

Stonestown Family YMCA

Miraloma After School Registration



SECTION A: ExCEL SUBSIDY ELIGIBILITY

There are a limited number of fully-subsidized spaces available at no cost to families for students attending the after school program at **Miraloma**. These subsidies are available to students who meet the following criteria:

- Determined financial need
- Elementary students are committed to attending the after school program 5 days/week, and must stay in program until 6:00pm.
- Student is identified by the school's administrative staff/teachers as someone who would benefit from academic support after school.
- Student complied with ExCEL attendance requirements during the 2010-11 school year (if applicable).

SECTION B: APPLICANT INFORMATION

Student's Name: _____

Sex: M F

Grade Level (2011 - 2012 School Year): _____

Date of Birth: _____

School Attended During Previous School Year: _____

Home Address: _____
Street Number City Zip Code

PARENT/GUARDIAN NAME(S) AND PHONE NUMBERS:

Name: _____ Phone #1: _____

Phone #2: _____

Name: _____ Phone #1: _____

Phone #2: _____

Email Address: _____

IN CASE OF EMERGENCY, ALTERNATE CONTACTS:

Name: _____ PRIMARY Phone #: _____

Relation to Student: _____

Name: _____ PRIMARY Phone #: _____

Relation to Student: _____

SECTION C: STUDENT CONTRACT

Parents: Please read this over carefully with your student.

I, _____ (student name), understand and agree to meet the following requirements of the ExCEL After School Program:

- I will listen quietly during announcements and dismissal.
- I will stay with a staff member at all times and won't leave the site alone.
- I will make sure to be signed into program when I arrive and signed out when I leave.
- I will keep my hands, feet, and objects to myself.
- I will use respectful language. I will not curse, tease, or call people names
- I will take care of our school building and our equipment. I will clean up after myself.
- I will be respectful to the grown-ups and other students. I will listen and follow directions.
- If I have a conflict with someone, I will use my words first. If that doesn't work, I will use speak with an adult.
- I will have be open to activities, clubs, and enrichments.

I understand that if I break these rules:

- My parent/guardian will be contacted.
- If I continue to break the rules I will receive a warning.
- After the 3rd warning, I will be suspended from the program for one week. Upon return, I understand that I will be on a behavioral contract.
- If I fight in the ExCEL After School Program I will be immediately expelled.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

Student Signature: _____ **Date:** _____

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

SECTION D: ABOUT YOUR STUDENT

This section asks you for information that is required by one of our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

Student Race/Ethnicity (select one):

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Middle Eastern-Arab |
| <input type="checkbox"/> Black-Other (specify): | <input type="checkbox"/> Middle Eastern-Iranian |
| | <input type="checkbox"/> Middle Eastern-Other (specify): |
| <input type="checkbox"/> Asian-Chinese | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Filipino | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Pacific Islander-Hawaiian |
| <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Pacific Islander-Tongan |
| <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Pacific Islander-Somoan |
| <input type="checkbox"/> Asian-Thai | <input type="checkbox"/> Pacific Islander-Other (specify): |
| <input type="checkbox"/> Asian-Vietnamese | |
| <input type="checkbox"/> Asian-Other (specify): | |
| <input type="checkbox"/> Hispanic/Latino/Mexican American | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Other White (specify): |
| <input type="checkbox"/> Hispanic/Latino-South American | <input type="checkbox"/> Multiracial/multiethnic |
| <input type="checkbox"/> Hispanic/Latino-Caribbean | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Hispanic/Latino-Other (specify): | <input type="checkbox"/> Declined to state |

Home Language (select one):

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Mandarin/ Putonghua | <input type="checkbox"/> Filipino/Tagalog |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Khmer/ Cambodian | <input type="checkbox"/> Toisharese |
| | <input type="checkbox"/> Japanese |
| | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Other: _____ | |

Student English Fluency (select one):

- Fluent
 Conversational
 Not Fluent

SECTION E: EMERGENCY AND MEDICAL INFORMATION

Family Doctor: _____ Doctor's Phone: _____

Family Dentist: _____ Dentist's Phone: _____

Preferred Hospital: _____ Medical Insurance Company: _____

Policy #: _____

Please describe any allergies or medical restrictions:

Is there anything else we should know about your student? _____

Please indicate how your student will be checking out of the program by checking below:

A parent/guardian will pick up my student daily. The student is not to leave program on his/her own.

My student will be using public transportation and may leave on his/her own at **(insert time here _____)**.

The following people are authorized to pick-up my student with a permission note from parent/guardian (5th grade and older students may sign out younger siblings). Upon pick-up, staff will check for identification. We will only release students to people listed below:

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Please read and sign below:

I understand that the Stonestown Family YMCA assumes no financial obligation for medical treatment, but in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my student as named on this information sheet.

As the parent/guardian of the above stated student, I have read and agree with the ExCEL After School Program rules and policies. I give my student permission to attend the ASP and to attend field trips as part of the program.

Parent/Guardian Signature _____ Date: _____

SECTION F: ENROLLMENT STATUS

Applications must be filled out entirely and turned in to your student's After School Program Site Coordinator by **Monday, May 23th.**

You will receive a notification letter regarding your child's acceptance or waitlist status on **Wednesday, May 25th.**

YMCA of San Francisco Membership Application
Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or inmediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.
I HAVE READ THIS RELEASE.

Signature of applicant/parent: _____ Date: _____

Print name of applicant/parent: _____ Date of Birth: _____

Print name(s) of child(ren) in program: _____ Date of Birth: _____