

2017-2018 After School Registration Form



Student Information

Last Name _____ First Name _____ Date
of Birth ____/____/____ (M/D/Y) Gender ____ (M/F/Other)
Child's Grade in the 2017-2018 school year (select one) **Pre-K** ___ **K** ___ **1st** ___ **2nd** ___ **3rd** ___

Household Information

Address _____ City _____ State _____ Zipcode _____
Primary Language Spoken at Home _____

Primary Parent/Guardian Information

Last Name _____ First Name _____
Cell Phone #: _____ Home Phone #: _____
Address (if different from child's)
_____ City _____ State _____ Zipcode _____
Email: _____ Preferred Contact Method: Email _____ Phone _____
Place of Employment: _____

Parent/Guardian #2

Last Name _____ First Name _____
Cell Phone #: _____ Home Phone #: _____
Address (if different from child's)
_____ City _____ State _____ Zipcode _____
Email: _____ Preferred Contact Method: Email _____ Phone _____
Place of Employment: _____

Emergency Contact (other than the listed Guardians)

Last Name _____ First Name _____
Cell Phone #: _____ Home Phone #: _____
Address (if different from child's)
_____ City _____ State _____ Zipcode _____
Email: _____ Relationship to Child: _____

Desired amount of days a week (select one): 2 days___ 3 days___ 4 days ___ 5 days___

Desired days of the week (if selecting less than 5 days):

Mondays_____Tuesdays_____Wednesdays_____Thursdays_____Fridays_____

Does your child have an Individualized Education Program (IEP): Yes* No

*If yes, you will need have an intake with our Special Needs Counselor and provide the Director with a copy of the IEP. Please send to anking@ywashhths.org

If applicable, what is your child’s diagnosis?

Does your child need any accommodations?

Accessibility: Our staff appreciates learning about your child's specific needs and are very willing to provide appropriate supports and accommodations to enhance their experience at Y @ WHEELS. Please contact our Inclusion Coordinator, Stephanie Pena, for more information regarding inclusion at the Y @ WHEELS.

Bus Transportation Release

I give the YM/YWHA of Washington Heights & Inwood permission to transport my child on a school bus.

Initials_____ Date___/___/_____

Field Trip Release

I understand that the Y reserves the right to change the schedule of activities and bring my child off-site to local parks and that I will be notified of any programmatic changes.

Initials_____ Date___/___/_____

Photo and Video Release Form

I hereby grant permission, without reservation, to the YM&YWHA of Washington Heights & Inwood (“the Y”), United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. (“UJA-Federation”), and JCC Association of North America (“JCCA”) (collectively the “Agencies”), and those authorized by the Agencies, to take photographs and to make recordings of my child(ren), and to use them in original or modified form in all media now or hereafter known, with or without his/her name or information about him/her, for the promotion, public education, and/or fundraising activities of the Agencies. I hold harmless and release and forever discharge the Agencies, their officers, directors, agents, employees, affiliated agencies, independent contractors, licensees, and assignees from all claims, demands, and causes of action that I, my children, our heirs, representatives, executors, administrators, or other persons acting on behalf of my or my child(ren)’s estate, have now or in the future may have, relating to the above. I also agree that the Y will be the sole owner of all tangible and intangible rights in the above mentioned photographs and recordings, with full power of disposition.

Signature_____ Date_____

Additional Forms

These forms must be completed and scanned/mailed in order for your child to be registered.

1. Y @ WHEELS Afterschool Program Financial Terms and Conditions of Registration 2017-2018
2. Y @ WHEELS Parental Authorization for Dismissal 2017-2018
3. Y @ WHEELS Health Form
4. Updated List of Vaccinations

Where to send Registration Forms and Paperwork:

Scan/Email:
anking@ywashhths.org

Mail:
YM&YWHA of Washington Heights and Inwood
c/o Ashlyn King
54 Nagle Ave
New York, NY 10040

Grades K-3rd Program Fees

K-3rd Sliding Scale Fee Structure:

Because this program will now be primarily funded by participant fees, program costs have risen. We are aware of the diverse economic realities of our families and will be proposing a “Sliding Scale” model for payment. This will involve assessing each participant’s household income and assigning them to one of three pricing tiers (with a separate scale for Pre-K students). We believe these fees to be a reasonable and competitive cost for the high quality of programming that your child will receive. We will continue to work with families individually to ensure that their child can participate in our programming.

Tier 1: Household Income of \$30,000 or below			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$1134 a year	\$113 a month	\$6 a day
4 Days	\$1071 a year	\$107 a month	\$7 a day
3 Days	\$945 a year	\$95 a month	\$8 a day
2 Days	\$788 a year	\$79 a month	\$10 a day

Tier 2: Household Income between \$31,000 and \$70,000			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$2268 a year	\$227 a month	\$11 a day
4 Days	\$2142 a year	\$214 a month	\$13 a day
3 Days	\$1890 a year	\$189 a month	\$16 a day
2 Days	\$1575 a year	\$158 a month	\$20 a day

Tier 3: Household Income of \$71,000 or above			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$3240 a year	\$324 a month	\$16 a day
4 Days	\$3060 a year	\$306 a month	\$19 a day
3 Days	\$2700 a year	\$270 a month	\$23 a day
2 Days	\$2250 a year	\$225 a month	\$28 a day

Late Care:

The pick-up window for Y @ WHEELS is between 5:45pm and 6:00pm this year. We are also offering a 30-minute Late Care extension for a monthly fee. The costs are:

OPTIONAL: Late Care Fees (M-F 6:00pm-6:30pm)			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$450 a year	\$45 a month	\$2.25 a day
4 Days	\$400 a year	\$40 a month	\$2.50 a day
3 Days	\$350 a year	\$35 a month	\$2.90 a day
2 Days	\$300 a year	\$30 a month	\$3.75 a day

Pre-K Program Fees

Pre-K Sliding Scale Fee Structure:

Your family's fees will be determined by your household income and how many days a week your child attends the program. Pre-K has a different Sliding Scale due to the costs associated with the specialized nature of the program.

Tier 1: Household Income of \$30,000 or below			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$1435 a year	\$144 a month	\$7 a day
4 Days	\$1383 a year	\$138 a month	\$9 a day
3 Days	\$1330 a year	\$133 a month	\$11 a day
2 Days	\$1278 a year	\$128 a month	\$16 a day

Tier 2: Household Income between \$31,000 and \$70,000			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$3075 a year	\$308 a month	\$15 a day
4 Days	\$2963 a year	\$296 a month	\$19 a day
3 Days	\$2850 a year	\$285 a month	\$24 a day
2 Days	\$2738 a year	\$274 a month	\$34 a day

Tier 3: Household Income of \$71,000 or above			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$4100 a year	\$410 a month	\$21 a day
4 Days	\$3950 a year	\$395 a month	\$25 a day
3 Days	\$3800 a year	\$380 a month	\$32 a day
2 Days	\$3650 a year	\$365 a month	\$46 a day

Late Care:

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OPTIONAL: Late Care Fees (M-F 6:00pm-6:30pm)			
	Annual Cost	Monthly Cost	Daily Cost
5 Days	\$450 a year	\$45 a month	\$2.25 a day
4 Days	\$400 a year	\$40 a month	\$2.50 a day
3 Days	\$350 a year	\$35 a month	\$2.90 a day
2 Days	\$300 a year	\$30 a month	\$3.75 a day

Tuition Sponsorship

At the Y, we are committed to creating opportunities for growth for every child, no matter their financial situation. In this spirit, we ask that you help us to “crowd source” some of the funds for our scholarship initiative. With your help, we can ensure that no family is denied quality afterschool programming due to their inability to pay.

Would you like to **sponsor a child’s tuition** for the Y @ WHEELS Afterschool Program?

Yes _____ No _____

If Yes: (please initial beside the donation amount you would like to make)

I would like to sponsor a child for a **full year’s tuition**: _____ (\$1,134)

I would like to sponsor a child for **half a year’s tuition**: _____ (\$567)

Any gift of any size is welcome and appreciated!

I would like to contribute **another amount**: _____

By signing here, I agree that my chosen donation amount will be charged to my card on file or paid by check, if requested.

Signature _____ Date _____

Household Income Form *This information will be used to determine what Tier of tuition you will pay based on the Sliding Scale.*

Guardian 1

Is Guardian 1 employed? Yes ___ No ___ Part-Time ___ Full-Time ___

Place of Employment: _____

Guardian 1 Total Annual Income (based on 2016 1040T) _____

Guardian 2

Is Guardian 2 employed? Yes ___ No ___ Part-Time ___ Full-Time ___

Place of Employment: _____

Guardian 2 Total Annual Income (based on 2016 1040T) _____

Total Household Income (Guardian 1 + Guardian 2): _____

Is there anything else regarding your family's financial situation that you would like to share with us?

Payment Schedule:

Select your preferred payment schedule:

_____ Monthly (with a Credit Card on file)

_____ 1 Full Payment (9/1/17)

_____ 2 Payments (9/1/17, 12/1/17)

Late Care: The pick-up window for Y @ WHEELS is between 5:45pm and 6:00pm this year. We are also offering a 30 minute Late Care extension for a monthly fee. The costs are:

5 Days a week: \$45 a month \$450 annually Please select the days you would like your child in Late Care:

4 Days a week: \$40 a month \$400 annually Monday__ Tuesday__ Wednesday__ Thursday__ Friday__

3 Days a week: \$35 a month \$350 annually for a total of ___ (2-5) days a week.

2 Days a week: \$30 a month \$300 annually

Your credit card will be automatically charged on the first Friday of the month.

Credit Card #: _____ Expiration Date: ____/____

Name on Card: _____

Cardholder's Signature _____

Y @ WHEELS Afterschool Program Financial Terms and Conditions of Registration 2017-2018

Program Year: The after school program begins on September 11th, 2017 and ends on June 22nd, 2018. The year is divided into two semesters. The first semester begins on September 11th, 2017 and ends on January 26th, 2018. The second semester begins on January 29th, 2018 and ends on June 22nd, 2018.

Deposit and Tuition: A \$200 non-refundable deposit is required to secure a child's spot in the Y @ WHEELS program. The \$200 will be charged at the time of registration. The remaining tuition will be:

Monthly: 10% of the yearly total less the deposit.

By Semester: 50% of the yearly total less the deposit.

By Year: 100% of the yearly total less the deposit.

The payment installments will be on the first Friday of each month, from September through June

Tuition is based on amount of days per week and income Tier, as is shown on page 3 and 4.

By enrolling in the Y @ WHEELS program, registrants give the YM/YWHA permission to charge the credit card, or debit card, provided at the time of registration for the appropriate fees, on the above dates.

A credit card or debit card is required to be kept on file in order to register for Y @ WHEELS.

Absences due to illness or other personal reasons shall not be made up, or merit financial reimbursement, or credits towards any other program or family member, and the Y shall have no financial liability if it is closed because of emergency repairs to the WHEELS building, labor disputes, heavy snow storms or other similar or special circumstances.

Changing a Student's After School Schedule: There are two times during the school year in which parents/guardians may change their child's days of attendance, without paying an additional \$100 administrative fee:

Schedule Selection Period One (for semester one): At the time of initial registration

Schedule Selection Period Two (for semester two): December 11th - December 15th

Changes to your after school schedule that affect your tuition cost can be accommodated if notified appropriately, and space permitting. Notifications of this nature must be sent by email, to anking@ywashnts.org, and received by the 15th of each month in order to be reflected on the subsequent billing cycle. All changes will require a \$100 administrative fee

Refunds: All payments are final. Refunds or transfers will not be given, for any reason.

Late Payments: When the parent/guardian fails to pay by the aforementioned deadlines, the Y will add a \$25 late fee to family's account for every week during which payment is not made, beginning the day that immediately follows the payment deadline. For example, if a payment was due February 3, and no payment was made by end-of-business on February 3 (a Friday), a \$25 late fee would be added to the balance in question on February 10. If the Y still had not received payment by end-of-business February 17, the late fee would increase to \$50, and so on. Registrants are advised to ensure that their credit or debit card on file with the Y remains updated, so as to avoid the aforementioned late fees.

Limited Capacity: The after school program's activities have limited capacities. We fill activities on a "first come, first served" basis.

Late Pick-Up Policy: After School dismissal begins promptly at 5:45pm and ends at 6:00pm each day. We will be implementing a Late Pick-Up Policy in order to insure that the pick-up window is adhered to.

- 1) Each student's family is allowed 1 late pick-up warning per semester for a late pick-up between 6:01pm and 6:10pm.
- 2) After a warning, families will be charged a flat fee of \$5 for a late pick-up between 6:01pm and 6:10pm.
- 3) Each additional minute after 6:10 will add a charge of \$1.

The Y @ WHEELS Afterschool Program must enroll a total of 73 participants by September 1st in order to meet the minimum costs required to run the program.

Behaviors that Pose a Danger to Children and/or Staff: The Y reserves the right to remove any child, without providing a refund to the child's family, from the after school program, whose behaviors exhibit a physical and/or emotional danger to other children and/or staff members.

I understand and agree to all listed terms and conditions.

Signature _____ Date _____

Important Dates:

All Registration Forms are due by **August 14th**

The first payment is due **September 8th**

The first day of our program will be **September 11th**



54 Nagle Avenue
New York, N.Y. 10040
Phone 212-569-6200



PARENTAL AUTHORIZATION FOR DISMISSAL 2017-2018

Date: _____

Child's Name: _____

Parent's Name _____

Address: _____

Phone# _____ Cell# _____

Please list all persons, including yourself who have your authorization to pick up your child. It will be helpful to select at least one parent of another child in the program. **Please note that these adults must have photograph identification with them the first time they pick up the child.**

NAME	TELEPHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Guardian's Signature _____ Date _____

Please Note: The Y will not release your child to any person who is not on the above list unless authorized in writing to anking@YWashHts.org.



Y @ WHEELS Health Form 2017-2018

The first page (both sides) to be completed by a parent or guardian. Please print/type. Return completed form to 54 Nagle Ave, New York, NY 10040.

Child Name: _____ Date of Birth: ___/___/___ Sex _____ (M/F/Other)

Parent/Guardian: _____ Phone: (_____) _____ - _____

Home Address: _____ City _____ State _____ Zip _____

Cell #: (_____) _____ - _____ Email: _____

Second Parent/Guardian: _____ Phone: (_____) _____ - _____

Home Address: _____ City _____ State _____ Zip _____

Cell #: (_____) _____ - _____ Email: _____

If above parent(s) is/are not available in an emergency, please notify:

Name _____ Relationship _____ Cell #: (_____) _____ - _____

Address: _____ City _____ State _____ Zip _____

HEALTH HISTORY

(check and, where necessary, give approximate dates)

Has/Does Child:	Yes	No	Date	Has/Does Child:	Yes	No	Date
1. Had any recent injury or infectious disease?				15. Ever been diagnosed with a heart murmur?			
2. Have a chronic or recurring illness/condition?				16. Ever had back problems?			
3. Ever been hospitalized?				17. Ever had problems with joints (e.g. knees and ankles)			
4. Ever had surgery?				18. Have an orthodontic appliance?			
5. Have frequent headaches?				19. Have any skin problems (e.g. itching, rash, acne)?			
6. Ever had a head injury?				20. Have diabetes?			
7. Ever been knocked unconscious?				21. Have asthma?			
8. Wear glasses, contacts or protective eye wear?				22. Had mononucleosis in the past 12 months?			
9. Had frequent ear infections?				23. Had problems with diarrhea or constipation?			
10. Ever passed out during or after exercise?				24. Have problems with sleepwalking?			
11. Ever been dizzy during or after exercise?				25. If Female, have abnormal menstrual history?			
12. Ever had a seizure?				26. Have history of bed-wetting?			
13. Ever had chest pain during or after exercise?				27. Ever had an eating disorder?			
14. Ever had high blood pressure?				28. Ever had emotional difficulty for which professional help was sought?			

Has the child had any of the following?

___ Measles ___ Chicken Pox ___ German Measles ___ Mumps
___ Hepatitis A ___ Hepatitis B ___ Hepatitis C ___ Other

Please explain any "yes" answers: _____

Does the child have an allergy to any of the following?

___ Asthma ___ Hay Fever ___ Poison Ivy ___ Insect Stings
___ Penicillin ___ Peanuts ___ Other Drugs

Any specific activities to be encouraged or limited by physician's advice? _____

Dietary

modification: _____

Current

Medications: _____

I hereby give permission to the medical personnel selected by the Y Staff to provide routine health care; to administer medications; to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment including hospitalization, for the person named above.

Signed _____ Date _____

This portion may be completed by a parent, guardian or physician.

General Questions: (Explain "yes" answers below)

BP (Blood Pressure) _____ Weight _____ Height _____

TB/Mantoux Test- Date of last test: _____ Result: _____ Positive _____ Negative

You may submit a certified list of vaccinations with dates from your doctor.

Please indicate dates of immunization:	Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.
DTP					
DT					
German Measles					
Mononucleosis					
Mumps					
Rubella					
Hamophius Influenza B					
Hepatitis B					
Varicella (Chicken Pox)					
Polio					

Current treatment/Medications: _____

Any Limitations: _____

Allergies (please list):

Recommendations/Restrictions while at program:

Does the child have a bronchial inhaler, bee sting kit, epi-pen or other health-related device?

Any medically prescribed meal plan or dietary restrictions:

To the best of my knowledge, there is not a medical contraindication to administering acetaminophen (Tylenol): _____ Initials

Physician Information:

Child's Licensed Physician's Name (Please Print): _____ Phone: (____) ____ - ____

Address _____ City _____ State _____ Zip _____

Date of completion of this form: ____/____/____

Please note: We do not administer medications on site.

Please note: We encourage our staff to help participants apply sunscreen when necessary and appropriate.

I hereby attest that the information on all pages of this form is correct.

Guardian/Parent/Physician Signature _____ Date _____

Parental Medical Authorization for Pediatric Emergency Medical and/or Surgical Treatment and Allergies

Authorization: In case of emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought, (and whomever they may designate as their assistants), to perform any emergency procedure or operation, to give treatment and the administration of anesthetic to my child during his/her stay in program.

Signed: _____ (Relation to Child) _____

Signee Print Name: _____ **Date:** _____

Does family have medical insurance: ___ YES ___ NO

Name of Insurance Company: _____

Policy Number: _____

Name of Primary Insured: _____

1. It is the firm hope that the authorization of this form will never need to be used. For the safety of children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form would be used only where absolutely necessary and only after every attempt has been made to first contact the parent/guardian or other emergency contact.
2. We find that the doctors and hospitals are reluctant to provide any treatment, no matter how minor, unless they have authorization from a parent. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this helps assure that no time is lost in giving medical attention.
3. This authorization form will be kept on file with the Program Director.