



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MISSION YMCA

2018-2019 After School Program Registration

Processed Date: _____

Staff Initials: _____

MISSION Y PROGRAM LOCATION

School: **Harvey Milk Elementary School**
4235 19th Street, San Francisco

APPLICANT INFORMATION

Student's Name: _____ Gender: M F Other

Entering Grade (2018 - 2019 School Year): _____ Date of Birth: _____

Home Address: _____
Street City Zip Code

Parent/Guardian E-mail: _____

Household Income: Please Check One

\$0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999 \$40,000-\$74,999 \$75,000 and over Declined to state

**Parent/Guardian #1
(Emergency contact & authorized to pick-up child)**

Name: _____ D.O.B: / /

Primary Phone: _____

Secondary Phone: _____

**Parent/Guardian #2
(Emergency contact & authorized to pick-up child)**

Name: _____ D.O.B: / /

Primary Phone: _____

Additional authorized pick-ups/emergency contacts:

Pick-Up #1 Name: _____

Pick-Up #1 Phone: _____

Pick-Up #2 Name: _____

Pick-Up #2 Phone: _____

Pick-Up #3 Name: _____

Pick-Up #3 Phone: _____

Pick-Up #4 Name: _____

Pick-Up #4 Phone: _____

Please list any allergies we should know about:

Can your child participate in this program without a reasonable modification?

- Yes
- No

If your answer is no, please state briefly the nature of the reasonable modification or accommodation you are requesting.

Does your child have one of the following?

- SST
- 504
- IEP

Do you authorize consent for program staff to access your child's SST, 504, and or IEP ?

- Yes*
- No

*If yes, please sign the attached SFUSD Authorization for Release of Confidential Information.

What else should we know to ensure your child has a successful experience in this program?

HIGHLY SUBSIDIZED SPOT PROGRAM

There are a **limited** number of highly subsidized afterschool spots available at each afterschool program location. **Please note**, these subsidized spots waive the monthly co-pay fee and instead have an ANNUAL application fee **based on Free/Reduced lunch eligibility**.

Eligibility for the Highly Subsidized Slot Program is determined by the following criteria:

- Financial need - Annual Household Income*
- Committed to attending the after school program 5 days/week and fully participating in program offerings
- Identified by the school's administrative staff and teachers as students who will benefit from the after school program
- Complied with ExCEL/Grant after school attendance requirements during the 2017-18 school year
- Identified by the program or school as homeless (as defined by the federal McKinney-Vento Homeless Assistance Act) or as being in foster care

Subsidized spots are not guaranteed. If your student does not qualify and you still want after school care, you may apply for the monthly co-pay fees program (please refer to rates below).

SIBLING DISCOUNT: We offer a 20% discount on Annual Registration Fee for siblings.

OR

MONTHLY CO-PAY FEES PROGRAM

Please check the box that you would like to register for:

AFTER SCHOOL	MONTHLY FEE	DEPOSIT (August)	BEFORE SCHOOL	MONTHLY FEE	DEPOSIT (August)
<input type="checkbox"/> 5 days/week	\$360	\$252	<input type="checkbox"/> 5 days/week	\$100	\$70
<input type="checkbox"/> 3 days/week	\$295	\$206	<input type="checkbox"/> 3 days/week	\$75	\$52
<input type="checkbox"/> 2 days/week	\$255	\$178	<input type="checkbox"/> 2 days/week	\$60	\$42

Please check the days that your child will attend:

After School Program MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

SIBLING DISCOUNT: We offer a 20% discount on monthly child care fees for siblings.

FINANCIAL ASSISTANCE: We offer financial assistance to qualifying families. If you are interested in applying, please complete a financial assistance application and submit with your income verification and registration packet.

YES! I am applying for the Monthly Co-Pay Fees Program.

YES! I have attached my Financial Assistance Application.

PAYMENT – PLEASE COMPLETE ONE SECTION

MONTHLY CO-PAY FEES PROGRAM – PAYMENT DUE AND BILLING POLICY

By signing below, I acknowledge and agree to the following:

- Monthly co-pays are paid automatically via EFT 10 days before the first of the month. If payment is not made, we will request permission from you 5 days after the due date via email to pay off your balance using your credit card/bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card/bank account on file to pay your balance.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done online or at the main facility at 4080 Mission Street SF, CA 94112.
- Parents will be contacted regarding returns from their account. It is the parent's responsibility to pay for childcare by the 1st of the month. Failure to do so will result in a \$15 late payment fee. If payment is not received by the 10th, child care will be terminated.
- A \$15 bank fee will be charged for any returned payments.
- I acknowledge that only the months of August and December are prorated.
- I acknowledge that August 2018 fees are non refundable.
- **Refund Requirements:** A 30 day written or email notice is required for program cancellation (including school transfers) and a 14 day notice is required for schedule changes. It is the parent's responsibility to notify Mission YMCA by written note or email. Withdrawal of student from program is not considered notice of program cancellation and will not terminate child care payments.

Parent/Guardian Name

Signature

Date

PAYMENT DUE

\$ _____ Deposit: This pays for August 2018 fees (school year ends June 4th) and is due at registration.
NOTE: **Deposit is NON-REFUNDABLE**

\$ 0.00 Community Participant Membership (if new to YMCA or if membership expired): **No Fee Required.**

\$ _____ **Donation** to Mission YMCA's "Annual Giving Campaign" (Support Financial Assistance to qualifying families)

TOTAL

\$

Payment Method:

- Charge account on file (Families in Monthly Co-Pay Fee-Based program must have an account on file for monthly drafts new families may contact the Mission YMCA at (415) 586-6900 to set one up)

OR

HIGHLY SUBSIDIZED SLOT PROGRAM – ELIGIBILITY & PAYMENT

Financial Need Eligibility:

- YES! I am eligible for the Highly Subsidized Slot Program.**

*Will be confirmed by a Free/Reduced Lunch letter provided by SFUSD

Notification: The week of **June 4, 2018** families will be informed of their student's acceptance/waitlist status.

Please note, applications received after June 4th may be waitlisted.

- If your student is accepted into the program, you are required to secure your slot with a \$50 non-refundable deposit by **July 1, 2018**. The remaining balance is due by **August 10, 2018**.
- Full payments not received by August 10, 2018 will result in cancellation of student's spot in the after school program.

PAYMENT DUE

\$

Payment Method:

- Charge account on file
 Check/money order attached (payable to Mission YMCA)

Please note: Returned payments will result in a \$15 bank fee.

No one will be turned away because of their inability to pay.

STUDENT CONTRACT

Parent/Guardian: Please read this over carefully with your student.

I, _____, understand and agree to meet the following requirements of the After School Program:
Student's Name

- I will report to program immediately after school and sign in.
- I will make sure to be signed out when I leave.
- I will be in a supervised area at all times and never leave the site alone.
- I will follow school rules and directions from staff members.
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in the After School Program.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.
- I will be open to activities, clubs, and enrichments.

I understand that if I break these rules:

- I will receive a warning.
- If I continue to break the rules or if the incident is serious, my parent/guardian will be contacted.
- If I fight in the After School Program, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- After the 3rd warning, a restorative meeting will be held. Depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

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: _____

ABOUT YOUR STUDENT

This section asks 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.

1. 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"/> Asian-Chinese | <input type="checkbox"/> Middle Eastern-Other
Specify: _____ |
| <input type="checkbox"/> Asian-Filipino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Pacific Islander-Hawaiian |
| <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Pacific Islander-Tongan |
| <input type="checkbox"/> Asian-Thai | <input type="checkbox"/> Pacific Islander-Samoan |
| <input type="checkbox"/> Asian-Vietnamese | <input type="checkbox"/> Pacific Islander-Other
Specify: _____ |
| <input type="checkbox"/> Asian-Other
Specify: _____ | |
| <input type="checkbox"/> Hispanic/Latino-Mexican American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Multiracial/Multiethnic |
| <input type="checkbox"/> Hispanic/Latino-South American | <input type="checkbox"/> Other
Specify: _____ |
| <input type="checkbox"/> Hispanic/Latino-Caribbean | |
| <input type="checkbox"/> Hispanic/Latino-Other
Specify: _____ | |

2. Home Language (select one):

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Toishanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other (specify): _____ | |

3. Student English Fluency (select one):

- Fluent
 Somewhat Fluent
 Not Fluent

4. Housing Status

- Permanent/Stable Housing
 Homeless- Transitional /Supportive Housing
 Homeless- Shelter/Emergency Housing
 Homeless- Motel/Hotel
 Homeless- Staying with Friends/Family
 Homeless- Unsheltered
 Unknown



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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the YMCA of San Francisco, or any of its branches, or by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), I hereby give my permission and consent, now and for all time, to YMCA of San Francisco and to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of San Francisco, YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of San Francisco, YMCA of the USA and collaborating third parties;
- YMCA of San Francisco, YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of San Francisco, YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of San Francisco, YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

I am the Mother/Father/Legal Guardian of _____ . For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____ Date: _____

Child's Name: _____ Child's Age: _____

Address: _____



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YMCA of San Francisco's Billing Policies

All payments are due 10 days before the first of the month. If your account is not current and you have a credit card or bank account on file, we will request permission from you 5 days after the due date via email or letter to pay off your balance using your credit card or bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card or bank account on file to pay your balance.

Parents/Guardians must update billing information if there are any changes to their billing account, including credit card replacement and new expiration dates. This can be done by coming into the main branch or by editing your billing information on-line.

Parents/Guardians will be contacted regarding returns from their account. It is the parent's/guardian's responsibility to update their account and pay for childcare by the 1st of the month. If payment is not received by the 10th of the month, your child will be suspended from the program.

A \$15 bank fee will be charged for any returned payments.

I have read and understand the above billing information and agree to comply with the terms and conditions.

Parent's/Guardian's Signature: _____ Date: ____/____/____

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 immediately 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 therefor 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 releases 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 for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA of San Francisco and its affiliate branches, 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: _____

Signature of co-applicant/parent: _____ Date: ____ / ____ / ____

Print name of co-applicant /parent: _____

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



San Francisco Unified School District
Authorization for Release of Confidential Information

Student's Name: _____ Date of Birth: ____/____/____

School/Dept: _____ Address: _____

Contact Person: _____ Title: _____ Telephone: _____

I authorize the exchange of information described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

- Healthcare provider(s) (name)
Agency(s) (name)
Parent/ legal guardian (if minor consented to care) (name)
Other

This authorization applies to the following information: (check each line that applies)

- Educational Data/IEP Social/Developmental Psychological
Vision Speech/Language Audiological
Medical Other

Expiration: This authorization expires (date or event): _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Signature _____ Date _____

Indicate relationship to student: parent legal guardian:

Authorization for Release of Confidential Information

YMCA of San Francisco - Mission

Participant Name: _____ **Date of Birth:** _____

Our agency is supported by a grant from the San Francisco Department of Children, Youth and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

Restrictions: All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

Expiration: This authorization expires on June 30, 2023.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: _____

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____ **Date:** _____



DCYF Photography Release Form

Participant Name: _____ **Date of Birth:** _____

You or your child participates in a youth program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF). DCYF staff or contractors may on occasion visit this program to take photographs for public information projects.

The public information projects aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families. Example projects include DCYF publications and exhibits, as well as the DCYF website (<http://www.dcyf.org>).

By signing this form, you authorize DCYF staff and contractors to take photographs of program activities that may include images of you or your child and to use these photographs for the public information projects described above.

Your Name: _____

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____ **Date:** _____