



YMCA Horizon Program

Complete and sign all pages and return to the Buncombe County school office

Participant Information

Year: 2018-19

Today's Date: _____

School Attending: _____

Full Name _____ Name called _____

Date of Birth _____ gender ___ race/ethnicity _____ grade ___ shirt size? ___

Current Address _____

City _____ State ___ Zip Code _____ Phone _____

Is your student a former Y Afterschool participant? yes ___ no ___ Former R.I.S.E. student? yes ___ no ___

Home & Family Information

With whom does the student live with?

- Both Parents Mother Only Mother & Stepfather Relatives
 Legal Guardian Father Only Father & Stepmother Foster Care
 Other, Please Explain _____

Name of Parents/Guardians student lives with:

Name _____ Relationship _____ Cell Phone _____

Occupation & Employer _____ Work Phone _____

Email _____

Name _____ Relationship _____ Cell Phone _____

Occupation & Employer _____ Work Phone _____

Email _____

Emergency Contact Information

When a parent/guardian cannot be reached, I authorize these individuals to pick-up my student up:

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Medical Information

Does your student have any allergies that we should know about? YES or NO

If yes, please describe _____

Does your student have any medical conditions that we should know about? YES or NO

If yes, please describe _____

Does your student take any medication on a daily basis? YES or NO _____

Specific activities to be encouraged or limited by physician's advice: _____

Special needs/disabilities (health, physical, emotional or educational): _____

Other important medical information: _____

Please fill out Individual Care Plan Form if your student has any special needs.

School Information for 2018/2019

School _____ Grade _____ Homeroom _____ Team _____

Subjects your student needs extra support in: _____

Has your student ever been held back a grade? YES or NO If yes, what grade? _____

Has your student ever skipped a grade? YES or NO If yes, what grade? _____

Circle the activities/clubs your child may be interested in: Sports Art Outdoor Education Book Club

Robotics Cooking Movie Making Zombie Survival Club STEM Community Leadership

Transportation Information

Youth must be picked up from the school/Horizons location they are attending. Bus drop off to select locations in the community *may* be available to community centers, apartment complexes and similar locations. If you need transportation:

_____ Please check here if your child does not have viable transportation home from afterschool and we will contact you.

By signing below I acknowledge I have received a paper copy and/or have access to the online version of the parent/student handbook which can be viewed and downloaded online at <https://www.ymcawnc.org/programs/children-teens/academics>

Nutrition

The YMCA of Western North Carolina participates in the USDA funded Child and Adult Care Food Program (CACFP). CACFP helps to supply healthy, appealing snacks to all program participants regardless of race, color, national origin, sex, age, or physical ability at no direct cost to families. Should you have any questions about this program please contact Cory Jackson at 828-210-5054.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

often true sometimes true never true don't know/refused

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

often true sometimes true never true don't know/refused

Signature of Acknowledgement

My student has permission to participate in all YMCA of Western North Carolina youth activities, including field trips and transportation where applicable. I grant permission for photographs, or other media, which include my child, quotes and written work to be used in media releases which benefit the YMCA. Accordingly, neither the YMCA nor any of its agents, employees, servants, community partners or invitees shall be liable to me or any of my family, agents, employees, servants, or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of the YMCA or any of its agents, servants, community partners or invitees or due to the condition or design or any defect in the building, its mechanical systems, or its equipment. I acknowledge my child will use the BCS internet while in program.

Guardian Signature _____ Date _____

2018-2019 Horizon Program Policy Form

Parents/Guardians, please read each area below carefully.

Your signature on this document indicates your acknowledgement, understanding, and agreement with all Y policies.

Emergency Treatment and Emergency Transportation — I agree that the operator, YMCA of Western North Carolina, may authorize the physician of his/ her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I authorize for my child to be transported in the case of an emergency when medical attention by a physician is necessary. I understand that the YMCA staff is never to transport children in their personal vehicles at any time and a hospital or fire/emergency department will always be contacted.

I, as the operator – YMCA of Western North Carolina, do agree to secure transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. Staff will not administer any drug or any medication without specific instructions from the physician or the student's parent, guardian, or full-time guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

YMCA Representative: Angel Chandler, K-12 Operations Director, Program dates: **October 2018-May 2019**

Field Trips and Transportation — I permit my student to be transported to an approved drop-off location when necessary. I authorize the YMCA to transport my student on field trips and to be transported in YMCA vehicles under the supervision of the YMCA staff.

Registration Paperwork — I understand and agree to complete the registration paperwork completely and leave no areas or my student will not be able to attend the program. I understand that changes in status and contact information should be reported to the Horizon program staff immediately.

School Success — I understand that the YMCA partners with the Buncombe County Schools to help develop & deliver activities that engage & impact students. I give permission for Horizon program staff to contact Buncombe County Schools to request progress reports, mid-term grades, end of year grades, Power School information and test scores for the school year 2017-2018 & 2018-2019. I also give my permission for information regarding absences, special needs, and behavior related issues. I give my permission for this information to be collected up to 6 months after my student's completion of the school year.

Early Warning Response System (EWRs) – I give permission for the school to share student educational record information (attendance, behavior, academic grades, academic assessment scores, end of grade testing scores, etc.) with YMCA of WNC and for approved representatives of YMCA of WNC to discuss this information with school officials and approved representatives of other programs for which I have also consented.

For example, an afterschool program I approve can communicate with a student's math teacher and math tutor about the student's math grades, classroom test scores, end of grade test results, district and state assessment scores, and ways to support his/her academic progress.

This information will only be shared as long as the student is enrolled in the program(s), only with relevant program staff who have received confidentiality training and who have signed confidentiality agreements, and only for the 1-year duration of this parental permission or until I, the parent/guardian, revoke this permission in writing to Zack Goldman, zack.goldman@unitedwayabc.org, 50 South French Broad Ave., Asheville, NC 28801.

Behavior Management — I give my permission for Horizon program staff to contact all medical and mental health professionals for information concerning my student's physical or mental health. Read the parent/student handbook for more specific information on behavior management including expectations and methods of addressing challenging behavior.

Photo Release — I grant permission for photographs, or other media, which include my student, quotes and written/created work to be used in media releases which benefit the YMCA and their community partners.

Sunscreen — I allow YMCA Horizon staff to provide sunscreen for my student.

YMCA Statement — I hereby, for myself, my family, heirs, executors, and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina and their respective agents, representatives, successors, community partners, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I agree to adhere to all policies as outlined on this policy/signature page. I agree to comply with YMCA policies and procedures. I understand that my child's participation can be terminated for (including but not limited to) exhibiting inappropriate and/or disruptive behavior, bullying, abuse toward other students, YMCA staff, community partners and/or facilities. The Y will make reasonable efforts and accommodations to help youth be successful in our program. **The YMCA of Western North Carolina is a Diversity, Inclusion and Global Innovation YMCA**

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Childs Name: _____ Date of birth: _____



Horizons is a structured program to support the social, emotional and academic growth of middle school youth in Buncombe County. The Horizons program is no cost to families, funded through a 21st Century federal grant, a United Way of Asheville and Buncombe County grant, and other community grants. Horizons has an academic focus, offering tutoring, homework help, and enrichment activities. Most early release days we are out on field trips. Students also get a snack each afternoon. We have program on site at most Buncombe County middle schools. Participants of our after school program get priority placement in our grant funded, free summer day camp.

Sample Schedule:

Monday – Thursday

First bell – 4:30 club choice (club examples: Surviving the Zombie Apocalypse; Art; Movie Making; Feast Cooking Club; Bounty and Soul Cooking Club; STEM Club; Robotics Club; Sports and Wellness Club; Wilderness Survival Club)

4:30–5:30 snack, tutoring and homework help from Y Horizons staff and a Buncombe County School teacher

5:340–6:30 structured free time and parent pickup

Give us some information to help your child get off to a good start in our program

What is your child’s favorite activity? _____

What makes your child angry? _____

What does it look like when they are angry? _____

What makes your child sad? _____

What does it look like when they are sad? _____

What makes your child smile? _____

Does your child make friends easily? _____

Is there any other information about your child and/or your family that would be beneficial for us to know to help them be successful in our program? (Examples: likes; dislikes; triggers; supports needed; etc.)

Questions? Contact: Angel Chandler, K-12 Operations Director 828-210-5053 achandler@ymcawnc.org

****Return this enrollment form to the school office**