



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Rye YMCA – Offsite at Bellows**  
**After School Adventures - ASA**  
**Registration 2025-2026**

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**Registration Packet**

**RYE YMCA**

21 Locust Ave Rye, NY 10580

[www.ryeymca.org/childcare](http://www.ryeymca.org/childcare)

Main YMCA (914) 967-6363 x 116 | Fax (914) 967-0644 | Program Phone (914) 450-1435

Liliana Gudino

Child Care Director

[liliana@ryeymca.org](mailto:liliana@ryeymca.org)



# RYE Y OFFSITE @ BELLOWS AFTERSCHOOL PROGRAM 2025-2026 REGISTRATION FORM

Child's Name:		Date of Birth:	Gender:
Home Address:			
City:		State:	Zip:
Home Phone:		Grade as of September 2025:	
School:		Teacher/Homeroom (must inform us prior to first day):	
Parent 1:		Home address if different than above	
Parent 2:		Home address if different than above	
Marital Status: Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Unmarried ( )			
Custody Schedule (if applicable):			
If there is a court order restricting visitation/pickup, a copy must be provided to the YMCA by state law.			

Mother's Work Phone:	Father's Work Phone:
Hours:	Hours:
Cell Phone/Other:	Cell Phone/Other:
Email Address: (please print)	Email Address: (please print)

**\*\*\* Your child's Immunization Records and most recent Health Appraisal are required prior to their first day of attendance. \*\*\***

**CHECK PROGRAM(S) REQUESTED:**

☐ **AFTER SCHOOL PROGRAM (ASA)** 3:00-6:00 (   ) 5 DAYS (   ) 4 DAYS (   ) 3 DAYS (   ) 2 DAYS

CIRCLE DAYS IF LESS THAN 5:    M   T   W   TH   F   (Minimum 2 days)

FIRST DAY ATTENDING \_\_\_\_\_

**2025-2026 MONTHLY RATES (billing will be automatically on the 15<sup>th</sup> of each month, a month in advance with the first payment going out in August and the last in May)**

PROGRAM OPTIONS	YMCA Member	Non-Member
ASA 5-DAYS	\$662	\$723
ASA 4-DAYS	\$601	\$661
ASA 3-DAYS	\$528	\$564
ASA 2-DAYS	\$416	\$460

**Please note that there is an \$100 non-refundable deposit that will be billed at the time of registration. This deposit is applied to the first month of billing, your first month will be \$100 less than the remaining payments.**

### PERSONAL HISTORY

Child's Name:	Nickname:
Names/ages of other children in family:	How does your child get along with siblings, other children, and friends?
What are your child's favorite activities?	Are there specific methods you use when dealing with difficult behavior from your child?
Does your child have any specific fears? Please describe/explain:	What do you hope your child will gain from this experience?
Do you want your child to begin homework at the after-school program? (    ) Yes (    ) No (PLEASE be sure your child knows your wishes.)	In order for our staff to assure your child a happy, meaningful experience at our After-School program, please share any information that you feel would be helpful. (Learning disabilities, emotional, behavioral, limitations, etc.)

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW. YOUR CHILD IS NOT CONSIDERED REGISTERED WITHOUT A SIGNATURE.**

I give permission for my child to participate in all program activities. He/she is in good health and may participate in normal program activities unless I specify otherwise on the health history form. I give the YMCA permission to transport my child to or from their designated school on a school bus monitored by a staff member. This may include Vacation Camp Days as well. I consent that photographs taken of my child are the property of the Rye YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of an emergency, I authorize the staff of the Rye YMCA to seek emergency care for my child and/or provide First Aid by a trained staff member. I understand that medical information and personal data will be used in the programs, when necessary, to protect my child's well-being. I do hereby agree to hold free from any and all liability the Rye YMCA and its respective officers, employees and members, including but not limited to, its or their own negligence and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the Rye YMCA, use of facilities or use of equipment within its facilities. I HAVE RECEIVED, READ, AND UNDERSTAND THE POLICIES LISTED IN THE PARENT HANDBOOK. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THESE POLICIES, MY CHILD IS SUBJECT TO SUSPENSION/TERMINATION FROM THE PROGRAM.

Parent/Guardian Signature:	Date:
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<b>Child's Name:</b>
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IN THE EVENT OF AN EMERGENCY, PARENTS WILL BE CONTACTED FIRST. IF NOT AVAILABLE, THE OTHER INDIVIDUALS ON EMERGENCY CONTACT LIST WILL BE CONTACTED.

### EMERGENCY CONTACTS AND PICK UP AUTHORIZATIONS

1. Name:	Home Phone:	Relationship:
Address:	Cell Phone:	Work Phone:
2. Name:	Home Phone:	Relationship:
Address:	Cell Phone:	Work Phone:
3. Name:	Home Phone:	Relationship:
Address:	Cell Phone:	Work Phone:
4. Name:	Home Phone:	Relationship:
Address:	Cell Phone:	Work Phone:

### THE FOLLOWING INDIVIDUALS ARE NOT ALLOWED TO PICK UP MY CHILD

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

## HEALTH HISTORY

**Child's Name:**

**\*\*\*A copy of your child's Immunization Records and most recent Physical are required prior to their first day of attendance. \*\*\***

<p>Does your child have any allergies? Please list. Explain reaction</p>	<p>Any dietary restrictions? Please list.</p>
<p>Any chronic/recurring illness or medical conditions? Please list and explain.</p>	<p>Any activities your child cannot participate in?</p>
<p>Is your child covered by medical/hospital insurance? ( ) YES    ( ) NO</p> <p>Indicate: Carrier</p>	<p>Name of Family Physician:</p> <p>Phone Number:</p>
<p>Name of Family Dentist:</p> <p>Phone Number:</p>	<p>Is your child currently on any medication?</p>



## RYE Y OFFSITE @ BELLOWS AFTER SCHOOL PROGRAM 2025-2026 CREDIT CARD FORM

CHILD'S NAME:

NAME AS IT APPEARS ON CARD:

TYPE OF CARD:

CREDIT CARD NUMBER:

EXPIRATION DATE:

- 1) You will be charged prior to the start of each month on the 15<sup>th</sup>.
- 2) You must notify us if your card information changes or expires.
- 3) Schedule changes must be made a month in advance, no refunds after billing has been processed.  
(Changes due to medical reason are the only exception)
- 4) If you do not use a credit/debit card you will need to make arrangements with the director.