

**HARRISON FAMILY YMCA  
AFTER SCHOOL REGISTRATION FORM  
2016-2017**

Before School  After School  
 Before and After School

SCHOOL ATTENDING \_\_\_\_\_

GRADE AS OF 2016-2017 SCHOOL YEAR \_\_\_\_\_

AFTER SCHOOL PROGRAM ATTENDING:  ON SITE AT \_\_\_\_\_  HARRISON FAMILY YMCA

NAME OF CHILD \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_ AGE \_\_\_\_  
LAST / FIRST

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ FATHER'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MOTHER AUTHORIZED TO PICK UP CHILD? \_\_\_\_\_ YES \_\_\_\_\_ NO

FATHER AUTHORIZED TO PICK UP CHILD? \_\_\_\_\_ YES \_\_\_\_\_ NO

**OTHER PERSONS AUTHORIZED TO PICK THIS CHILD UP AND/OR AUTHORIZED IN CASE OF EMERGENCY: (YOU MUST LIST AT LEAST TWO CONTACTS THAT DO NOT APPEAR ABOVE)**

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

OFFICE# \_\_\_\_\_ OFFICE# \_\_\_\_\_ OFFICE# \_\_\_\_\_

HOME# \_\_\_\_\_ HOME# \_\_\_\_\_ HOME# \_\_\_\_\_

**MEDICAL INFORMATION:**

ALLERGIES? \_\_\_\_\_

MEDICATION \_\_\_\_\_

**PLEASE NOTE: PARENT MUST COMPLETE MEDICAL AUTHORIZATION FORM BEFORE CHILDCARE STAFF CAN DISPENSE ANY MEDICATION TO YOUR CHILD.**

**SOCIAL INFORMATION:**

Adjustment problems may occur when entering a new and active environment. Please provide any information that may make this transition easier for your child by completing the following and attach additional information as needed.

HYPERACTIVE \_\_\_\_\_ YES \_\_\_\_\_ NO / MEDICATION \_\_\_\_\_ YES \_\_\_\_\_ NO

EASILY PROVOKED TO ANGER \_\_\_\_\_ YES \_\_\_\_\_ NO

DISPLAYS ANGER \_\_\_\_\_ SUPPRESSED \_\_\_\_\_ VOCAL \_\_\_\_\_ PHYSICAL \_\_\_\_\_ NON PHYSICAL \_\_\_\_\_

CONTROLLED PEER RELATIONSHIPS: \_\_\_\_\_ SHY \_\_\_\_\_ OUTGOING \_\_\_\_\_ PREFERS INDIVIDUAL \_\_\_\_\_ PREFERS GROUP

PRONE TO WANDER? \_\_\_\_\_ YES \_\_\_\_\_ NO / RESPONDS TO VERBAL INSTRUCTIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO

FOLLOWS BASIC RULES OF SAFETY? \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT METHOD OF DISCIPLINE: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for medical attention at the time of an illness or accident, I hereby authorize the Harrison Family YMCA to take my child, \_\_\_\_\_ to the nearest medical facility for treatment deemed necessary by the medical attendant. I agree to accept responsibility for all medical expenses.

DATE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

Physician's Name \_\_\_\_\_ Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Address \_\_\_\_\_

In case of accident or injury, I understand that my child will be taken to the nearest medical facility. If I am unavailable in the event that my child needs medical attention, I hereby give permission to the YMCA staff or any competent medical authority to render such attention. (Note: The parent/legal guardian should authorize the above listed Physician, at the time of registration, to accept calls from the Harrison Family YMCA for medical attention.)

DATE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

\*INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

\*This information makes admittance to the medical facility faster and easier.

- I have completed the required information on the enrollment form and verified that it is correct.
- I have completed the medical information and I am in agreement with the stated procedures for seeking medical treatment.
- I understand that the information on this form must be kept current for the safety of my child.
- If necessary, I will supply additional information concerning my child.

DATE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

Name of Child: \_\_\_\_\_ is enrolled in the After School Program at the Harrison Family YMCA. I have read and understand that neither the Childcare Department, nor any of its paid or volunteer workers can be held responsible for any accidental injury that might occur to the above listed child while participating in the After School Program or other YMCA activities.

DATE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

**CONDUCT STATEMENT**

I understand that my child will be denied participation in specific activities and/or outings when his/her conduct is below the acceptable level, or at such point that his/her behavior endangers the safety and well being of him/herself as well as the other participants. Unacceptable behavior is fully outlined in the Parent Handbook.

DATE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

If the After School Program my child attends has planned activities outside the fenced area of the facility, \_\_\_\_\_ I **will** allow my child to play outside the fenced area OR \_\_\_\_\_ I **will not** allow my child to play outside the fenced area

This authorization is valid from

(date): \_\_\_\_\_ to \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

**IMMUNIZATION RECORDS – REQUIRED ONLY FOR CHILDREN AT THE HARRISON FAMILY YMCA PROGRAM**

DPT/DT DOSES						POLIO VACCINE					Hib VACCINE			
1 m/d/y	2 m/d/y	3 m/d/y	4 m/d/y	5 m/d/y		1 m/d/y	2 m/d/y	3 m/d/y	4 m/d/y		1 m/d/y	2 m/d/y	3 m/d/y	4 m/d/y
COMBINED MMR DOSES					HEPATITIS b DOSES			SINGLE DOSE (IF NOT COMBINED)			NR RE ME			
m/d/y		m/d/y			1 m/d/y	2 m/d/y	3 m/d/y	measles	mumps	rubella				

(A photocopy of shot records may be submitted)

# Release and Waiver of Liability and Indemnity Agreement

Name of Child: \_\_\_\_\_

**I hereby give my permission for my child named above (hereinafter referred to as the "Participant") to be transported by the Harrison Family YMCA, Inc. (hereinafter referred to as the "YMCA") from school and on various special event field trips during the course of YMCA programs. I have been advised that I will be notified of the dates and times of these trips in advance.**

IN CONSIDERATION of the participant being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program or trip affiliated with the YMCA, the undersigned, for himself or herself and the Participant, and their respective personal representatives, heirs, next of kin, successors, and assigns hereby acknowledges, agrees and represents that he or she has, or immediately upon entering participation will, inspect and carefully consider such premises and facilities or the affiliated program or trip. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program or trip have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF THE PARTICIPANT BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM OR TRIP AFFILIATED WITH THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, the Participant, and their respective personal representatives, successors, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the of the undersigned or the Participant, whether caused by the negligence of the releases or otherwise while the undersigned or the participant is in, upon, or about the premises or any facilities or equipment therein or participating in any program or trip affiliated with the YMCA.
2. THE UNDERSIGNED HEARBY AGREES TO THE FULLEST EXTENT PERMITTED BY LAW TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, cost or expense including, without limitation, attorney's fees he/she may incur due to the presence of the undersigned or the Participant in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program or trip affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE TO THE PARTICIPANT OR THE UNDERSIGNED due to negligence of release or otherwise while the undersigned or the participant is in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program or trip affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and affect.

The provisions of this agreement shall survive the undersigned's and Participant's use of the YMCA premises, facilities and equipment and participation in the program, and trips affiliated with the YMCA.

The provisions of this Agreement shall be binding upon and inure to the benefit of the YMCA, the undersigned, the Participant and their respective heirs, personal representatives, successors, next of kin and assigns.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE.**

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

# ASSUMPTION OF RISK, WAIVER, RELEASE AND INDEMNITY AGREEMENT – INDOOR CLIMBING WALL PROGRAM

IN CONSIDERATION for being permitted to use the indoor, climbing wall and related facilities, services and programs of the Rocky Mount Family YMCA, Inc., d/b/a the Harrison Family YMCA ("YMCA"), the undersigned hereby acknowledges and agrees as follows:

1. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR DAMAGE TO THE UNDERSIGNED or his/her child due to negligence of Releases, breach of contract, breach of warranty or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in the climbing wall program of the YMCA. The undersigned understands that climbing exposes the undersigned or his/her child to many hazards and entails unavoidable risk of death, personal injury, illness and loss of or damage to property, including, but not limited to, (1) slips, trips, and falls while using facilities or equipment, climbing wall, floor below climbing wall, (2) abrasion, cuts, scrapes from entanglement with ropes, equipment, or the wall, (3) equipment failure or misuse of equipment or facilities, (4) bad judgment or decision-making, (5) inattentive or negligent belayers or spotters, (6) injuries from falling objects or climbers, (7) hair, clothing, jewelry or equipment being caught in ropes or other equipment, and that the participant chooses to be involved in climbing in spite of the risks.
2. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND COVENANTS NOT TO SUE the YMCA, and its directors, officers, employees, agents, independent contractors and promoters (collectively, the "Releases"), to the fullest extent permitted by law, from any and all liability to the undersigned and his/her child for any loss, liability or damage, and any claim or demands therefore on account of (i) injury or damage, to the person or property or resulting in death, whether caused by the negligence of the Releases, breach of contract, breach of warranty or otherwise while the undersigned or his/her child are in, upon, or about the premises of the YMCA or any facilities or equipment therein or participating in the YMCA indoor, climbing wall program; or (ii) the YMCA's exercise of its rights to use the Image as set forth below.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Releases, to the fullest extent permitted by law, from and against any and all loss, liability, damage or cost (including, but not limited to, attorney's fees) they or any of them may incur due to (i) the presence of the undersigned or his/her child in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in the YMCA climbing wall program whether caused (directly or indirectly) by the negligence of the Releases, breach of contract, breach of warranty or otherwise; or (ii) the YMCA's exercise of its rights to use the Image as set forth below.

The undersigned hereby gives the YMCA the irrevocable right and permission to use, reproduce, publish, and copyright any and all photographs, pictures, likeness, and voice (collectively, the "Image") for any legitimate YMCA purpose that may be taken or otherwise recorded of the undersigned or his/her child while participating in the YMCA climbing wall program. The undersigned agrees to comply with all YMCA rules. The undersigned further authorizes the YMCA to remove or otherwise exclude the undersigned and his/her child from YMCA facilities or programs if in the YMCA's sole discretion such is necessary for health, safety or safety reasons.

The undersigned further expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of North Carolina and that if any provision, or portion thereof, is held invalid or unenforceable, it is agreed that the balance shall continue in full legal force and effect.

The provisions of this Agreement shall survive the undersigned's and his/her child's use of the YMCA premises, facilities and equipment and participation in the YMCA climbing wall program, and shall be binding upon and insure to the benefit of the Releases, the undersigned, his/her child and their respective heirs, personal representatives, successors, next of kin and assigns and no oral representations, statements or inducement have been made apart from the written agreement set forth above.

In signing this document, the undersigned understands that if injury, illness, death or damage occurs to the undersigned or his/her child while engaged in the YMCA indoor, climbing wall program, the undersigned and his/her child will have no right to make a claim or file a lawsuit against the Releases, even if they or any of them negligently caused the injury, illness, death or damage.

**THE UNDERSIGNED HAS CAREFULLY READ THIS AGREEMENT, UNDERSTANDS ITS CONTENTS, AND SIGNS IT VOLUNTARILY.**

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent's name: \_\_\_\_\_

Print Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_

# Rocky Mount Family YMCA

## Authorization for Release and Use of Image

In consideration of using the services of the Rocky Mount Family YMCA, Inc. ("YMCA"), we hereby ask that you grant the YMCA the following irrevocable rights:

- 1. The right to use and release my child's photograph, picture, portrait, likeness, and voice (hereinafter collectively known as "image") in connection with its marketing materials or for any other legitimate purpose, with or without using my child's name;**
- 2. The right to use, reproduce, publish, exhibit, distribute, and transmit my child's image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television tape, sound recordings, still photography, CD-ROM, and other media;**
- 3. The right to record, reproduce, amplify; and simulate my child's image and all sound effects produced;**
- 4. The right to copyright, in its own name, works that contain my child's image; and**
- 5. The right to assign the above-mentioned rights to third parties.**

I hereby grant the above-mentioned requests.

I hereby waive the right to inspect or approve my child(ren)'s image or any finished materials that incorporate my child's image. I understand and agree that I will receive no compensation, now or in the future, in connection with the use of my child's image.

I hereby release and forever discharge the YMCA, its Board of Directors, the board members individually and its officers, agents, and employees from any and all claims, demands, rights, and causes of action of whatever kind that may arise from the use or release of my child's image, including all claims for libel, slander and invasion of privacy.

I understand that the acceptance of this release form by the YMCA shall not constitute a waiver, in whole or in part, of sovereign immunity by said board, its members, officers, agents, and employees.

I understand that my child's rights to access accommodations and services of the YMCA shall not be jeopardized in any way by a decision not to sign this release.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Child's Name *(please print)*

\_\_\_\_\_

# Discipline and Behavior Management Policy

## **BEHAVIOR:**

A child's continued participation in the Harrison Family YMCA child care programs partly depends upon his or her behavior. We certainly want each child to enjoy the activities planned and benefit from their experience in the program.

Basic rules of safety and conduct are reviewed below. Please take time to talk with your child about these rules. To ensure that we continue to provide a program that is safe and rewarding for all children, we will strictly enforce the established rules. Failure to comply with these rules may lead to disciplinary action, possible suspension and/or removal from our program.

We are committed to using positive reinforcement for good behavior and careful explanation and direction for unacceptable behavior. We will maintain open communication with you by phone, in writing and through parent conferences as necessary.

## **UNACCEPTABLE BEHAVIORS:**

1. Repeatedly engaging in fighting as a way to solve an issue.
2. Stealing or defacing the site or other children's property.
3. Refusing to follow basic safety rules.
4. Repeated disrespect for staff rules or rude and discourteous behavior towards other children/staff.
5. Repeatedly displaying an inability to follow established guidelines.

In the unfortunate event that we must remove a child from our program, this decision will be made by the Childcare Director with input from site staff. The YMCA will provide you with written notification. Immediate removal could occur if YMCA officials feel they cannot maintain the safety and welfare of your child and/or other children, however, we will do everything possible to improve your child's behavior before we take the drastic step of removing him/her.

My signature below indicates I have received a copy of the Harrison Family YMCA Discipline and Behavior Policy and agree to the policies and procedures herein contained as conditions for my child's participation.

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

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Children's Medical Report

Name of Child \_\_\_\_\_

Birthdate \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

## Medical History (Must be completed by a parent/guardian)

1. Is child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what?

\_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for what reason?

\_\_\_\_\_  
\_\_\_\_\_

3. Is child on any continuous medications? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what?

\_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when and what?

\_\_\_\_\_  
\_\_\_\_\_

5. Any history of significant diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_ Diabetes? No \_\_\_\_\_ Yes \_\_\_\_\_ Convulsions? No \_\_\_\_\_ Yes \_\_\_\_\_ Heart trouble? No \_\_\_\_\_ Yes \_\_\_\_\_ If others, what/when?

\_\_\_\_\_  
\_\_\_\_\_

6. Does child have any physical disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

7. Any mental disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Childcare Permission Form**  
**Valid August 2016 – June 2017:**

\_\_\_\_\_ **I give permission for** \_\_\_\_\_ **to participate in:**

(Please check those that apply)

- \_\_\_\_\_ **Climbing Wall**
- \_\_\_\_\_ **Racquetball Room**
- \_\_\_\_\_ **Swimming Pool**
- \_\_\_\_\_ **Soccer Field**
- \_\_\_\_\_ **Family Gym**

\_\_\_\_\_ **I do not give permission for** \_\_\_\_\_ **to participate in:**

(Please check those that apply)

- \_\_\_\_\_ **Climbing Wall**
- \_\_\_\_\_ **Racquetball Room**
- \_\_\_\_\_ **Swimming Pool**
- \_\_\_\_\_ **Soccer Field**
- \_\_\_\_\_ **Family Gym**

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

Parent's Name (print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Contact Number: \_\_\_\_\_

**\*Please verify emergency contact information is up to date and current with Childcare Office. \***



# After School Care & Before School Care

## Application for Electronic Fund Transfer

### What is the YMCA electronic transfer plan?

The program provides a way to budget your fees on a weekly basis. With your authorization, fees are deducted weekly from an account of your choosing.

### What are the benefits of such a program?

*Convenience:* You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no stopping at the customer service desk every week.

*No additional fees:* There are no extra charges for using the YMCA's electronic fund transfer payment plan.

### Who can participate?

Any adult, 18 years of age and older, who has an account (checking or credit) at a participating financial institution.

### How do I sign up?

By completing this authorization card and returning it along with a voided check (if applicable). The check must be preprinted with a customer's name on it. We will then complete our verification process.

### Authorization agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:  checking account  credit card indicated below, and I authorize the financial institution named below to debit my account.

Financial institution \_\_\_\_\_

City, state \_\_\_\_\_

Routing/transit number \_\_\_\_\_

Account number \_\_\_\_\_

Type of credit card \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration \_\_\_\_\_

Name on card \_\_\_\_\_

*This authorization remains in effect until the YMCA has received a five business day written notification from me indicating my desire to discontinue.*

Parent's Signature \_\_\_\_\_

### Terms and Conditions

- I understand that this is a continuous plan based registration and associated fees that will be drafted on the scheduled dates as initialed and approved below.

Parent's initials: \_\_\_\_\_

- I understand that if I wish to terminate attendance, I must give the YMCA a 5-day written notice and complete a cancellation form. I understand that my account may be drafted during this 5-day period.

Parent's initials: \_\_\_\_\_

- Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.

Parent's initials: \_\_\_\_\_

Name of Child: \_\_\_\_\_

**\*Please circle a draft amount for each month that applies.  
Scholarships and other discounts are added separately.**

Month	Before School Draft	After School Draft (School Sites)	After School Draft (Y Site)	Before & After School Draft	Draft Date	Parent's Initials
August	\$19	\$47	\$69	\$59	08/26/16	
September	\$65	\$165 / \$175*	\$220 / \$240	\$205	09/1/16	
October	\$65	\$165 / \$175*	\$220 / \$240	\$205	10/1/16	
November	\$65	\$165 / \$175*	\$220 / \$240	\$205	11/1/16	
December	\$65	\$165 / \$175*	\$220 / \$240	\$205	12/1/16	
January	\$65	\$165 / \$175*	\$220 / \$240	\$205	01/1/17	
February	\$65	\$165 / \$175*	\$220 / \$240	\$205	02/1/17	
March	\$65	\$165 / \$175*	\$220 / \$240	\$205	03/1/17	
April	\$65	\$165 / \$175*	\$220 / \$240	\$205	04/1/17	
May	\$65	\$165 / \$175*	\$220 / \$240	\$205	05/1/17	
June	\$18	\$45	\$65	\$56	06/1/17	

\* = Rocky Mount Preparatory After School Rate Only