



FOUNDATION YMCA | Y-GIG MIDDLE SCHOOL AFTER SCHOOL ENROLLMENT



Please fill out the following form for each participant

Parent Information

Preferred Username Preferred Password

Parent/Legal Guardian First and Last Name

Relationship to Student (Mother, Father, Step-parent, Grandmother, Grandfather, Legal Guardian)

With my Initials, I declare and can provide proof that I am my child's parent or legal guardian and authorize to sign off on these statements _____
Initial Here

Preferred Language for communication

Cell Phone Number Email

Place of work Work Number

Are you currently a YMCA Member? (YMCA Members will receive a 5% discount) YES NO
Please circle one

Medical Insurance Company Medical Insurance policy #

Emergency Contact #1 Name Number

Emergency Contact #2 Name Number



Student Information

Student First and Last Name

Student Race Student Ethnicity: Hispanic/Latino Non-Hispanic/Latino
Please Circle one

Student Current Grade

Student School

Pediatrician's Name

Pediatrician's Number

Please list any and all existing medical conditions, physical, mental, and/or developmental/learning disabilities, that may require special attention (i.e., diabetes, asthma, ADHD/ADD, LD, EC etc.)
Write "N/A" if none exists.

List all allergies:

I give Y-GIG permission to administer first aid for minor illnesses and/or injuries (i.e., headaches, big bites, minor scrapes or cuts, etc.) by using topicals creams or OTC (over the counter) Medicines. In cases of emergencies, parents or legal guardians will be contacted immediately.

Signature

Date

Student T-Shirt Size (Adult sizes, please select one)

- X-Small
- Small
- Medium
- Large
- X-Large
- XX-Large
- XXX-Large



Please list the person(s) first and last name and phone number you'd give permission to pick up your child(ren) from Y-GIG MSAS programming.

Please list the person(s) first and last name and phone number who cannot pickup your Child(ren). Write "N/A" if none are applicable.

Release of Liability: In consideration of my child(ren)'s attendance with Y-GIG Middle School After School, I accept any responsibility and assume the risk of their participation. I hereby expressly discharge and hold harmless from any liability whatsoever Y-GIG Middle School After School, as well the officers, agents, employees, and servants thereof, in their capacities as representatives of Y-GIG Middle School After School, whether employed or voluntary. I certify that I am familiar with and understand the statement above about my Child(ren)'s participation in Y-GIG Middle School After School.

Signature

Date

Please select your total family income level. To receive the rates for levels 1-3 on the sliding scale, you must provide proof of income to Ashely Davis at adavis@wilsonymca.or. Please include your name and child's name in the subject line of the email.

- Level 1: Less than \$25,000
- Level 2: \$25,001-\$49,999
- Level 3: \$50,000-\$74,999
- Level 4: \$75,000 and above

Select preferred income verification documentation:

- Last 2 check stubs (from both employed parents/guardians, if applicable)
- Letter from employer verifying current salary (from both employed parents/guardians, if applicable)
- I decline to report my family income to be eligible for levels 1-3 sliding scale rate. I will pay \$90 a month full time rate
- N/A- I am Level 4



Transportation & Photo Consent Form

I give Y-GIG staff permission to contact my child(ren)'s teachers and/or school staff to receive information regarding their grades, attendance, and classroom performance/behavior (i.e., IEP/504).

- Yes
- No

My child(ren) will need to ride the bus FROM their feeder school to Y-GIG Middle School After School. Note: This is for the Wilson County Public Middle Schools students only.

- Yes
- No
- N/A; my child attends a private, charter, or homeschool

My child(ren) will need to ride the bus BACK to their feeder school at the end of the program. Note: This is for the Wilson County Public Middle School students only.

- Yes
- No
- N/A; my child attends a private, charter, or homeschool

I give Y-GIG Middle School After School permission to take photos of my child(ren) and post them on their social media to help promote and recruit for the after-school program.

- Yes
- No

Once completed, please return the packet to Y-GIG or the Foundation YMCA front desk with a copy of your income documentation. You may send a completed copy to

Ashley Davis at adavis@wilsonymca.org

