CLEVELAND AFTERSCHOOL 2026-2027

the YMCA

UNITED WAY Ocoee Region

PICKUP TIMES
Starting Aug. 10
2:45-5:45 p.m. (BCS)
3:15-6:15 p.m. (CCS)

THE Building Their *Futures* PLACE

- **Homework Time:** support for kids to complete assignments.
- **Character Education:** helps kids develop strong character & decision-making skills.
- **Devotional Activities:** storytime with spiritual themes.
- **Recreation:** Indoor and outdoor games, arts & crafts & more!

WEEKLY RATES AND FEES*

$68/week members | $91/week non-members ($50 registration fee)
*Weekly draft Friday before upcoming week. $20 fee applied to returned drafts. Scholarships available. Discuss with the Cleveland Y.

REGISTRATION

Forms also available at Cleveland Y. If your child is enrolled but not attending, notification is required on prior Wednesday.

CONTACT:

Cleveland Family YMCA: 423.476.5573 | clevelandtnymca.org
Rubye McGruder: rmcgruder@ymcachattanooga.org
Sonya Key: skey@ymcachattanooga.org

BRADLEY COUNTY SCHOOLS

Black Fox	North Lee	Taylor
Charleston	Oak Grove	Valley View
Hopewell	Parkview	Waterville
Michigan Ave.	Prospect	

CLEVELAND CITY SCHOOLS

Candy's Creek	Stuart
Mayfield	Yates
Ross	

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

the YMCA SCHOOL AGE APPLICATION

Mark Branch of Choice
☐ Cleveland Family YMCA
☐ J.A. Henry Community YMCA
☐ N. Georgia Community YMCA

For Office Use Only-Weekly Fee:	
YMCA Member _____	Case Manager _____
Non-Member _____	Registration _____
Scholarship _____	Paid/Date _____
Certificate Fee _____	Staff Initials _____

Child's Information: (Please, only one child per registration form.)

Child's Name_____

SS# (last 4 digits)_____ Birthday_____ Male____ Female_____

Age_____ Hair Color_____ Eye Color_____ Height_____

Weight _____ Build _____ Grade _____

SCHOOL ATTENDING

Mayfield

Parent/Guardian's Information:

Email: _____ Child lives with: ☐ Mother ☐ Father ☐ Both ☐ Other_____

Mother's Name: _____ Birth Date: _____ Home Phone: _____

Address: _____

Father's Name: _____ Birth Date: _____ Home Phone: _____

Address: _____

Mother's Employer: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Father's Employer: _____ Work Phone: _____ Cell Phone: _____

Address: _____

GIVE NAMES AND PHONE NUMBERS OF TWO PEOPLE TO CALL IF YOU CANNOT BE REACHED:

Emergency #1: _____ Relationship: _____ Work #: _____ Home #: _____ Cell #: _____

Emergency #2: _____ Relationship: _____ Work #: _____ Home #: _____ Cell #: _____

Physician: _____Phone: _____

Insurance Company: _____ Policy # _____

(Please include a copy of insurance card)

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD: (Please Explain)

Name: _____

(If the person is a legal parent/guardian you must have legal documents from the court stating this person is not allowed to pick up your child.)

Is there any reason you child may not be able to participate in all of the activities associated with the program. This may include; allergies, physical, cognitive, neuro or mental health challenges. Specific details: _____

My signature below indicates that this registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except those noted by me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I have read the rules and policies of the YMCA Child Care program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation. I hereby consent to the use of my child's likeness in photographs, film, videotape or website for use in editorial, illustrated or promotional purposes and social media.

Parent/Guardian Signature: _____ Date: _____

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child. Limited financial assistance is available.

Emergency Information and Contacts:

GIVE NAMES AND PHONE NUMBERS OF THREE PEOPLE TO CALL IF YOU CANNOT BE REACHED:

(These people are authorized to pick up child)

Name: _____ Relationship:_____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship:_____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship:_____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship:_____

Address: _____

Phone: _____Cell Phone: _____

Name: _____ _____ Relationship:_____

Address: _____

Phone: _____ Cell Phone: _____

Physician Information:

Name: _____Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Information:

Insurance Company: _____ Policy Number: _____

Special Accomodations:

My child has the following special needs: _____

_____

_____

My child has the following known allergies: _____

_____

My child is on the following medications for long term continuous use _____

_____

_____

My child has the following pre-existing illness or health concerns: _____

_____

_____

YMCA Agreement Form – Please read carefully and sign below. Please initial beside each number.

___ 1. The YMCA considers all registrations without regard to race, color, religion, sex, national origin and presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which YMCA programs are designed to accommodate or require specialized training that may prevent YMCA staff from adequately meeting the needs of the child.

___ 2. I can provide evidence that my child has the age-appropriate immunizations or a signed affidavit against such immunizations.

___ 3. I understand that the YMCA does not provide health insurance coverage for participants. I am responsible for my own coverage.

___ 4. The YMCA agrees to provide after school care for my child Monday-Friday when school is in session between the dismissal of school until 5:45 p.m. (Bradley County) or 6:15 p.m. (Cleveland City). My child will be provided with an afternoon snack each day.

___ 5. I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

___ 6. I understand that enrolling by child in the YMCA program that I have committed to the program for the program term and that I am charged regardless of my child's participation. I understand that in order to remove my child from the YMCA program, I must complete a YMCA exit form at least one week prior to my child's last day of attendance.

___ 7. I understand that I am not to leave my child at the YMCA of program site unless a YMCA staff or volunteer is there to receive and supervise my child.

___ 8. I understand that I must escort my child to and from the facility. My child will not be allowed to enter or leave the program with an unauthorized person. Authorized persons must be listed with the YMCA; and arrangements must be made by emailing rmcgruder@ymcachattanooga.org (Cleveland Y program) at the YMCA office to inform them of a change. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records).

___ 9. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

___10. Our goal is to create an environment where students fully engage in activities, build new friendships and make the most out of their time with us. To support this, and in accordance with the YMCA guidelines, personal electronics devices such as cellphones and smartwatches are NOT allowed to be worn or used during program hours.

___11. I give permission to the YMCA to transport my child to and from field trips, schools and/or swimming. (APPLICABLE ONLY AT NORTH GEORGIA Y)

___12. (APPLICABLE ONLY AT NORTH GEORGIA Y) Before any medication is dispensed to my child, I will provide written authorization, which includes: my child, date, name of medication, prescription number, dosage, date and time of day. Medicine will be in the original container with my child's name marked on it.

___13. The YMCA agrees to keep me informed of any incidents.

___14. The YMCA encourages parent participation in the program.

___15. I understand my right to access the program any time my child is in care.

___16. **AFTERSCHOOL CARE LATE PICKUP POLICY:** I understand that all students are REQUIRED to be picked up from the afterschool program by 5:45 pm for Bradley County School and 6:15 pm for Cleveland City Schools. I am aware I will be charged $1 per minute for any late pick-ups. If a late pick up occurs more than twice, your child will be removed from the program for the remainder of the school year. Due to strict state guidelines, NO EXCEPTIONS can be made.

___17. I understand the YMCA program will not operate if school is dismissed early due to weather or other emergencies. Student safety is the YMCA's top priority.

___18. I understand that there is an additional $15/day per child fee for my child to attend the program during teacher in-service, staff development, parent conferences, etc.

AFTERSCHOOL CARE FAQ

Weekly payments are by bank draft only. Accounts are drafted on Fridays prior to the week of attendance.

What happens if my bank draft is returned?
You will be charged an additional $20 Return Draft Fee. You are required to make a payment in full and update new credit card at the main YMCA or service will be terminated.

Will I automatically be charged for YMCA School Break Camps & other holidays the schools are scheduled to be closed?
On days that schools are closed for holidays or scheduled breaks, childcare will be held at the Cleveland Family YMCA. You must register and make a payment for your child to attend during breaks or holidays. Payments are not automatically drafted for breaks and holidays.

Can my child bring a snack? If so, are there any restrictions on what they can bring?
The YMCA receives after school refreshments form the YMCA Mobile Fit program and these refreshments are included with the program. We make significant efforts to limit food with allergens. While foods containing nuts are strongly discouraged, we cannot guarantee a 100% nut-free or allergen-free environment, and therefore, cannot be labeled as an allergen-free or nut-free facility. If you have questions, please speak with the Program Director. If you choose to send a snack for your child, do not send peanuts, peanut butter, or any product that contains peanuts/peanut oil included. The food program is not available at all sites. Check with your Site Director to see if site qualifies for food program under state regulations.

How do I change my list of authorized adults to pick up my child?
The parent or legal guardian can come to the YMCA front desk and make the change in person, or the parent/legal guardian can send an email to Rubye McGruder at rmcgruder@ymcachattanooga.org stating who is being removed or added to your list of approved adults to pick up your child.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Parent/Guardian Signature: _____ Date: _____

CHILD'S HEALTH HISTORY CHECKLIST

Child's Name: _____ Birth Date:_____

Parent/Guardian Name: _____

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer, and detail at the bottom.

Pregnancy and Birth:

1. Yes No Were there any problems with pregnancy or your child's birth?
2. Yes No Was his/her birth weight under 5 _ pounds?
3. Yes No Did the baby have any problems in the hospital?

Medical Problems:

4. Yes No Has your child ever been in the hospital overnight?
5. Yes No Is your child taking any medications?
6. Yes No Any allergies or reactions to medicine, immunizations or insects?
7. Yes No Does your child have any food allergies?
8. Yes No Has your child had asthma or wheezing?
9. Yes No Does your child have speech or hearing problems?
10. Yes No Has your child has more than two ear infections in a year?
11. Yes No Has your child had tonsillitis?
12. Yes No Does your child have trouble with his/her eyes?
13. Yes No Has your child had a bladder or kidney infection?
14. Yes No Does he/she have burning while urinating?
15. Yes No Does he/she have seizures, fits or shaking spells?
16. Yes No Have you ever been told your child has a heart murmur?
17. Yes No Has your child ever had a bumpy or swollen reaction to a TB test?
18. Yes No Has your child ever been with anyone who has TB?
19. Yes No Has your child ever had worms?
20. Yes No Does your child scratch his/her genital area? Any redness or soreness?
21. Yes No Is your child a hemophiliac (free bleeder)?
22. Yes No Does your child have tubes in his/her ears?

General Development:

23. Yes No Does your child get along well with other children?
24. Yes No Is he/she usually happy?
25. Yes No Does your child have any special needs not indicated above?
26. Yes No When did you child last see a doctor? _____
27. Yes No Is your child able to play as hard as other children?

Details:_____

_____

_____

Homework & Grade Information Release

☐ I would like my child to participate in after school education and homework time.

☐ I give permission for the YMCA to access my child's grades during each 9-week grading period during the current school year.

I understand my child's grades will be submitted to the YMCA from the school and will be used for the development of my child's after school educational plan to focus on reading and math. This plan will be developed and implemented by YMCA staff for use in the YMCA After School program.

I understand that I may revoke this Release at any time by giving written revocation to my child's school with a copy to the YMCA.

Child's Name _____

Social Security Number (last four digits) XXX-XX- _____

School _____

Parent/Guardian Signature _____

Parent/Guardian Name (please print) _____

Date of Signature _____ / _____ /_____

YMCA After School Care
Credit/Debit Card Authorization Form

Child/Children's Name (s): Grade:

_____ _____

Start Date at Program Site:

_____

School Attending: _____

Membership Level (please circle) ◯ Member ◯ Non-member

Parent Initial: _____ I understand that my card will be drafted every Friday for the upcoming week of service. I also understand that I must notify the YMCA program office by 5:00 p.m. on the Wednesday prior to the weekly draft if any changes need to be made in my child's attendance for the upcoming week of service.

I hereby authorize the YMCA to charge my credit/debit card WEEKLY for fees in the amount of $_____ for each session my child/children will be attending.

Please Check: ☐ Discover ☐ Mastercard ☐ Visa ☐ American Express

Card Number: _____ Expiration Date: _____ / _____

Cardholders Name Print: _____

Signature: _____ Date: _____ Daytime Phone: _____

Cards will be drafted on the Friday morning prior to the week of service.

the YMCA

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

In proclaiming our foundation in Christian principles, the YMCA of Metropolitan Chattanooga follows the examples of Jesus Christ by loving people for who they are where they are, and by demonstrating respect, caring honesty, and responsibility toward individuals and families without regard to religious beliefs, gender, age, physical abilities or financial status.

United Way

Program Participant and Guest Release & Waiver

Physical exercise, training and related activities can be strenuous and may cause serious injury. The YMCA of Metropolitan Chattanooga, Inc. ("YMCA") urges every member to obtain a physical examination from a medical doctor before using any exercise equipment or participating in any exercise or training class, related activity or YMCA sponsored program event or before undergoing changes in diet including the use of food supplements, weight reduction and/or body building enhancement products.

I, the undersigned agree to follow all rules and regulations of the YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that I may be expelled at any time, for failure to abide by such rules and regulations.

I, the undersigned, agree to ensure that my chil(ren), dependent(s), and/or other minors for whom I am responsible or for whose presence at the YMCA I am responsible follow all rules and regulations of the YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that my child(ren), dependent(s) and/or other minors for whom I am responsible or for whose presence at YMCA I am responsible may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVING OR USING ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY ON-SITE OR OFF-SITE PROGRAM, ACTIVITY OR CLASS AFFILIATED WITH THE YMCA, INCLUDING USE OF THE YMCA DAY CARE FACILITIES, THE UNDERSIGNED HEREBY AGREE TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned or his or her children and all their respective personal representatives, assigns, heirs,and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or his or her children, whether or not caused by the negligence of any person, the releasees or otherwise while the undersigned or his or her children is in, upon, or about the YMCA premises or any facilities or equipment therein or participating in any program, class or activity affiliated with the YMCA without respect as to location.

2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or his or her children in, upon or about the YMCA premises or in any way observing the use of or using any facilities or equipment of the YMCA or participating in any program, class or activity affiliated with the YMCA without respect as to location whether or not caused by the negligence of any person, the releasees or otherwise.

3. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or his or her children whether or not caused by the negligence of any person, the releasees or otherwise while in, about or upon the premises of the YMCA and/or while observing the use of using the premises or any facilities or equipment thereon or participating in any program, class or activity affiliated with the YMCA without respect as to location.

The Undersigned, on his or her behalf and behalf of such children, specifically assumes all risks of personal injury, property loss, or damages whatsoever including risks associated with racquet sports, aerobics, yoga, fitness classes, fitness equipment, exercise, swimming, weights, locker room, sauna, parking, child care or in any program, class or activity affiliated with the YMCA without respect as to location. This assumption of risk also includes environmental, theft, and contagion risks in addition to risk associated with use of the YMCA's health and fitness advisory services.

4. IF THE UNDERSIGNED IS PLACING HIS OR HER CHILDREN IN A YMCA CHILD'S PROGRAM, ACTIVITY OR EVENT, THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY acknowledges that having his or her child or children participate in such activities may include inherent risks, hazards, and dangers that cannot necessarily be predicted or controlled. The Undersigned further understands that not all inherent risks, hazards and dangers can be eliminated, and that the inherent risks of the such activities can cause property damage, injury, illness, paralysis or death. Some of the activities such children may be involved with include, but are not limited to: wilderness travel and activities, bouldering, rock climbing, crafts, mountain biking, ropes challenge courses, archery, rafting, swimming, horseback riding, fishing, overnight camping, and other program activities.

5. THIS RELEASE & WAIVER SHALL BE GOVERNED BY AND CONSTRUED UNDER THE APPLICABLE LAWS OF THE STATE OF TENNESSEE. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAVE READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no one has made any oral representations, statements or inducement other than as set forth above in writing.

_____	_____
Print Name of Minor Child Participant Date	Print Name of Minor Child Participant Date
_____	_____
Print Name of Minor Child Participant Date	Print Name of Participant/Parent Date
_____	_____
Print Name of Minor Child Participant Date	Signature of Participant/Parent Date