

Registration Packet for the Carl Sanders YMCA After School Enrichment (ASE) Program 2019-2020 School Year

The Carl E. Sanders YMCA is approaching a decade of this work with families in our After School Enrichment program serving the community in the Grove Park and surrounding areas.

Eligibility for this program is as follows:

- Child(ren) attend Bolton, Scott, or Boyd
- Child(ren) will be at least 5 years old by September 1, 2019
- Child(ren) are eligible for free or reduced lunch(new participants must provide proof of this)
- Child(ren) must have an updated immunization form; please place a copy with this application
- Parent(s)/Guardian(s) commit to ensure children's daily attendance to program
- Parent(s)/Guardian(s) must be available to meet the child at the bus for drop
- Parent(s)/Guardian(s) will update any changes to contact information or living

This program is free to our participating families and we provide drop off at home after programming. This creates high demand; if a child does not attend daily, this will compromise their status in the program, resulting in possible removal due to low attendance.

Please read through and complete this application thorough. **Incomplete applications cannot be processed.** Once a completed application is received, we will contact you regarding your child's status in the program.

CHILD'S PERSONAL HISTORY My Child(ren) Attend(Check One): Bolton Boyd Scott

Child 1's Name: _____ Called: _____ Ethnicity: _____

Birth Date: _____ Sex: M F Age: _____ Grade: (circle one) K 1 2 3 4 5

Years In After School: _____ Allergies: _____

Child 2's Name: _____ Called: _____ Ethnicity: _____

Birth Date: _____ Sex: M F Age: _____ Grade: (circle one) K 1 2 3 4 5

Years In After School: _____ Allergies: _____

Address: _____ City: _____ Zip: _____

With whom does the child live: _____ E-mail address: _____

Child's Legal Guardian(s): Both Parents Guardian 1 Guardian 2 Other _____

Parent/Guardian 1: _____ Date of Birth: _____

Home Address (if different from child): _____

Parent/Guardian 1: E-mail address: _____ Phone: _____

Parent/Guardian 1: Employer: _____ Phone: _____

Employer's Address/City/Zip: _____

Parent/Guardian 2: _____ Date of Birth: _____

Home Address (if different from child): _____

Parent/Guardian 2: E-mail address: _____ Phone: _____

Parent/Guardian 2: Employer: _____ Phone: _____

Employer's Address/City/Zip: _____

My child(ren) will be(check ONE): Picked-Up on site by 6:30pm daily Dropped Off at home address daily

Office Use Only

Start Date: _____ Withdrawal Date: _____ Reason: _____

PARENT PICK-UP AUTHORIZATION

We want to ensure your child's safe and enjoyable experience in our after school program. Please help us by agreeing to the following procedures:

- I will sign out my child if I come to pick him/her up.
- I will personally escort my child from the program area. If my child rides the bus, I will be there to receive them at drop off.
- I will supply in writing the required information of those who are authorized to pick up my child.
- I understand that any changes to pick up list must be made in writing to the Site Director.
- The adults listed below are AUTHORIZED to pick up my child or receive them at our home during drop-off, **including myself and any other authorized persons.**
- I understand that adults authorized to pick up my child must present a valid photo ID (preferably a state driver's license or other form of government-issued identification).
- I understand that if the name and address listed on the ID card does not EXACTLY MATCH that of the person picking up my child, my child may not be released.
- I understand that staff will ONLY release a child to authorized adults listed below or listed as emergency contacts.
- I understand that authorized adults must be 18 or older.
- Please list parent/guardians on lines 1 & 2 of pick up authorization list. Update us immediately when any changes are required.

1. **Parent/Guardian 1:** _____

Phone 1: _____ Phone 2: _____
Address: _____ Relationship to Child: _____

2. **Parent/Guardian 2:** _____

Phone 1: _____ Phone 2: _____
Address: _____ Relationship to Child: _____

3. **Name:** _____ Phone 1: _____ Phone 2: _____

Address: _____
Relationship to Child: _____ Relationship to Parent/Guardian: _____
Other Identifying Information (if any): _____

4. **Name:** _____ Phone 1: _____ Phone 2: _____

Address: _____
Relationship to Child: _____ Relationship to Parent/Guardian: _____
Other Identifying Information (if any): _____

Please list below any people who may not pick up your child without additional written permission.

(Copies of any court order to support this should be kept with this form.)

1. **Name:** _____ Relationship: _____

2. **Name:** _____ Relationship: _____

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES

By signing below, I acknowledge that I have read the above information, and understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants & parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ Date: _____

An adult MUST be present at drop off to receive your child. Be ready at 5:30pm Mon-Fri and ensure the bus driver can see and acknowledges you. If no adult is present, your child will return to the Y for you to come them pick up.
Our commitment to you: YOUR CHILD IS IN OUR CARE UNTIL WE CONFIRM AN AUTHORIZED ADULT RECEIVES THEM.

EMERGENCY INFORMATION, WAIVER AND MEDICAL AUTHORIZATION

Parent/Guardian Name: _____ **Date:** _____

Child's Information: Complete one form for each child.

First Name: _____ Last Name: _____ Age: _____
Birth Date: _____ Male Female Are immunizations current? No Yes
Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past 5 years? No Yes
Does he/she have any disability, special needs, chronic or recurring illness or conditions? No Yes
Does he/she have any conditions requiring medical, treatment or special considerations while in program? No Yes
Are there any activities from which your child should be exempted for health reasons? No Yes
Name current medications (prescribed or over the counter) and give instructions: _____

List allergies and diet restrictions: _____

If you answered YES to any of the questions above, please give details: _____

Health Insurance Information:

Physician's Name: _____ at (hospital/clinic/office): _____
Phone Number: _____ Medical Insurance Carrier: _____
Policy Number: _____ Group Number: _____

Initial Emergency Contact:

Parent/Guardian to be contacted first: _____ Phone: _____
If the initial emergency contact cannot be reached, please include one relative and one available neighbor to be contacted:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Authorization:

I certify that, in advance of participation in YMCA programs, I have received all information which I deem necessary or important in making an informed choice regarding my child's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration for the Metro Atlanta YMCA, allowing my child to participate, I voluntarily agree to assume all risks of his/her participation in such activity or program.

IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia. I give permission for my child to participate on supervised field trips away from the site. The health information about my child that I have provided to the YMCA (including my child's immunization records) is complete and correct so far as I know. My child has permission to engage in all prescribed activities except as noted in his/her registration materials.

Authorization of Treatment: I grant permission to the medical personnel selected by the director to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for my child. The forms may be photocopied for field trips. I acknowledge that any medical treatment is my financial responsibility and not that of Metro Atlanta YMCA, or any of its agents, volunteers or employees.

Hospital Consent: Hospital _____ has permission to treat my child (name of hospital): _____

Acknowledgement of Policies & Guidelines

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ **Date:** _____

If there are other special requests or needs for your child(ren), there is space on a subsequent page for you to make additional notes.

Our commitment to you: WE WILL CARE WELL FOR YOUR CHILD'S WELLBEING; THEIR SAFETY IS OUR TOP PRIORITY.

**RELEASE, AUTHORIZATION, INFORMED CONSENT & WAIVER AGREEMENT
FOR MEMBERS, GUESTS AND PROGRAM PARTICIPANTS**

(This agreement supercedes all prior oral or written agreements. Updated June 28, 2010)

OUR PROMISE TO YOU

The Metro Atlanta YMCA endeavors to provide a safe environment and programs for you, your family and guests. The YMCA provides exciting, life enhancing programs that involve exercise, travel, learning, and sports. These programs have a certain amount of risk associated with them. This form is to make you aware of those risks and to ask that you assume certain responsibilities for your decisions and actions and those of any minors in your custody or care (hereafter "my dependents").

FOR YOUR HEALTH

- I and my dependents understand we are engaging voluntarily in YMCA exercise, physical activity and/or program related activities and field trips.
- It is my responsibility to monitor my own condition and those of my dependents throughout any activity or program and, should any unusual symptoms occur, I and my dependents will cease participation and inform the instructor and/or staff of the symptoms.
- In the event that a medical clearance must be obtained prior to participation in a physical activity program, I and my dependents agree to consult a physician and obtain written permission from the physician prior to the commencement of any program. I and my dependents agree to assume the natural risks associated with exercise and physical activity.
- I give permission to any YMCA staff person to administer first aid in the event of an emergency and to secure 911 response units for any medical or surgical treatment needed for me and my dependents. I understand that staff will try to phone the emergency contacts, in my YMCA household record, but is not required to do so before action is taken. I understand and accept that primary accident insurance and any medical expenses incurred will be my responsibility.

FOR YOUR SECURITY

- I and my dependents understand the YMCA premises, especially parking lots and locker rooms are provided for members' and guests' convenience while participating in programs or using branch facilities. The YMCA is not responsible for vandalism, break-ins or thefts of personal property. I understand the YMCA recommends that valuables should not be brought to program activities or onto any premises.
- I agree to report any suspicious activity immediately to the YMCA. I understand that it is my responsibility to request, read, and after enrollment abide by the refund, cancellation and fee payment policies connected to specific membership and program involvement.

REGARDING YOUR CONDUCT

- I and my dependents will not bring weapons, controlled substances or alcohol on YMCA premises.
- I understand that any form of solicitation is prohibited and the use of violence, noise, force, coercion, sexual misconduct, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing YMCA members' ability to enjoy their program activities, membership or YMCA staff's and/or volunteer's ability to conduct class or their job duties, is not acceptable behavior, is in conflict with YMCA values, and may result in my or my dependent's program withdrawal or membership termination of my membership. I am aware that the YMCA reserves the right, within its sole discretion, to withdraw program involvement and membership privileges to anyone for any reason that the YMCA, in its sole discretion, considers appropriate or in the interests of the YMCA and/or its patrons.

YOUR CONSENT AND RELEASE

- IN EXCHANGE FOR ALLOWING ME TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of any and all photographs or video footage of myself or my dependents for YMCA promotional purposes without compensation, and I understand that it is the personal responsibility of members and their guest(s) to avoid being photographed if they so desire. By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities.

Signature	Name (Please Print)	Date
Spouse (if family membership)		Date
Name(s) of Child/Children		
Parent/Guardian	Date	
Emergency Contact/Relationship	Home Phone #	Cell Phone #

We look forward to providing a fun, safe, and interactive environment for your kids as we support you, your family and our community. We appreciate your help in doing that and welcome your questions and feedback!
Our commitment to you: WE SEEK TO HEAR, LISTEN, LEARN, AND COLLABORATE WITH YOU

PROGRAM POLICIES AGREEMENT - (INITIAL & SIGN)

Eligibility. My child must be on free-reduced lunch program at Woodson Park, Bolton, or Scott Elementary School in the Atlanta Public School district during the 2018-2019 school year. I can tell more of our story below so the ASE Team can know how this program is benefiting my child(ren) and family. **I understand daily attendance at school and ASE is REQUIRED** to remain in the program. Lack of attendance negatively affects eligibility. _____(initial)

Care. I understand the YMCA agrees to provide child care Monday through Friday from school dismissal until the end of program. This care includes a nutritious snack and a meal. Students are not to bring food to the program, and I need to tell the Program Director if my child has dietary restrictions. **NOTICE TO PARENTS AND GUARDIANS: THIS FACILITY DOES NOT CARRY LIABILITY INSURANCE COVERAGE SUFFICIENT TO PROTECT YOUR CHILDREN IN THE EVENT OF AN INJURY, ETC.** _____(initial)

Original Signatures. I understand that I can fax registration forms to enroll my child in the After School Enrichment(ASE) Program, but that I will have to add original signatures to the faxed documentation. _____(initial)

The After School Enrichment (ASE) Program offers exceptional learning and growth opportunities. As a note, ASE operates in an exemption status regarding licensing from Bright form the Start. No fees are assessed for any portion of the program. I understand that a YMCA Program Membership fee of \$40 (annual fee) per family is waived for those participants who are not already current members of the YMCA. _____(initial)

Attendance. I understand that the ASE Program is a full time, 5 day program and regular attendance is required. Any extenuating circumstances will need to be discussed with the Program Director as continued participation could be discontinued due to irregular attendance. _____(initial) I understand that the program on-site the YMCA closes promptly at 6:30pm. If my child is at the Y at closing time, YStaff will attempt to contact parents first and then will proceed to the listed emergency contacts. The YMCA is required by law as a mandated reporter to the Dept of Family & Child Services if a child is not picked up one hour after ASE program closing time(by 7:30pm). _____(initial)

Cancellation. I understand that the ASE program requires a **one week written** notice of withdrawal by me to the Site Director or Program Director.

Immunizations. I understand that a current health department immunization record #3231 is required with enrollment papers. _____(initial)

Sick Children. In order to maintain a safe and healthy environment for all children, I understand that children that are ill which **includes but is not limited to** oral temperatures of 101 degrees or higher, any contagious symptoms such as rashes, sore throat, congestion, vomiting, etc. should not attend after school. If my child has been exposed to or contracted any serious communicable or infectious disease he or she may not return until accompanied by a note from the child's physician. I understand the YMCA will keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases and will post when a communicable disease has been introduced into the program. Arrangements must be made for immediate pick-up if I am notified that my child is ill. _____(initial)

Updates. I agree to keep the ASE Site Director informed of any changes in information and update on any significant changes that might affect my child. _____(initial)

Medication. If medication needs to be distributed, I agree to contact the Program Director so arrangements can be made. _____(initial)

Weather-Related School Closings. I understand that after school will be canceled if my child's school closes due to inclement weather or any emergency. In the event of an unplanned early release by the YMCA or my child's school, I must follow the communications procedures as outlined in the Parent Handbook. All children must have an alternate pick up or care at time of dismissal. The YMCA will only release children to adults authorized on the pick-up list. In the event of weather-related school closings, the program may have to make up that time during the course of the school term and I will be notified of the revised scheduled. _____(initial)

Special Needs. I understand that for the YMCA to appropriately modify child care delivery to address diverse needs, they need to know at the time of enrollment if my child has special needs that require adaptations or modifications. _____(initial)

Acknowledgement of Policies & Guidelines. By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all. _____(initial)

Signature of Parent/Guardian: _____

Date: _____

Communication is key. Please know we want you to communicate any changes that will help us serve your child well. We also want to be on the same page as we enter into this school year so your child has the best experience.
Our commitment to you: TO LINK ARMS WITH YOU AS WE SURROUND YOUR CHILD WITH WHAT THEY NEED TO THRIVE.

Additional Offerings & YOUR VOICE

We have several offerings that we want you to take advantage of if it is of benefit to you and your families. Please see below and respond - here's where your voice can be HEARD!

Food Bags

We provide bags of food at the end of each week, knowing that many of our families are benefited by the additional items. Bags include a mix of produce and pantry items and are sent home with children on Fridays.

Please opt in or out for the year:

- Yes, I would like to receive a weekly food bag No, I do not want a weekly food bag

Parent Engagement

We want to engage more than just your child - we want to provide benefit and engagement to you as well. Please let us know what you might be interested in below (Check all that apply):

- I would attend parenting classes if offered I would attend a peer parenting group if offered
 I would attend classes for job skills I am interested in helping to engage other parents
 I am interested in learning more about financial literacy I would attend workshops on fitness/wellness
 I can share the following skill with other parents/your staff/the kids _____

Other thoughts on how you'd like to be engaged: _____

Why It Matters (WIM) Campaign

The reason we can run this program for free is because we raise money each year from hundreds of donors. Our staff team, board participants, and members help us raise money as well. We would love for you to be a part of ensuring this program can run for your children and others each year. Please check all that apply:

- I would like to help fundraise for the WIM Campaign
 I would like to tell my story to be shared during the WIM Campaign
 I am not sure about fundraising, but I am interested in learning more
 I am currently not interested in being a part of fundraising

Share Your VOICE

Do you have an idea? Is there a gap you see that we could fill? Do you have something special to offer? Is there a need you, your family, or your community has and there is trouble getting the need met? Share it here!

Youth Fit 4 Life Participation Agreement

This is to certify that _____
Name of parent/guardian

has the authority to give permission for _____
Name of child

to participate in the YMCA Youth Fit 4 Life Program.

As the parent or guardian, I also agree to acknowledge that I will assume responsibility for the natural risks associated with my child's participation in the exercise component of the YMCA Youth Fit 4 Life Program. The risks for participation in this program are no greater than participation in any well-designed physical activity program for someone of your child's age and physical make-up. For example, new exercisers may experience some muscle soreness initially, and exercise may subject some children to an increased risk of injury. If your child has an injury during the moderate-to-vigorous physical activities, medical treatments will be provided following the existing policies and procedures of his or her afterschool site.

I understand and affirm that my child is in good health and physical condition to participate in this program. I acknowledge that I have read and am fully familiar with the contents of this participation agreement and have voluntarily signed this document. I understand that I may withdraw my consent at any time without it affecting my child's participation in the YMCA afterschool program.

I give permission for _____
Name of child to participate in the YMCA Youth Fit 4 Life Program for the time period specified and will support his/her successful completion.

Signature of Parent or Guardian

Date

Street Address

City, State & Zip Code

E-Mail Address

Home Phone No. Cell Phone No.

Program Transportation Agreement

This is to certify that I give **The Carl E. Sanders Family YMCA at Buckhead** permission to transport my child(ren):

(Name of Child 1)

(Name of Child 2)

(Name of Child 3)

From _____ at _____

(Pick Up Location, i.e. Name of School)

(Pick up Time)

to 1160 Moores Mill Road Atlanta Ga 30327.

My child(ren) listed above will be transported from 1160 Moores Mill Road Atlanta GA 30327 at the end of program time to _____.

(Drop off Address, i.e. your home address)

The following adults(18 years or older), **including myself**, are authorized to receive my child:

_____ Phone: _____

(Myself)

_____ Phone: _____

(Name of Adult)

_____ Phone: _____

(Name of Adult)

I understand that I or an adult listed above must be ready to receive my child by 5:30pm on program days. If an authorized adult is not present to receive my child and seen by YMCA staff, my child will be brought back to the YMCA for pick up and I will be contacted. The YMCA staff will not release a child to a home that may be unsupervised. This is to ensure the safety of my child and my peace of mind as a parent.

Signature(Parent/Guardian) _____ Date _____

PARTICIPATION AGREEMENT AND RELEASE

I understand that I or my child (“Student”) has been selected to participate in The YMCA After School Enrichment Program(“the Program”).

I agree to notify the school my child attends in the Atlanta Public School District within three (3) days if the child withdraws from the Program.

In consideration of Student participating in the Program and related activities, I hereby agree to release, waive, discharge, and indemnify and hold harmless, to the fullest extent permissible under the law, Atlanta Public School District and its current, past and future members, board members, officers, directors, employees, contractors, volunteers, facilitators, representatives, successors and assigns (the “Indemnified Parties”) from and against any and all actions, claims or losses, whether known or unknown, anticipated or unanticipated (“Claims”), that might arise out of or in connection with the administration of the Program or any services provided or performed by any of such parties in connection with the Program, whether such Claims are based on negligence, strict liability, breach of warranty, contract or otherwise. In addition, I fully, completely, and unconditionally waive and release each of the Indemnified Parties from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that I may have now or in the future against any of them relating to Student’s participation in the Program.

I agree that the Atlanta Public School District may release or discuss any and all educational records with the Program for the purpose of serving the student or for evaluating the Program. This may include sharing GTID (Georgia Testing IDs) with the Georgia Department of Education as well as grades, report cards, attendance, and other testing scores.

Student Name (Print): _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature : _____

_____ **Date:** _____

School Name: _____

To: Parent/Caregiver

Subject: Evaluation of the YMCA Afterschool Program at the Carl E. Sanders Family YMCA at Buckhead.

Date: Spring 2019

This letter is being sent to you today because your child(ren) currently participate(s) in the YMCA Afterschool Program at the Carl E. Sanders Family YMCA at Buckhead. In order to assure that YMCA Afterschool is of high quality and has a positive impact on your child(ren), the program engages in ongoing evaluation and quality improvement efforts.

Because your child participates in YMCA Afterschool program, they will be invited to fill out an online or paper survey at the beginning and end of each program cycle. These surveys measure the impact of the program on your child's development and captures your child's experiences within the program, allowing us to make critical improvements to meet their needs. All youth involved in the YMCA Afterschool program will be invited to participate in this survey.

How will your child participate in the survey?

The surveys take about 20 minutes to fill out and will typically occur during normal program hours when the program meets. Your child will be invited to complete the survey in a group setting online or on paper, or receive an email or text message with a link to the survey to complete the survey on their own.

Participation is completely voluntary. You and your child have the right to terminate their participation at any time or to refuse their participation entirely without jeopardy to their status in the program. None of the activities will interfere with your child's instructional time or affect their academic grades.

What are the benefits to taking the survey?

Your child will become more reflective about their skills and behaviors. Reflection is a key developmental skill that has been shown to lead to a wide-range of benefits for young people.

Additionally, as the adult staff learn more about your child's interests and experiences in the program, they will be able to tailor activities to meet their needs.

Are there any risks or discomforts in taking the survey?

Risks are minimal to none for involvement in this study. However, your child may feel emotionally uneasy when asked to make judgments about them self and the program.

How is my child’s confidentiality protected?

All information obtained from your child on the survey will be kept confidential and will be used by staff to increase the quality of the program. Program managers will also have access to the data so that they can continue to improve the program and support your child’s individual needs. All data are gathered and analyzed through an online platform called Hello Insight. Your child’s name will not be associated with data in Hello Insight. Data within this platform are kept confidential in a secure database. Hello Insight will never use your child’s name for any reason related to this data, and all data displayed through this system will highlight combined or group results.

Who do I contact if I have questions about the survey?

If you have questions regarding this process or the surveys themselves, you may contact Kendra Bethely, Senior Associate Director of After School Enrichment at the Carl E. Sanders Family YMCA at Buckhead at (678) 439-7640; Tarin Crookston at the YMCA of Metro Atlanta Association Office at (404) 267-5360; or you may also contact Hello Insight at support@helloinsight.org.

If you agree that your child can take the survey, please sign and return this form.

Agreement

I have received and read this form. I agree to allow my child(ren) to participate in filling out surveys within this program.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

Child’s First, Middle, and Last Names

Second Child’s First, Middle, and Last Names (If Applicable)

