



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LIMITLESS POSSIBILITIES

## EXTENDED DAY (BEFORE & AFTER CARE)

The A.C. Lewis YMCA Extended Day Program offers a wide range of opportunities for children to grow through a variety of planned activities at their own school. Snacks are provided for all Before and After Care participants.

**When:** Before Care: 7:00am-8:00am  
After Care: Dismissal-6:00pm

### FOCAL POINTS:

- Homework Assistance
- Asset Development
- Character Development
- Wellness and Fitness
- Games & Activities
- Conflict Resolution
- Arts & Crafts

### PROGRAM COST:

**One Time Registration fee of \$25.00**

Member/Program Participant\*

Before Care Only: \$35-\$45 monthly

After Care Only: \$45/\$55 Weekly

Before & After Care:\$55/\$65 Weekly

*\*Program Participants are non-members of the YMCA.*



**Participants must complete the initial registration process at the A. C. Lewis YMCA Front Desk.**

Scholarships are available for all YMCA programs. For more information on registering contact the A. C. Lewis YMCA at 225-924-3606.

## A.C. Lewis YMCA Extended Day Registration Form

Please indicate below which segment of the extended day program that your child will attend by circling or marking the appropriate item below.

**BEFORE CARE ONLY**

**AFTER CARE ONLY**

**BEFORE & AFTER CARE**

Jefferson Terrance    Redemptorist Elem    Greenbrier Elem    Lasalle Elem    Southdowns PreK Center    Wesdale Middle

**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 Name \_\_\_\_\_ Mother# (\_\_\_\_) \_\_\_\_\_ Father Name \_\_\_\_\_ Mother#(\_\_\_\_) \_\_\_\_\_

Mother Work(\_\_\_\_) \_\_\_\_\_ Father 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)

\_\_\_\_\_

I grant the YMCA or its agent's permission to transport and treat my child in the event of an emergency and I am unable to be contacted. I recognize that participation in the YMCA activities may expose my child to some risk for injury.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

***Media Promotional Materials***

In further consideration of my child/children being allowed to participate in YMCA activities, I hereby grant permission for my child/children's name, voice, picture and basic personal information to be used in any YMCA marketing publication or related materials. I also grant permission for my child/children to appear on television as a participant in YMCA activities.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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