**Pick up Location:  Morningside Elementary School  Springdale Elementary School**

**Annual Registration Fee:** $60.00

**Tuition Payment:** $90.00 per week(Due the Friday **Before** the week of Service)

**Hours:** 2:30 PM to 6:30PM

Financial Assistance Requested? Yes No

Are you a DFACS recipient? Yes No

Do you want your contact information placed in the school directory? Yes No

Child’s Information

**All students are required to have a GA Dept. of Public Health Certificate of Immunization (FORM 3231)**

First Name  Last Name 

Age  Birth date Sex M F

Eye color  Hair color  Identifying marks 

Primary language spoken at home 

Additional information about your child that you feel will be helpful to his/her teachers:







Child’s Medical Information

Doctor’s Name  Doctor’s Phone Number 

Known allergies  Disabilities 

Please list any prescription medications, dietary needs, or other areas of concern:







The YWCA of Greater Atlanta, Early Learning Academy **does not** administer medication unless the medication is for

respiratory or allergy reasons (examples Nebulizers and Epi-pens). All medications administered at school must have the

original prescription package with the child’s name on it.

Household Information

Child Lives With: 

Custody: Mother  Father  Joint  Other 

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother/Guardian # 1** | | **Father/Guardian # 2** | |
| **Name** |  | **Name** |  |
| **Home Address** |  | **Home Address** |  |
| **Home Phone** |  | **Home Phone** |  |
| **Cell Phone** |  | **Cell Phone** |  |
| **Employer** |  | **Employer** |  |
| **Work Address** |  | **Work Address** |  |
| **Work Phone** |  | **Work Phone** |  |
| **Email** |  | **Email** |  |

**Siblings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Current School** | **Applying to or Attending YWCA ELA** |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |

Emergency Contacts/Alternate Pick-up Persons

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contacts/Alternate Pick-up Person (list at least 2 people other than parents/guardian) | | | |
| **First and last name** | **Address** | **Phone number (cell/work)** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| My child may NOT be released to anyone listed below. | |
| **First and last name** | **Relationship** |
|  |  |
|  |  |

Parental Agreement with Childcare Facility

* The YWCA of Greater Atlanta agrees to provide childcare for  and transport him / her from**:  Morningside Elementary School  Springdale Elementary School** to the YWCA of Greater Atlanta, 957 North Highland Avenue NE, Atlanta, Georgia 30306.
* I have received a copy and agree to abide by the Parent Handbook of the YWCA of Greater Atlanta. Failure to comply and adhere to the policies set forth in the handbook could result in the possible suspension or withdrawal of my child from the program.
* I understand that the YWCA’s mission is to eliminate racism and empower woman. We include activities that embrace all people regardless of age, physical ability, race, gender, appearance or socio-economic status.
* I understand that my child’s slot in the YWCA’s Afterschool Program is guaranteed by payment for the upcoming week, in the amount of the weekly program fee of $90.00. Payments are made via check, credit card, or money order. Partial payments or deposits are not accepted. I understand that payments must be paid by Friday before the week of attendance or a **late payment fee of $25.00 will be assessed per child**.
* I understand that The YWCA offers a sliding fee scale for all programs to individuals who qualify based on household income. You must submit a financial aid application plus last year’s tax return or pay check stubs for one month.
* I understand that a $40.00 fee will be charged for all returned checks. My check writing privileges will be revoked if I have two returned checks.
* The YWCA provides an afternoon snack. We are a PEANUT-FREE ENVIRONMENT. All of the children are served the same meals, unless there is a documented allergy. The YWCA provides vegetarian substitutions and soy milk for students with documented milk allergies. Outside food may not be served in the classroom unless prior permission has been granted for special occasions and there is enough for every student in that class. All outside food must be in the original sealed container with the label attached. We will not serve homemade items. However, you may come in and conduct a cooking activity with the children. See your child’s teacher to coordinate with the program activities.
* I understand the hours of operation for the Afterschool Program are **2:30 pm. to 6:30 pm. Please notify the office by email (**[**ela@ywcaatlanta.org**](mailto:ela@ywcaatlanta.org)**) or phone 404-892-3476 if your child is absent from school and will not need afterschool services**. I understand that if my child is picked up after 6:30 pm (all programs except Pre-K), a late fee will be assessed at the rate of $2 per minute.
* I understand that my child may not come to school when he/she is sick. In the event that my child starts running a fever of 101 degrees or higher or has other contagious symptoms (such as a rash, diarrhea or a sore throat) my child must be picked up within 90 minutes of receiving an emergency pick-up call. I understand that child protective services (DFACS) will be notified if my child is still on site two hours after notification.
* The YWCA of Greater Atlanta, Early Learning Academy **does not** administer medication unless the medication is for respiratory or allergy reasons (examples Nebulizers and Epi-pens).
* My child will be signed out and escorted out daily by the parent or person authorized by the parent(s), who is at least 16 years old. **I will sign my child out daily. Changes to the authorized person picking up your child must be made in advance and in writing. Changes will not be accepted over the phone.**
* I acknowledge that it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child’s physician, child’s health status, and immunizations.
* The facility agrees to keep me informed of any incidents, including illnesses, injuries, and adverse reactions to medications, which affect my child.
* I give my child permission to participate in routine field trips (ages 3 & up) and special activities away from the facility. I understand that the YWCA of Greater Atlanta will inform me of these events in advance and that I must provide a car seat or booster seat for my child.
* I grant permission for the information provided in this application to be shared with the program provider and the program’s administrators. All information will be kept confidential.
* I grant permission for the above-named child to be **photographed** or video taped in connection with the daily YWCA activities for the purpose of news releases and other promotional opportunities.
* In the event of an emergency involving my child, I authorize the YWCA to obtain emergency medical care at the nearest medical facility, if I cannot be reached. I understand that I am responsible for all medical expenses incurred during the treatment of my child.
* I understand that the YWCA participates in the CACFP, which is a federal food program. I understand that I must complete an income eligibility form every August. We must have a completed form on file for every student regardless of family income. Because the YWCA is a non-profit organization every child enrolled is eligible and participates in the program.
* I understand that the YWCA welcomes parent volunteers and views parents as partners in education. I have the right to visit the center when my child is present as long as I do not disrupt classroom activities and I notify YWCA staff that I am present.
* I understand that acting verbally or physically aggressive towards other parents or YWCA staff will result in my child(ren) being withdrawn or suspended from the program.
* I understand that the YWCA uses redirection to help manage behavior problems. Corporal punishment is not allowed on YWCA property. In the event that intervention and redirection does not correct behavior problems in which other children’s safety is compromised my child may be withdrawn or suspended from the program.
* The YWCA provides age appropriate learning activities and props in each classroom. I understand that toys or electronics from home may not be brought in, unless your child’s teacher asks you to bring in an item for a special activity such as Show-n-Tell.

**Waiver**

The undersigned, as an applicant, parent or guardian applying for my child or ward to use said facilities, equipment, and/or programs, do hereby assume all risks and hazards incidental to the use of said equipment, facilities, and/or programs either by myself or by my child or ward. I do hereby waiver, release, absolve, indemnify and agree to hold harmless the YWCA of Greater Atlanta and its employee or agents all except to the extent of and in the amount covered by accident or liability insurance, which insurance, however, may not be available.

**Parent/Guardian Signature Date Witness Date**

Vehicle Emergency Medical Information

(This form accompanies your child when being transported in YWCA vehicles and given to paramedics in the event of a medical emergency)

Child’s NameAge Birthdate Sex M F

Address:

Mother’s/Guardian’s name:

Home PhoneWork Phone Cell Phone

Father’s/Guardian’s Name

Home PhoneWork PhoneCell Phone

Emergency contact when parents cannot be reached:



Name Relationship Phone



Name Relationship Phone

## Child’s physicians name Phone

## Child’s allergies

Current prescribed medication

Special needs and/or conditions



## In the event of an emergency involving my child, I authorize the YWCA to obtain emergency medical care if I cannot be reached. I agree that I am responsible for all medical expenses incurred during the treatment of my child. My child has permission to be transported by the YWCA of Greater Atlanta in the event of an emergency. If any of the information in this form is no longer valid, please update this form immediately. This form is valid for one year and will expire 1 year from the date below.

Medical facilities used:

**YWCA of Greater Atlanta**

**Early Learning Academy**

Atlanta Medical Center

300 Boulevard, NE

Atlanta, GA 30306

404-653-4000

**Parent/Guardian Signature Date Witness Date**

Financial and Demographic Information

The YWCA of Greater Atlanta is a nonprofit organization. We are required to maintain statistics on the participants in our programs and report to the United Way, the YWCA of the USA, and other funding sources. **All information on this form is strictly confidential, please do not put your name on this form. This form will be removed from your child’s file and stored with our demographic data.**

Child’s Age: 

Child’s sex: M F

Is this a foster child? Yes No

Are you a DFACS recipient? Yes No

Does your child receive WIC? Yes No

Does your child receive food stamps? Yes No

Household income: $0 - $20,000 $21,000 - $25,000 $26,000 - $30,000$36,000 +

Ethnicity: African-AmericanAsian CaucasianHispanic/LatinoNative AmericanOther

Family Structure: Single Parent Two Parent Home

Marital Status: Single Married Domestic Partner Divorced Widowed

Number of children in household: 

**Parent/Guardian educational level:**

Maternal: High School Some College College Degree Master’s Degree PHD

Paternal: High School Some College College Degree Master’s Degree PHD

Other: High School Some College College Degree Master’s Degree PHD

Parent/Guardian occupation:  Parent/Guardian occupation: 

Do you reside in the City of Atlanta? Yes No

County of residence:

FultonFayette DeKalb Cobb Coweta Clayton Douglas

Gwinnett Cherokee HenryPaulding Other: