



**FOR YOUTH DEVELOPMENT®**  
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# LEARN, GROW AND THRIVE

## AFTER SCHOOL PROGRAM

### YMCA OF BRISTOL

Grades: **BTCS:** Pre-K through 5th **BVPS:** Pre-K through 5th

Schools: Bristol TN: Avoca, Haynesfield, Anderson, Fairmount, Holston View  
Bristol VA: Van Pelt, Stonewall Jackson, Washington Lee, Highland View  
Transportation from school to the Y is provided.

Times: 2:30 - 6:00 pm

Dates: August 1, 2023 - May 31, 2024



- Register at Member Services or online at [www.bristolyymca.net](http://www.bristolyymca.net).
- Priced monthly based on the whole school year.
- Monthly or weekly payments by draft.
- Financial assistance is available, but limited.

Number of days	Member Price	Potential Member
5 Days	\$200	\$225
3 Days	\$130	\$150

Sibling discount: \$5/month for 2nd child  
\$10/month for 3rd+ child

YMCA OF BRISTOL  
400 MLK Jr. Blvd., Bristol, TN 37620  
P 423 968 3133 F 423 968 3618  
E [Britnee@bristolyymca.net](mailto:Britnee@bristolyymca.net) W [bristolyymca.net](http://bristolyymca.net)





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## 2023-2024 AFTER SCHOOL REGISTRATION FORM YMCA OF BRISTOL (BTCS/BVPS)

### Participant's Information:

\_\_\_\_\_  
 First Name Last Name

Nickname: \_\_\_\_\_  Male  Female

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

School Name: \_\_\_\_\_

Who does child live with? \_\_\_\_\_

Relationship: \_\_\_\_\_

Who is responsible for payment of childcare? \_\_\_\_\_

Any noteworthy information you would like to share about your child?  
 \_\_\_\_\_

### Medical Information:

Child's Physician: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Family Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does your child take any kind of medication?  
 \*We will need medication form for each medication\*

\_\_\_\_\_

Does your child have any allergies?  
 \_\_\_\_\_

### Parent/Guardian #1 Information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name Last Name DOB

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check the best phone number to reach you:

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian #2 Information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name Last Name DOB

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check the best phone number to reach you:

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information: (other than parent/guardian)

Must have parent/guardian's permission to make appropriate decisions for child in case parent/guardian cannot be reached.

\_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please check the best phone number to reach them:

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Authorized to pick up children: Anyone picking up a child must be listed on child's registration form and needs to carry a photo ID

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Not authorized to pick up child:

\_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_  
 (Legal documentation required)

## 2023-2024 After School Registration Form - Continued

### Pricing Information:

#### 5 Days a Week

Y Member: \$200/month  
Potential Member: \$225/month

#### 3 Days a Week - Must be consistent

Y Member: \$130/month  
Potential Member: \$150/month

Monday  Tuesday  Wednesday  
 Thursday  Friday

Sibling Discount Per Month \$5 reduction 2nd child  
\$10 reduction 3rd+ child

Financial Assistance is available but limited

**This facility is not required  
to be licensed by the state  
as a child care agency**

Acknowledgement:

Signature \_\_\_\_\_

### Monthly Draft Information

Name of Account Holder: \_\_\_\_\_

Type of Account: \_\_\_ Checking \_\_\_ Savings \_\_\_ Credit Card \_\_\_ Debit Card

Please initial:

\_\_\_ I understand that the After School fees are non-refundable and non-transferable.

\_\_\_ Draft occurs either weekly (Mondays) or monthly (20th) and covers the following week/month.

\_\_\_ Return drafts are charged a \$10 service fee. Return payments may result in your child's participation in the program being suspended.

\_\_\_ After any 2 returns, you will need to pay for your After School Care in cash or Money Order.

\_\_\_ To cancel a draft, a written notice must be submitted to Member Services two weeks in advance.  
(It is your responsibility to check to ensure that your draft has stopped)

Weekly Draft: \$ \_\_\_\_\_ or  Monthly Draft: \$ \_\_\_\_\_ Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing, I authorize the YMCA of Bristol to initiate debit entries to my account monthly and understand a written notice is required two weeks prior to draft date to cancel.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### After School Authorizations:

#### Please read and initial that you agree to the information below:

\_\_\_ I have received and read the YMCA Parent Handbook, and I agree to abide by the Y policies. I will communicate with Y staff regarding any questions, concerns or suggestions in a timely manner.

\_\_\_ I grant permission for Y staff and/or medical personnel to give my child first aid in case of an emergency and to secure any transportation and medical treatment necessary for their welfare. I understand that all emergency cost is mine as the parent/guardian. If my child is too sick to participate in the program, I agree to pick them up.

\_\_\_ I grant permission for the Y to transport my child from school and to any activities. I also grant permission for my child to participate in field trips/activities. I grant permission for my child to be photographed/videoed for Y promotional purposes.

\_\_\_ I understand that the Y After School Program operates on a group format and that my child is responsible for his/her own behavior, clothes and belongings. I will be notified if the inclusion of my child is not in the best interest of the program or the child (endangerment, discipline or disrespect). If the situation cannot be resolved, the Y reserves the right to suspend or remove my child from the program at my cost.

\_\_\_ I understand there is a late pick-up fee of \$15 per 15 minute interval per child for any pick-up after 6:00pm.

\_\_\_ I understand that on scheduled School Out days, my child will not be transported by the Y and I will need to provide transportation to the program for those days. Some School Out days will be available at an extra cost, and the hours will be 7:00am to 6:00pm. (See schedule for School Out days that are being provided). On early dismissal days the program times will vary. Call YMCA of Bristol for more information.

Please Print Parent/Guardian's Name: \_\_\_\_\_

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