



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA YOUTH DEVELOPMENT AFTER SCHOOL PROGRAMS ADVENTIST SITE

## AGES 5-12

Welcome to YMCA Youth Development After School Programs. All of our programs are designed to help your child grow into strong, confident, and caring young individuals. Caring, well trained staff have been providing youth programs in our community since 1948. Organized activities such as arts & crafts, sports, free play, homework, and healthy snacks are all a part of your child’s Adventist experience. This year we will be offering After School Care for children ages 5-12 years old. With all that we offer, you can count on your child to develop a healthy body, mind and spirit at the After School Program.

Monthly Rates					
	1 Day Per Week	2 Days Per Week	3 Days Per Week	4 Days Per Week	5 Days Per Week
<b>After School Care</b> <b>Monday-Thursday</b> <b>3:00pm – 6:00 pm</b>  <b>&amp;</b>  <b>Fridays</b> <b>12pm-3:00pm</b>	<b>\$85</b>	<b>\$105</b>	<b>\$135</b>	<b>\$185</b>	<b>\$225</b>





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# Tillamook Adventist School Youth Enrichment Programs After School Registration Form

2021-2022

Entering Ages: 5-12

## YOUTH INFORMATION

First Name	Last Name	Current Grade Level?	Gender M F	Birthdate	Age
Home Address		City	State	Zip code	Custody Paperwork Y N

Please circle which days your child will be attending.

After School Program  
Monday-Thursday (3:15 PM-6:00 PM)  
Fridays (12:00pm-3:00pm)

M T W T H F

## PARENT OR GUARDIAN

First Name	Last Name	Email			
Home Address		City	State	Zip code	
Home Number	Cell Number	Work Number			
Work Hours	Employer				

First Name	Last Name	Email			
Home Address		City	State	Zip code	
Home Number	Cell Number	Work Number			
Work Hours	Employer				



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**SPECIFIC MEDICAL, BEHAVIORAL, OR DEVELOPMENTAL NEEDS**

Dietary Modifications/ Allergies	Physical/Behavioral/Developmental Information to Share
Current Medications (medication authorization is required)	
Doctor Name / Phone	

**EMERGENCY AND PICK UP AUTHORIZATIONS**

Name	Relationship	Phone	Contact in Emergency?
Name	Relationship	Phone	Contact in Emergency?

**AUTHORIZATIONS**

**Participation:** I give permission for my child to participate in all activities.

**Medical Treatment:** I hereby give permission for my child to be given CPR and first aid treatment by a qualified staff member of the Y. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, test, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the Y staff when deemed necessary or advisable by the physician to safeguard my child's health.

**Property Loss:** I understand that the Y and Adventist School District is not responsible for personal property lost, damaged or stolen while participating in these activities.

**Insurance:** I understand it is my responsibility to provide for my child's accident and health coverage while participating in these programs and I further understand that the Y and Adventist School District does not provide this coverage.

**Release from Liability and Indemnification:** Recognizing that the Y will do it's best to ensure a safe experience, I understand that accidents may occur from my child's participating in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Tillamook County Family YMCA, it's employees, volunteers, independent contractors and directors from all liability based on damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participating in Y programs. I further agree to indemnify and hold the Y and Adventist School harmless from all claims which are in any way connected with my child's participation in this program.

If you any questions or concerns please emails Andrea Williams- Youth Development Director at the YMCA  
awilliams@tillamookymca.org

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

Date \_\_\_\_\_