



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Pryme Tyme **After-School Program**



YMCA Mission: "To put Christian principles into practice through programs that build healthy spirit, mind and body for all".

Pryme Tyme Information

Dates

August 2, 2021-May 27, 2022

When you register for our program, you are securing your child's spot in every week of the program. Each child is allowed two vacation weeks, which you will not be charged for. (Refer to the parent handbook for more details)

Time

Pryme Tyme - Close of school – 6:00 p.m.

Cost

Registration fee (non-refundable): \$30.00

| | | | |
|------------|--------------|--------------------|-----------------------------|
| Pryme Tyme | Full Week | Members: \$50/week | Non-members/CAPS: \$65/week |
| | Partial Week | Members: \$36/week | Non-members: \$46/week |

10% discount for additional children from the same household who are enrolled in the program.

FIANCIAL ASSISTANCE AVAILABLE

We are glad to offer financial assistance to those families who need it. To request FA, please complete and turn in application available at the welcome desk (along with the necessary documents) to the Front Desk. There is a limit on the amount of assistance available.

Site

Hartwell-Bell Family YMCA
281 Opal Street Ext.
Hartwell, GA 30643

Activities

| | | |
|---------------|-----------------------|-----------|
| Arts & Crafts | Homework Time | Devotions |
| Sports | Snacks | Fitness |
| Games | Character Development | |

Age Groups & Ratios

| | | | |
|-----------|--------|-------------|-----------|
| 4-6 years | Angels | 10-12 years | Crusaders |
| 7-9 years | Saints | | |

During Pryme Tyme, we maintain a staff to child ratio of 1:15.

Mission

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. The goal of our Pryme Tyme program is to provide each child with a safe environment to grow, learn and explore. We encourage our students to express their individuality, develop their social skills, build self-esteem, and learn respect for their environment and community. We work on character development throughout the year by focusing our teaching efforts on the five-character values of Honesty, Caring, Respect, Responsibility and Faith.

***Please fill out the following forms completely or they will be returned.**

***Write N/A if something does not apply to you or your child instead, of leaving the line blank please.**



Pryme Tyme Registration

Bell Family YMCA ❖ 281 Opal Street Ext. Hartwell, GA 30643
Phone (706) 856-9622 ❖ Fax (706) 376-1846

Please check any that apply

- approved for scholarship rate of \$_____/week
- receive GA CAPS

Child's Information

YMCA Member? (Circle) Y N

Child's Full Name _____ Nickname _____
 First Middle Last

Mailing Address _____

City/Zip _____ Home Phone _____

Male Female DOB ____/____/____ Age _____

Child's School _____ Grade _____

Date pick up begins _____ (you are responsible for notifying your child's school)

Withdrawal Date (If applicable) _____

Email _____

Parent/Guardian Information

Mother/guardian's name _____ DOB ____/____/____

Home address _____ City _____ Zip _____

Work address _____ City _____ Zip _____

Work Phone# _____ Cell # _____ Email _____

Father/guardian's name _____ DOB ____/____/____

Home address _____ City _____ Zip _____

Work address _____ City _____ Zip _____

Work Phone# _____ Cell _____ Email _____

Child's Living Arrangements _____

Emergency Contact Information

Persons to contact in case of emergency when parent or guardian **cannot** be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

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Health Information

Child's Physician / Clinic _____

Physician/Clinic Phone _____

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?
_____ Yes _____ No

Dates/Details _____

Does child have any chronic or recurring illnesses or conditions (including allergies, physical problems, mental health disorders, mental retardation, and developmental disabilities)?

Should any activities be limited?

Current Medications (Note: if medication needs to be provided during program hours, parents must fill out a medication form and provide medication to the Youth Program Director in its original bottle)

Describe any special procedures that need to be followed in caring for your child, including anything the YMCA has agreed to follow while caring for your child

Does your child have any special issues or specific fears that the YMCA staff should be aware of?

IMPORTANT: Immunization Records

As of July 1, 2007, there were several changes made to Georgia's immunization requirements. This means that all parents must contact their physician to receive any needed vaccinations and to obtain a **NEW** Certificate of Immunization (Form 3231). You may bring a photocopy to the YMCA or have your doctor's office fax it to us at 706-376-1846.

Please note some of the new changes:

- Children under 5 years of age attending our program are now required to have the Pneumococcal Conjugate Vaccine. The number of doses will depend on your child's age.
- All children, entering Pre-K, Kindergarten, and 6th grade, must show proof of Mumps 2nd dose and Varicella (chicken pox) 2nd dose.

Please attach an updated copy of the form 3231 at time of registration

Permission to Release: (Need this form to be complete)

The Child may be released to the person(s) signing this agreement or to the following. This list will be strictly adhered to by the YMCA staff. Any changes to this list, even for a single day, must be given to the director in writing with a parent's signature and the date clearly indicated.

1. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

2. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

3. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

4. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

5. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

6. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

Please list any people who **DO NOT HAVE** permission to pick up your child.

1. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

2. Name _____ Relationship to Child _____
Address _____
 First & Last
 Street-City-State-Zip Telephone Number _____
Email _____ DOB ___/___/___

Program Waiver:

The undersigned acknowledges and agrees to the following:

1. The Bell Family YMCA agrees to provide after-school care for my child, _____, from 3:00 – 6:00pm.
2. I understand the YMCA of Georgia's Piedmont assumes no responsibility for injuries or illness which I or my child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities while on the property of or in conjunction with any activity held, coordinated or sponsored by the YMCA of Georgia's Piedmont. In consideration of the privilege of participation at the YMCA, I hereby voluntarily release and discharge the YMCA of Georgia's Piedmont, its officers, directors, employees, agents, and/or servants from any claims whatsoever, including for injury, illness, death, loss or damage which I or my child may suffer as a result of my/his/her participation in these activities. I understand that no accident or medical insurance is provided with these activities. I fully indemnify and hold harmless the YMCA of Georgia's Piedmont, its officers, directors, and employees from any and all claims.
3. While the YMCA of Georgia's Piedmont will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, the YMCA will not accept children or adults that are (a) of danger to themselves, (b) of danger to others, or (c) a disruption to the normal activities making it unreasonably difficult for other children or adults to enjoy YMCA programs and activities. Any of the above reasons will be grounds for dismissal from YMCA programs and activities. We strongly recommend that you discuss with YMCA of Georgia's Piedmont staff any special conditions or circumstances involving your child or an adult member in your household. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child or adult household member.
4. I understand the YMCA of Georgia's Piedmont is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities, participating in YMCA activities, or on YMCA premises.
5. I give my permission to the YMCA of Georgia's Piedmont for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting YMCA programs.
6. In the event of an emergency where myself and my emergency contact person cannot be reached, I hereby give permission to the physician selected by the YMCA of Georgia's Piedmont to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.
7. Emergency Medical Authorization should my child suffer an injury or illness while in the care of The Bell Family YMCA and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for services.
8. I give my permission for my child to be transported to and from the program by the YMCA of Georgia's Piedmont (Bell Family Branch).
9. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
10. Before any medication is dispensed to my child, I will provide a written authorization, which includes date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
11. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
12. I have received a copy of the Parent's Handbook and agree to abide by the policies and procedures for Bell Family YMCA.
13. The Bell Family YMCA agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
14. I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.
15. My Child will receive an afternoon snack while at the Bell Family YMCA Pryme Tyme Program.

Signature

Date

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give The Bell Family YMCA after-school employees permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Ice Pack

Other (please specify) _____

Parent/Guardian

Signature Date

*center should maintain in child's file

Parents or Guardian's Notice of No Liability Insurance and Acknowledgements

I understand that I am being informed in writing by signing this acknowledgement.
that this facility, Bell Family YMCA, does not carry liability in insurance.
sufficient to protect my children in the event of an injury, etc.

Pryme Tyme Transportation

We drop-off and pick-up children at the following schools – **please circle the school** your child will be riding to and from: (If you do not see your child's school, notify the program director to see if we can add it)

Pre-School

Hart County Head Start

Elementary Schools

South Hart

Hartwell Elementary

North Hart Elementary

Middle Schools

Hart County Middle School

Transportation Availability

Because transportation can reach capacity before our program does, we are encouraging everyone to register as early as possible. As our buses become full, we may have to close registration to participants from certain schools, unless they can find alternate transportation to the YMCA.

Notifying Your School & the YMCA of Changes

It is your responsibility to notify the school if your child will be riding the YMCA bus after school. In addition, please tell the school when your regular schedule changes for any reason (if your child will be riding their regular bus home, picked up early for doctor's appointment, etc.)

If your child is not in school for the day, or if they are removed early, please call the YMCA by 1:00 p.m. and let us know they will not be riding our bus. This saves us the time of waiting/searching for your child.

When you sign the YMCA Program Waiver, you are giving us permission to transport your child to and from the YMCA (item 8).



Bell Family YMCA
Pryme Tyme Bus Rules
281 Opal Street Ext. Hartwell, GA 30643
Phone (706) 856-9622 ❖ Fax (706) 376-1846

Pryme Tyme Bus Rules

YMCA Mission: “To put Christian principles into practice through programs that build healthy spirit, mind and body for all”.

1. Each pupil shall be seated immediately upon entering the bus. Pupils are not to stand move from place to place while the bus is in motion.
2. Windows and doors are to be opened or closed only with the permission of the bus driver. If allowed, windows should only be opened to the indicated safety line.
3. Indecent conduct or loud, disruptive, or profane language will not be permitted.
4. Passengers are not to behave in any manner which infringes upon the rights of any other passenger. This would include any form or type of bullying.
5. No pupil is to enter or leave the bus until I have come to a complete stop. Students may enter or leave the bus only upon bus driver signal.
6. Students are not to throw objects of any kind on the school bus or out the windows. All parts of the student’s body shall always remain inside the bus.
7. Absolutely no tobacco, drinks, alcohol, or illegal drugs will be allowed on the bus.
8. Students are not permitted to have open food or snacks on the bus.
9. Students will not be permitted to bring such items as skateboards, radios, jam boxes, balloons, or glass objects on the bus. Any other object deemed to be unsafe cargo on the bus will be denied. The drive will have authority to deny transportation to a student with such articles in his/her possession. The driver and/or school corporation bears no responsibility for last, stolen or damaged items brought onto the bus.
10. The privilege of riding the YMCA bus may be denied to any student who does not conduct himself/herself in a safe and orderly. The bus driver reserves the right to assign seating nor any student(s) that are disruptive in any way.

Student’s Signature: _____

Parent’s Signature: _____



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Pryme Tyme Discipline Procedures

DISCIPLINE

Please encourage your child to follow the instructions of the director, afterschool counselors and/or afterschool staff. The YMCA has established two levels of behavior types. Our staff has no intention of alarming parents or dismissing any child from the program. However, situations do occur where dismissal is necessary.

TYPE 1: Type 1 behavior includes but is not limited to: damage or theft to property, biting, hitting, pinching, kicking or throwing objects at staff or other participants.

There are additional behaviors that may be detrimental to the best interests of other participants and staff. These include, but are not limited to possessing a weapon, tobacco products, alcohol, narcotics or legal drugs, sexual misconduct, and repeated Type 2 violations. Type 1 behaviors can result in dismissal from Pryme Tyme.

TYPE 2: Type 2 behaviors is less serious; but, disruptive and therefore unacceptable. This include but is not limited to profanity, verbal abuse, and uncooperative behavior. Children are not allowed to possess any electronic device including, but not limited to cell phones, electronic games, iPad, laptop, pods, iPod, ext. This behavior is subject to the behavioral consequences.

Children who display Type 2 behavior will be counseled on their behavior and guided in the best way to redirect their actions. In the case that Type 2 behavior problems are recurrent, additional consequences will be enforced.

Format for behavior consequences:

Step 1: Positive redirection by staff to child.

Step 2: "Time Out"- a period where the child is removed from activities and made to talk about his/her actions and how to improve his/her behavior.

Step 3: Written documentation

Step 4: Second written documentation by staff and a parent conference.

Step 5: Third written documentation and suspension from the program for three days.

Step 6: Fourth written documentation, an additional parent conference and removal from the program for one week.

Step 7: Fifth written documentation will result in a conference with the parent and removal from the program for the duration of the school year.

Students Signature: _____

Parents Signature: _____

Vehicle Emergency Medical Information

(Please fill out this form completely)

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work/Cell Phone _____

Mother's Name _____

Home Phone _____ Work/Cell Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if the Bell Family YMCA cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Date _____

Transportation Agreement

This is to certify that I give **The Bell Family YMCA**
Name of Facility

Permission to transport my child _____
Name of Child

From _____ at _____ Circle one: **South Hart: 3:20pm**
Pickup Location/School **Hartwell Elementary 3:00pm**
North Hart 3:30pm
HCMS 2:50pm
Barnes Academy 2:40

To **Bell Family YMCA/Pool Side**

My child will be transported from _____ at _____ (pm) (above)
Pickup Location/school

To **The Bell Family YMCA/Pool Side**
Delivery Location

On the following days: (check all that apply)

____ Monday, ____ Tuesday, ____ Wednesday, ____ Thursday, ____ Friday

The Bell Family YMCA is authorized to receive my child.
Name of Authorized Person

In the event the authorized person is not present to receive my child, the following procedures are to be followed:

The YMCA will need to be contacted as to why they are not present, other transportation will be provided by the YMCA if needed or parents will be contacted.

The _____ is approximately _____ miles from the center.
Pick up Location/ School.

In the event, that my child is not to be transported as outlined above, I agree to notify **The Bell Family YMCA.**
Facility

Signature (Parent/Guardian) _____ Date _____

AUTHORIZATION FOR MEDICATION

Child's Full Name: _____

Name of Medication: _____

Prescription Number: _____

Time Medication is to be given: _____
(Medication will not be given on an "As Needed" basis, specifics must be provided)

Amount of Medication to be given: _____

Dates to be given: _____
(Not to exceed two weeks without a physician's statement)

PARENT'S SIGNATURE

DATE

FOR CENTER USE (Reminder: document the reasons why medications are not given as parent requested i.e., child absent, medication not sent, child sleeping etc...)

DATE TIME GIVEN AMOUNT ANY ADVERSE REACTIONS ADMINISTERED BY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

If noticeable adverse reaction to medication, what action was taken? Describe:

**Attention to Person Requesting Medication Be
Dispensed: Form must be completed in its entirety
before the center can dispense any medication.**

Bell Family YMCA

Pryme Tyme Payment Agreement Form

You **MUST** complete one per family

| | |
|--------------|-----------------|
| Today's Date | Staff Assisting |
|--------------|-----------------|

Personal Information

| | |
|------------------------------------------------------|----------------------------------|
| Person responsible for payments | Relationship to Camper |
| Camper's Name(s) 1. _____ 2. _____ 3. _____ | 4. _____ 5. _____ 6. _____ |

Billing Information

| | | |
|-----------------|---------------|----------------|
| First Name | Last Name | Date of Birth |
| Home Address | City | State Zip |
| Home Phone | Primary Email | |
| Work/Cell Phone | | |

Bank Information

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bank Account Details (attach voided check) Name on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number: _____ Account Number: _____ | <input type="checkbox"/> Credit Card Details (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Exp. <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ CVV #: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please use my account on file ending in _____ (list the last 3-4 digits)

Payment Schedule Information (choose one)

Weekly Draft
 Weekly Payments Payments due each Friday BEFORE camp

Payment Policies - PLEASE INITIAL

| | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial | Payment will be drafted or paid weekly as indicated above. If payment is not received by the first day of care, the child will not be allowed to participate in the program until fees are paid (plus a \$10 late fee). |
| Initial | Payments not honored by the bank for any reason, will incur a \$30 return payment fee. In the event a payment is returned, we will automatically re-draft within 14 days. |
| Initial | I understand that deposits are non-refundable and non-transferable. |
| Initial | I understand that if I need to cancel a week, I must do so in writing to the YMCA. |

This is a request to draft the above named financial institution for charges related to selected YMCA programs. I further agree this authorization is to remain in effect until receipt of written notice to the YMCA Association Office or Program Director to cancel such authorization.

| | |
|----------------------------|------|
| Account Holder's Signature | Date |
|----------------------------|------|