



# SUMMIT FAMILY YMCA- LTC AFTERSCHOOL REGISTRATION 2024-2025

---

## TABLE OF CONTENTS

1. Cover Page
2. Registration Instructions & Child's Personal History
3. Authorized Pick Up
4. Medical Waiver and Emergency Information
5. Release Authorization and Consent to Treat
6. Payment and Program Policies
7. Payment Selection
8. Y Program Evaluation Authorization
9. Transportation Authorization and Emergency Medical Form
10. Swimming Authorization
11. CACFP Information

Please submit completed packet along with current GA 3231 Immunization Records to the Covington Family YMCA before the first day of school.

Summit Family YMCA After School Director:

Andrea Black

[AndreaB@ymcaatlanta.org](mailto:AndreaB@ymcaatlanta.org)

770.254.5947

Summit Family YMCA Youth Development Director:

Derrick Williams

[DerrickW@ymcaatlanta.org](mailto:DerrickW@ymcaatlanta.org)

Register online at [ymcaatlanta.spiritplus.net](http://ymcaatlanta.spiritplus.net). Then bring a completed paper registration packet to your local Y Afterschool site along with current immunization records for each child on or before your child's first day of Afterschool. Or register at the YMCA branch with completed registration form and current immunization records.

## WELCOME TO YMCA AFTERSCHOOL

There is no organization quite like the Y. Deeply rooted in your community, our movement is made up of people of all ages and from every walk of life, all working side-by-side to ensure everyone, regardless of gender, income or background has the opportunity to live life to its fullest. We value caring, honesty, respect and responsibility, and everything we do stems from this. Our staff at 55 Afterschool sites in six counties are all personally committed to helping families raise their children to their fullest potential.

We are the nation's leading nonprofit strengthening communities through youth development, healthy living and social responsibility. With a focus on nurturing the potential of every child, improving the nation's health and well-being and providing opportunities to give back and support neighbors, the Y enables all to be healthy, confident, connected and secure. Take the time to familiarize yourself with this packet. We endeavor to provide an after school experience that models the best practices in keeping kids safe and delivering impact through quality, affordable childcare.

A completed registration packet is required for each child enrolling in the program. If your child is re-enrolling, you can submit a re-enrollment form in place of a full packet. Completed packets/re-enrollment forms must to be turned in to the Y along with a copy of each child's immunization records, prior to or on your child's start date. No child may participate in our program without a complete packet on file.

### CHILD'S PERSONAL HISTORY

Child's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Called: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_ Sex: (circle) M F  
 Age: \_\_\_\_\_ Grade: (circle) K 1 2 3 4 5 6 7 8  
 Home Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Child lives with: \_\_\_\_\_

Child's Legal Guardian(s):  Both Parents  Primary Legal Guardian  Secondary Legal Guardian

<b>Primary Legal Guardian</b>	
Name Shown on ID: _____	Relation to child: _____
Work Address: _____	
Guardian Date of Birth __/__/____	Guardian Home Address (if different from child's) _____
<b>Primary Legal Guardian's Contact</b>	
Email address _____	Phone 2 _____
Phone 1 _____	Phone 2 _____
<b>Primary Legal Guardian's Emergency Contact</b>	
Email address _____	Phone _____

<b>Secondary Legal Guardian</b>	
Name Shown on ID: _____	Relation to child: _____
Work Address: _____	
Guardian Date of Birth __/__/____	Guardian Home Address (if different from child's) _____
<b>Secondary Legal Guardian's Contact</b>	
Email address _____	Phone 2 _____
Phone 1 _____	Phone 2 _____
<b>Secondary Legal Guardian's Emergency Contact</b>	
Email address _____	Phone _____

**Additional Legal Guardian**

Name Shown on ID: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Work Address: \_\_\_\_\_

Guardian Date of Birth

\_\_/\_\_/\_\_

Guardian Home Address (if different from child's)

\_\_\_\_\_

**Additional Legal Guardian's Contact**

Email address \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Additional Legal Guardian's Emergency Contact**

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Register online at [ymcaatlanta.spiritplus.net](http://ymcaatlanta.spiritplus.net). Then bring a completed paper registration packet to your local Y Afterschool site along with current immunization records for each child on or before your child's first day of Afterschool. Or register at the YMCA branch with completed registration form and current immunization records.

# PARENT PICK-UP AUTHORIZATION

YMCA staff wants to ensure your child's safe and enjoyable experience in our afterschool program. Please help us by agreeing to the following procedures:

- I understand that interaction with other children and/or entering the program space beyond the check-out point is not permitted.
- I will ensure that my child has been signed out and personally escort my child from the afterschool pick up area out of the building.
- I will supply in writing the required information of those who are authorized to pick up my child, including myself and any other authorized persons.
- I understand that any changes to pick up list must be made in writing and I also understand that the receipt of any changes must be confirmed by YMCA staff in writing.
- 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 YMCA staff will ONLY release a child to authorized adults listed below or adults listed as emergency contacts
- I understand that YMCA staff will ONLY release a child to authorized adults listed below or adults listed as emergency contacts.
- I understand that authorized adults must be 18 or older.
- I understand that I am responsible for adding/changing any authorized/unauthorized pickups through my YMCA membership portal or my local branch membership team.

<b>AUTHORIZED PICKUPS FOR</b> (PRINT CHILD'S NAME) _____	
1: Name: _____	Relation to Child: _____
Address: _____	
Phone 1: _____	Phone 2: _____
<input type="checkbox"/> Authorized Pickup is 18 or older	
2: Name: _____	Relation to Child: _____
Address: _____	
Phone 1: _____	Phone 2: _____
<input type="checkbox"/> Authorized Pickup is 18 or older	
3: Name: _____	Relation to Child: _____
Address: _____	
Phone 1: _____	Phone 2: _____
<input type="checkbox"/> Authorized Pickup is 18 or older	
4: Name: _____	Relation to Child: _____
Address: _____	
Phone 1: _____	Phone 2: _____
<input type="checkbox"/> Authorized Pickup is 18 or older	

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.) Providing a picture is at your discretion.

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Unauthorized Pickup picture attached
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Unauthorized Pickup picture attached
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Unauthorized Pickup picture attached
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **ACKNOWLEDGMENT OF POLICIES & GUIDELINES**

By signing below, I acknowledge that I have read the above and the parent handbook, 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, and that participants and parents must follow all rules, guidelines, and procedures in order for the program to be a successful experience for all.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# YMCA OF METRO ATLANTA EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION

Print Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: (circle) K 1 2 3 4 5 6 7 8 Birth Date: \_\_/\_\_/\_\_\_\_ Sex: (circle) Male Female Other \_\_\_\_\_

**Medical/Special Support Need Information: Circle Yes or No for each**

- Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? Yes No
- Does child have any disability, special needs, chronic or recurring illness or conditions? Yes No
- Does child have any conditions requiring medical treatment or special considerations while in this program? Yes No
- Does your child have any needs that require special support services during the school day? Yes No
- Are there any activities from which your child should be exempted for health reasons? Yes No

**If you answered "yes" to any of the above, please provide details \*\*feel free to attach information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Medications (prescribed and over the counter)		
Medication Name	Dose and frequency/day	Times Administered
Example: leptoreal	Example: 10 mg, 2X/day	Example: Dose 1: 8 am      2: 4 pm

**\*If Medication (over the counter or prescription) will need to be administered during Afterschool,** parent/guardian must provide program director with letter stating the medication, dosage, administration time and details. I understand if my child does not want to take the medication that must be administered, he/she will not be forced, and parent/guardian will be contacted.\*see site director

**List allergies and diet restrictions (please include allergy and reaction to allergen):**

\_\_\_\_\_

### Health Provider & Insurance Information

**Physician:** Physician's Name: \_\_\_\_\_ at (hospital/clinic/office): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Insurance:** Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

.....

## **YOUTH PROGRAM PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury, illness, or property damage however caused arising out of the named minor's participation in any YMCA programs, now or any time in the future.**

**1. Acknowledgement of Risk.** I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge, and agree that participation in youth program activities conducted or sponsored by the **Young Men's Christian Association of Metropolitan Atlanta, Inc.**, and its subsidiaries and affiliates, and its past or present officers, directors, managers, employees, supervisors, agents, or representatives and assigns (collectively known as the "YMCA") comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with youth program and childcare activities (collectively, "Youth Program") participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Youth Program participation and that said list in no way limits the operation of this Agreement.

**2. Coronavirus / COVID-19 Warning & Disclaimer.** Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA Youth Program activities or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA Youth Program activities or accessing YMCA facilities.

**3. Consent to Medical Treatment.** By signing this form I hereby give permission to YMCA staff to administer over-the-counter medications and physician-ordered medication to my child named below in cases deemed necessary, and in the event I cannot be reached in an emergency, I hereby give permission to the YMCA to hospitalize, or secure proper treatment for, my child. I hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue the YMCA from any and all liability or claim whatsoever which arises or may hereafter arise, directly or indirectly, on account of any first aid, treatment, or medical service rendered in connection with the Youth Program activities participated in by my minor child with the YMCA, and I assume all risk associated therewith. I also understand that the YMCA does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to me or to my minor child (if applicable), including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.

**4. Consent to Transport.** I give permission for my child/ward to participate on supervised field trips away from the site and to be transported on a YMCA owned, leased or hired vehicle.

**5. Waiver, Release, Indemnification & Covenant Not to Sue.** In consideration of the participation of (child name)

\_\_\_\_\_, (DOB) \_\_\_\_\_, in YMCA Youth Program activities, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** the YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, together with the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, illness, death or accident of any kind, arising out of or in any way related to the use of the YMCA facilities/equipment, participation in YMCA Youth Program activities or other activities whether that participation is supervised or unsupervised, however the injury, illness, or damage occurs. In consideration of the named minor's participation in Youth Program activities, I, the undersigned parent/guardian of the named minor, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Youth Program participation.

**6. Other.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and all other applicable laws, rules, and regulations wherever found, and that this Agreement shall be governed by and interpreted in accordance with the internal laws of the State of Georgia. I agree that jurisdiction and venue for any actions with respect to this Agreement shall only be had in a tribunal of competent jurisdiction in Fulton County, Georgia. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be fully enforceable.

**7. Policy on Photography.** I authorize and grant permission for the use and reproduction of any and all photographs or video footage of myself or my dependents for any lawful purpose including YMCA promotional purposes without compensation.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

**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.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

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

**Authorization of Treatment:** I hereby give my 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 hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for **(print child's name)** \_\_\_\_\_.

The completed forms may be photocopied for field trips. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of YMCA of Metro Atlanta, or any of its agents, volunteers or employees.

**Hospital Consent:** Hospital has permission to treat my child (specify name of hospital):  
\_\_\_\_\_

### Acknowledgment 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.

**Print Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PAYMENT + PROGRAM POLICIES AGREEMENT

**Care.** I understand the YMCA agrees to provide childcare Monday–Friday, on days that school is operating, from school dismissal until the end of program. This care includes a nutritious snack. 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 scan and email registration forms to enroll my child in Y afterschool, but I also understand that original signatures will need to be added to any scanned documents to meet requirements by the Childcare Licensing Division of Bright from the Start. I understand that this packet needs to be completed in addition to online enrollment. I understand that an original copy of this registration packet, along with current immunization records must be provided on or prior to the day my child is starting afterschool. Initial \_\_\_\_\_

**Fees.** I understand that Y Afterschool registration is a commitment for the entire school year. Weekly tuition is due every week, regardless of my child's attendance. The Y offers full-time (FT) and part-time (PT) options. Attendance for each option is as follows: three or more days per week = FT and one or two days per week = PT. I understand that the option I select at the time of registration is for the school year and cannot be adjusted. I understand that I must choose weekly or monthly autocharge payments at time of registration. In order to reserve my child's spot in Afterschool, the first week of tuition is due at the time of registration along with the applicable membership fee if not current. I understand that financial aid applications are available online and at the branch and that this program does try to provide scholarships to all eligible applicants. I understand that payment of childcare fees is the responsibility of me, the parent/guardian. I understand that my child may be withdrawn from the program if I am not responsive to the notice of non-payment. I am responsible for keeping my account current at all times. Initial \_\_\_\_\_

**Inclement Weather or Illness.** I understand that due to inclement weather or illness, if my child is present in the program 3 or more days, I will be charged the total fee for the week and if my child is present 2 days or less, I will be charged half of the total fee for the week. The YMCA will prorate fees when this occurs, but I must contact the Program Director for approval. Initial \_\_\_\_\_

**Cancellation.** I understand that the Afterschool Program requires a TWO-WEEK WRITTEN NOTICE of withdrawal to be emailed to [AndreaB@ymcaatlanta.org](mailto:AndreaB@ymcaatlanta.org). Until such notice is received by the YMCA branch, parents are responsible for fees. I agree to contact the Afterschool Registrar for details regarding cancellation if I wish to cancel enrollment. Initial \_\_\_\_\_

**Late Pick-Up Fee.** I understand that the site closes promptly at 6:00 pm. If my child is still at the Y after closing time, a late fee of one dollar per minute per child for every minute after 6:00 will be assessed. YMCA staff will attempt to contact parents at 6 pm and then will proceed to the listed emergency contacts to arrange for pickup. Initial \_\_\_\_\_

### Immunizations.

I understand according to the Georgia Department of Public Health Rules (Chapter 290-5-4), any child attending a school or child care program must present proof that their immunization records are current. The proof is Certificate of Immunization (Form 3231), which must be kept on file and available for inspection by authorized health officials.

The Georgia Department of Early Care and Learning Rules and Regulations for Child Care Learning Centers, (Chapter 591-1-1), state the facility must have "evidence of age-appropriate immunizations or a signed affidavit against such immunizations shall be maintained for each child enrolled in the center" and "No child shall continue enrollment in the center for more than thirty (30) days without such evidence."

Initial \_\_\_\_\_

**Sick Children.** In order to maintain a safe and healthy environment for all children, I understand that children who are ill, which includes but is not limited to oral temperatures of 100.4 degrees F or higher, any contagious symptoms such as rashes, sore throat, congestion, vomiting, etc., should not attend Afterschool. 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 (within 30 minutes or less, depending on severity of illness) if I am notified that my child is ill. Initial \_\_\_\_\_

**Medication.** If medication needs to be distributed, I agree to contact the Program Director at [AndreaB@ymcaatlanta.org](mailto:AndreaB@ymcaatlanta.org) or at 7702545947 so arrangements can be made. Initial \_\_\_\_\_

**Weather-Related School Closings.** I understand that **Afterschool will be canceled if my child's school closes early or cancels afterschool activities** due to inclement weather or any emergency. I should follow my school's related guidelines (which may include calling the school, emailing the teacher, etc. to let the school know how my child should be traveling home). In the event of an unplanned early release from the YMCA Afterschool Program, 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. **In the event of weather-related school closings, the weekly fee will be prorated to half price ONLY if schools are closed for 3 or more days and guardian requests within two weeks of closings.** Initial \_\_\_\_\_

**Parent Handbook.** I understand the YMCA will make the parent handbook available online. It is my responsibility to read the Parent Handbook. The 2024-2025 handbook will be available online by August, 2024. Initial \_\_\_\_\_

**Special Needs.** I understand that for the YMCA to appropriately modify childcare 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 \_\_\_\_\_

**Acknowledgment of Policies & Guidelines.** By signing below, I acknowledge that I have read the above information, 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, and that participants and parents must follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# IMPORTANT PAYMENT INFORMATION: Complete one form per household

Weekly Fee:

Facility Member Rate: \$65/week

Program Member Rate: \$85/week

\*NEW\* Rate for students on free/reduced school lunch (must provide proof): \$55/week

## Step 1: Select Membership Type (membership is required):

A. Current Y member:

Program (\$50 annual fee, valid one calendar year after payment)

Family Facility Member (\$109/month)

B. New OR Renewing Member:

Program Membership (\$50 Annually)

Family Facility Membership \$100 joining fee + \$109 per month, additional paperwork required)

\*In order to sign up for Afterschool, the participant must have a current Program or Facility Membership. To receive facility member discount, the child must be on the membership (ex. cannot be an adult membership).

## Step 2: Select payment frequency:

A. Drafting Type: Monthly or Weekly

Monthly Draft: Monthly fee varies based on number of weeks in the month

Select Draft Dates:

Monthly- 1st of the month

Weekly Draft: payments will be processed each Friday for the following week of Afterschool care.

B. CAPS:

I receive CAPS and have designated the YMCA as my childcare provider.

C. Free and Reduced Lunch:

I receive Free and Reduced Lunch for my child and have submitted proof to the YMCA.

Auto Draft is drafted from the authorized card each week on the above selected draft dates. Credit Card will be entered at time of registration online or in person. I am responsible for updating this card if anything changes. Total monthly payments are based on your school calendar.

## Step 3: 2024–2025 Afterschool Registration

To reserve your spot, the first week or month of tuition (based on your billing preference) is due at time of registration along with applicable new membership fees.

Registration Payment:

\$  First week/month + \$  Membership fee (if not current) = \$  Total

\$  Total Above x  (# of Children) = \$  Total Initial Payment



## **YMCA PROGRAM EVALUATION CONSENT FORM (HELLO INSIGHT)**

Dear Parent/Guardian,

Your child's experience and development are important to the YMCA. To ensure that your child is engaged in high-quality programming, we would like to collect data from your child.

### **WHY DO WE WANT TO COLLECT DATA?**

In order to assure that the program your child participates in is high quality and has a positive impact, the YMCA of Metro Atlanta and YMCA of the USA (Y-USA, the national resource office of YMCA's) jointly engage in ongoing research, evaluation and/or quality improvement efforts. Youth programs are periodically assessed to see what is going well, to identify areas of the program that can be improved, and to make sure that the children the YMCA serves are benefiting from the program. By collecting surveys and related information, the Y is investigating whether the goals for positive youth development are being met. This research is also intended to develop a national YMCA data set that can be used, for example, to provide benchmarked data for local YMCA sites and programs and to provide funders with outcome data.

### **WHAT DATA WILL BE COLLECTED?**

As a youth program participant, your child will be asked to fill out a survey at the beginning and at the end of the program. She/he will be asked to reflect on their interests and their experiences in the program.

### **CONSENT TO PARTICIPATE IN PROGRAM EVALUATION**

We are asking your permission to use the information collected from your child (e.g., assessments, survey results). The YMCA of Metro Atlanta and Y-USA will comply with all state and federal laws in collecting, storing, analyzing and presenting data. Expected participation in data collection will be under 30 minutes.

### **BENEFITS**

A benefit means that something good happens to you or your child. By participating in the YMCA's program, your child will receive high-quality programming and exposure to enrichment activities. For the research and evaluation component, you and your child will not receive any direct benefit. However, future YMCA participants may benefit from changes to the program that were implemented as a result of the evaluation. That is, the evaluation may make the program better for future YMCA participants.

### **KEEPING YOUR INFORMATION CONFIDENTIAL**

Y-USA will follow all applicable federal and state laws that protect your child's personal and school related information (e.g., FERPA), including maintaining appropriate physical, electronic, and procedural safeguards. Youth information is confidential and will not be shared or discussed with anyone outside of the YMCA of Metro Atlanta and Y-USA staff, external researchers, their partners, and data collectors.

Your child's name will not be used in any external/public-facing publications; rather, your child's data will be aggregated with other students enrolled in the program. All collected data for this project will be securely stored in lockable locations, secure computer files, or on computer servers accessible only to the approved and trained researchers and authorized local Y and Y-USA staff. Y-USA plans on keeping this data indefinitely, in order to identify trends in program participation and youth outcomes. This data may be included in local YMCA reports, Y-USA site and national program reports, as well as in peer-reviewed education and evaluation journal articles.

There is a very small risk that confidential data will be compromised. We will minimize this risk by ensuring that only approved YMCA of Metro Atlanta and Y-USA evaluation staff involved in the program have access to student information. As required for evaluation purposes, we may share your child's information with our evaluation partners, who are also required to protect your child's privacy and confidentiality to the maximum extent allowable by law.

## **PAYMENT**

You or your child will not be paid for your participation.

## **LEGAL RIGHTS**

You will not lose any of your legal rights by signing this consent form.

## **ALTERNATIVES TO PARTICIPATING IN DATA COLLECTION**

Participation in data collection activities is voluntary and you can withdraw your consent for your child to participate at any time. Your child's participation in the program will not be affected. You have the right to refuse your child's participation in data collection activities. You will not lose any of your legal rights by signing this consent form.

## **CONTACT INFORMATION**

If you have questions, or if you have a visual or other impairment and require this material in another format, please contact Amanda Minix, Vice President of Strategic Impact, at [AmandaM@ymcaatlanta.org](mailto:AmandaM@ymcaatlanta.org).

## **AGREEMENT TO PARTICIPATE IN DATA COLLECTION**

This consent form contains important information to help you decide if you want to be in the study. If you have any questions that are not answered in this consent form, please ask a program staff member at your local YMCA for assistance.

I have read and understand this consent information, and I agree to participate in the YMCA research study

OR

I have read this and understand this consent information, but I do not agree to participate in the YMCA research study

Printed name of Parent(s)/Caregiver(s): \_\_\_\_\_

Parent/Guardian Signature: / \_\_\_\_\_ /  
(Note: Electronic Signatures must be typed between the // symbols)

Print child's name: \_\_\_\_\_

YMCA: \_\_\_\_\_

School: \_\_\_\_\_  
(if your child is participating in a school program)

Date: \_\_\_\_\_

There are two copies of the consent form and both need your signature. The first copy needs to be returned to the YMCA program staff. Since there is important information in this consent form, including contact information if you have questions or concerns, we want you to keep the second copy for your records.

## Transportation Agreement

This is to certify that I give \_\_\_\_\_ (name of facility) permission  
to transport my child \_\_\_\_\_ (name of child) from \_\_\_\_\_  
(name of school) at \_\_\_\_\_ (am/pm) to \_\_\_\_\_ (Summit Family YMCA- LTC  
at 1765 Hwy 34 E at \_\_\_\_\_ (am/pm) on the following days:  
\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday (check all that apply)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Vehicle Emergency Medical Information

This form is to remain on the bus during transport.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother/Guardian #1's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian #2's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## SWIMMING PERMISSION FORM

Child's Name: \_\_\_\_\_

Date of Birth (include year): \_\_\_\_\_

I give (child's name) \_\_\_\_\_ permission to participate in swimming activities.

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

To be completed by swim instructor:

\_\_\_\_\_ (child name) has successfully completed a swimming test which required the child to swim a distance of fifteen (15) yards unassisted.

\_\_\_\_\_ (lifeguard) has current evidence of having completed successfully a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard-setting agency for water safety instruction.

(Center must maintain a copy on file)

\_\_\_\_\_  
Signature of Lifeguard or Instructor

\_\_\_\_\_  
Date

\*\* In lieu of requiring each child to take a swimming test to determine whether the child can swim a distance of fifteen (15) yards unassisted, center staff may accept copies of certificates or cards from a recognized water-safety instruction organization showing that the child has successfully completed a swimming class which required the child to swim a distance of fifteen (15) yards unassisted.

# CACFP: BUILDING FOR THE FUTURE

## MEALS

This childcare facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to enrolled participants receiving care.

Providers receive monetary reimbursement for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of childcare and making it more affordable for low-income families.

Childcare centers participating in CACFP follow meal requirements established by the USDA:

<b>Breakfast</b>	<b>Lunch/Dinner</b>	<b>Snacks (include two of the five groups)</b>
Milk Fruit or vegetable Grain	Milk Meat or meat alternative Grain Fruit Vegetable	Milk Meat or meat alternative Grain Fruit Vegetable

## PARTICIPATING FACILITIES

Many different centers operate the CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- Childcare Centers: Licensed or approved public or private nonprofit childcare centers, Head Start programs, and for-profit centers.
- Adult Care Centers: Licensed or approved public or private non-profit and for-profit centers.
- Family Day Care Homes: Licensed or approved private child care homes.
- Afterschool Care Programs: Centers in low-income areas provide free snacks to school-age children and youth.
- Emergency/Homeless Shelters: Shelters that provide residential and food services to homeless children. Shelters are the only residential programs that may participate.

## ELIGIBILITY

State agencies reimburse facilities that offer non-residential day care to the following:

- children age 12 and under;
- migrant children age 15 and younger;
- youth through age 18 in afterschool care programs in needy areas;
- chronically impaired disabled adults 18 years of age or older; or
- persons 60 years of age or older in a group setting outside their home.

## CONTACT INFORMATION

This center participates in the CACFP under the sponsoring organization listed below. The CACFP is administered in every state and in Georgia by the agency listed below. Contact one of the following for questions about the CACFP.

**Sponsoring Organization:** Bright From the Start: Department of Early Care and Learning

**Name, Address and Contact:** Nutrition Services (Suite 754)

2 Martin Luther King, Jr. Drive, SE Atlanta, GA 30334

404-656-5987

[www.decal.ga.gov](http://www.decal.ga.gov)

This institution is an equal opportunity provider.