



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# EXCELLENCE BEYOND THE CLASSROOM

## Before and Afterschool Care Program AMERICANA YMCA

The Americana YMCA will be offering Before & After School Care program for the students at Zachary Early Learning Center , Northwestern Elementary, Rollins Place Elementary, Zachary Elementary, Copper Mill Elementary and Northwestern Middle. Participants can expect to participate in homework assistance, tutoring, snacks, structured games and character development.

**WHEN:** Before Care: Monday - Friday 6:00 AM - 8:00 AM

After School Care: Monday - Friday Dismissal - 6:00 PM

**AGES:** Pre K - 8th Grade Students

**Cost:** Registration Fee: \$25/members \$30/program participants

Monthly Before Care Fee: \$45/members \$55/program participants

Weekly After School Care Fee: \$45/members \$55/program participants

Weekly Before & After Care \$55/members \$65/program participants

**CONTACT:** Henry Abrahams, [habrahams@ymcabr.org](mailto:habrahams@ymcabr.org)

**LOCATION:** AMERICANA YMCA

4200 Liberty Way, Zachary

225-654-9622





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### Americana YMCA Before and Afterschool Care Registration Form

Please circle which school your child is attending for the up-coming school year:

Zachary Early Learning Center  
Copper Mill Elementary

Northwestern Elementary  
Northwestern Middle

Rollins Place Elementary  
Zachary Elementary

**PLEASE PRINT:**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Parent or Guardian's E-mail Address \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Ethnicity:( Please check one)  Asian  Black  Hispanic  Native American  White  Other  No Response

Mother's Name \_\_\_\_\_ Mother's # (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's # (\_\_\_\_) \_\_\_\_\_

Mother's Work # (\_\_\_\_) \_\_\_\_\_ Father's Work # (\_\_\_\_) \_\_\_\_\_

People authorized to Sign-Out my child and their phone numbers (other than those listed as Mother & Father):

\_\_\_\_\_ # (\_\_\_\_) \_\_\_\_\_ # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ # (\_\_\_\_) \_\_\_\_\_ # (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any medications taken in the last year, any illnesses or diseases, or other important medical information:

\_\_\_\_\_

Are there any problems that may confront your child while attending this program? (fears, anxiety, moodiness, etc)

\_\_\_\_\_

**Release:**

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose myself or my child to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident to myself and/or to my child and I am unable to respond or be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself and/or my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of myself and/or my child for promotional purposes of the YMCA. I have read and understand the above information and therefore grant myself and/or my child permission to participate in this YMCA Program in accordance with the conditions set forth above.

I hereby grant my permission for my child to participate in the YMCA program. I have read the handbook and understand the policies and procedures in the handbook.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date