becomes disruptive; or if in the opinion of the Director, behaviors are not believed to be appropriate.
- \_\_\_\_\_ 4. I understand that failure to adhere to policies will jeopardize continued participation in the program.
- \_\_\_\_\_ 5. While participating in Y Club, the YMCA has my permission to photograph myself and/or my child for publicity purposes.
- \_\_\_\_\_ 6. The Shasta Family YMCA, shall not be responsible for any personal injury or losses sustained by the member while on premises or during Y Club. Y members further agree to indemnify and hold harmless the Shasta Family YMCA from any claims or demands arising out of any such injuries or losses.

**I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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## Y CLUB PAYMENT AGREEMENT FORM

<b>School Year:</b> _____	<b>Start Date:</b> _____
<b>Participant's Information</b>	
Youth's Last Name: _____ First Name: _____	
<b>Billing Information (This person MUST sign this form below)</b>	
Last Name: _____ First Name: _____ Date of Birth: _____	
Home Address: _____ City: _____ State: _____ Zip Code: _____	
Home Phone: _____ Email: _____	
Employer: _____ Work/Cell Phone: _____	
Employers Address: _____ City: _____ State: _____ Zip Code: _____	
<b>Bank Draft Authorization</b>	
<b>Primary Form of Payment</b>	
I authorize a Bank Draft in the amount of \$_____ (see monthly total on Enrollment Form) on the first day of each month. The draft will occur monthly until contract is expired or terminated in writing. A 30 written cancellation notice is required.	
<input type="checkbox"/> <b>Credit Card Details</b> Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ / _____ Security Code _____	<input type="checkbox"/> <b>Bank Account Details (attach voided check)</b> Name on Account: _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking Routing Number: _____ Account Number: _____
<b>Agreement – PLEASE INITIAL</b>	
_____ I understand that my Y Club dues are paid through Electronic Funds Transfer (EFT) via bank draft or credit card draft and I agree to have my dues debited on the 1 <sup>st</sup> of each month. I understand a pro-rate will be charged to the first draft date.	
_____ I understand that this is a continuous Y Club membership and will remain in effect until I give written notice to the YMCA stating otherwise. A written notice must be received 30 days prior to the next transfer in order to cancel or change this withdrawal agreement. I further understand it is my responsibility to notify the YMCA of any changes in address, bank account information or credit card information.	
_____ I authorize my bank/credit card holder to honor preauthorized Bank Draft/Credit Card charges drawn by the Shasta Family YMCA on my account for payments as indicated. When the bank honors the Electronic Funds Transfer agreement by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized Bank Draft/Credit Card not be honored by said banking/credit card institution, then it is understood that it is still my responsibility to make payments for all fees due, including any service charges applied by my bank, credit card holder, the YMCA, and/or its representatives. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. The membership is subject to termination if the debit is not paid.	
_____ I understand that funds must be available for my Y Club membership payment on the date of my scheduled draft. In the event that a payment is returned, the Y will redraft the payment and a \$25 returned payment fee will be assessed.	
_____ I understand that all membership registrations will be verified by Y staff. Any inaccuracies will be automatically corrected and any necessary account adjustments will be automatically deducted from the EFT information currently on file.	
_____ I understand that there will be no refund of fees for non-attendance or cancellation without proper notice. A 30 day cancellation notice is required.	
_____ I understand that the YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.	
<b>I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.</b>	
Signature: _____ Date: ____ / ____ / ____	







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## Y CLUB ATTENDANCE & TRANSPORTATION

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Y CLUB ATTENDANCE

Please indicate which days of the week your child will be attending Y Club.

Please let us know of any changes in your youth's schedule due to sports or other school activities.

Monday       Tuesday       Wednesday       Thursday       Friday

Time: \_\_\_\_\_      Time: \_\_\_\_\_      Time: \_\_\_\_\_      Time: \_\_\_\_\_      Time: \_\_\_\_\_

Comments: \_\_\_\_\_

### Y CLUB TRANSPORTATION

Please indicate the type of transportation your youth will use to attend Y Club.

(Check all that apply)

Walking       Bike       RABA Bus       Vehicle       Other

Comments: \_\_\_\_\_

### LOCAL PUBLIC TRANSPORTATION:

RABA bus has a variety of routes available surrounding the local middle school and high school locations. They offer a \$10 punch card bus pass that doesn't expire, and a youth bus pass for ages 6 – 17 years to ride all month for \$29. For more information you can visit their website at [www.rabaride.com](http://www.rabaride.com)



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## Y CLUB AFTER SCHOOL SIGN-IN

(Please initial preference)

\_\_\_\_\_ I wish to be contacted if my youth is not present in Y Club 30 minutes after the time expected.

\_\_\_\_\_ I wish to be contacted if my youth is absent from Y Club.

\_\_\_\_\_ My youth has my permission to sign himself/herself out of Y Club when leaving for the day.

\_\_\_\_\_ My youth must be signed out of Y Club by an approved parent or guardian when leaving Y Club for the day.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACTS

Adults authorized to pick-up youth, must be at least 18 years & have a photo ID.

Name	Phone Number	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature of Parent or Authorized Representative

\_\_\_\_\_  
Date



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## PARENT HOMEWORK RESPONSE FORM

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate your preference about Y Club's involvement in your youth's homework.

### HOMEWORK PREFERENCES:

(Please check preference)

\_\_\_\_\_ My youth may choose whether to do homework while in Y Club. Another quiet activity may be offered during this time.

\_\_\_\_\_ My youth must complete as much of his/her homework as possible during the homework time provided in Y Club.

\_\_\_\_\_ My youth should not do homework while in Y Club. I prefer that homework be completed at home. Another quiet activity may be offered during this time.

Comments: \_\_\_\_\_

\_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_



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# Y CLUB AFTER SCHOOL POLICIES

## YMCA Copy

1. Parents are responsible for informing the Site Director and the Y office of any changes in their youth’s attendance schedule, address, phone, work, or emergency telephone numbers, etc.
2. Y Club is offered Monday through Friday on all school days.
3. Billing will take place monthly. Fees apply regardless of absences, illness, vacation, etc.
4. All fee schedules will include prorated fees. Participants starting Y Club in the middle of any month will be charged a prorated fee.
5. **There will be no refund of fees for non attendance or cancellations. A 30 day written cancellation notice is required on a membership cancellation form. Without a written notice of withdrawal, you will be financially responsible for all fees.**
6. The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and reasonable attorney’s fees.
7. Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the year.
8. The YMCA can terminate this agreement if youth becomes disruptive to Y Club; or if, in the opinion of the Site Director, the youth does not progress well in our environment.
9. Year end tax notices are available upon request. Our tax ID # is 94-1212141.
10. Youth coming directly from school dismissal will be signed into the program by Y Club staff. Only an authorized adult (must be 18) with identification will be permitted to sign youth out upon leaving, unless permission form has been signed allowing youth to sign themselves out.
11. Y Club will close promptly at 6:00 p.m. All youth must be signed out at this time.
12. Medications can only be given with specific written instructions from a physician. Directions on the bottle must include dosages, times and dates that medication is to be administered (must complete medication form). Youth cannot attend Y Club if they are ill. You must make alternate arrangements.
13. The Y Club staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
14. If deemed necessary for the safety of your youth or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
15. Photographs of your youth may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
16. I understand that failure to adhere to these conditions will jeopardize continued participation in Y Club.

WAIVER: I hereby agree for myself, my youth, my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my youth or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor youth, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my youth attending Y Club. The Y reserves the right to dismiss a youth for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor youth, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my youth in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor youth for promotional purposes. I have received and understand the Y Club’s After School Policies.

\_\_\_\_\_  
Youth’s Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Youth’s Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date