

# YWCA Zone After School Program

## Enrollment Form

2020-2021

Please fill out the information below legibly, accurately, and completely.  
Information provided on enrollment forms is kept private and confidential.

### Required Information:

Child Name: \_\_\_\_\_ Child Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age at time of Enrollment: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Food/Medical Allergies or Medical Conditions:  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Primary Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Child/Family: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Eligible for Free/Reduced Lunch at Hastings Public Schools (circle one):      Yes      /      No

Average Household Annual Income (circle one):

\$0-\$9,999

\$10,000 - \$24,999

\$25,000 - \$39,999

\$40,000+

Total adults and children living in household: \_\_\_\_\_

Custody: Both Parents / Single Parent / Legal Guardian / Other

How did you hear about the Zone (circle one):

Zone Staff

Student

Parent

Teacher

Teen Court/Diversion

Other

Reason for Attending the Zone (choose all that apply):

Tutoring/Homework Assistance

Alternative Activities

Child Supervision

Positive Peer Interaction

Other (please specify): \_\_\_\_\_

**Additional Information** (information is collected for statistical purposes to allow the Zone to qualify for additional funding opportunities. Information provided is kept confidential. Answers to the following questions will have no impact on your child's ability to attend the program. Please answer the following questions completely and honestly.)

Has your child been (check all that apply):

Cited for a law violation

In a physical fight

Suspended from school

How often does your child miss school (circle one):

Never

Rarely

Sometimes

Frequently

What are your child's average grades (circle one):

Mostly 4's (A's)

Mostly 3's (B's)

Mostly 2's (C's)

Mostly 1's (F's)

How much does your child enjoy school (circle one):

Likes school

Dislikes school

Depends on the Day

**Continued on the back page.**

The YWCA Zone is a free program. By signing this form, I indicate that I have read the Zone Rules and Policies and understand that my child may be removed from the program for violating the rules. I also grant permission for the YWCA to retrieve grades and other information about my student from Hastings Middle School. Signing this form also grants the YWCA permission to use my child's name, photograph, verbal statement, or video for any editorial, informational, promotional, or fundraising purposes.

By signing this form, I hereby give permission for my child to participate in the YWCA Zone After School Program. I agree that neither the YWCA nor their representatives will be held responsible for any injury to the above-named student in the course of Zone activities or in any Cooking Club or Nutrition Education classes in YWCA kitchen facilities. I understand that YWCA does not provide insurance for students participating in the Zone Program or associated clubs. I certify that my son/daughter is medically fit to participate in the Zone. I also understand that if my child leaves the program they need to vacate the YWCA's property due to past instances of vandalism in the parking lot & property perimeter.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YWCA Zone After School Program

### Student Conduct Contract

2020-2021

All students enrolled in the Zone must follow **all** rules in order to attend (and continue to attend) the program. These rules ensure the Zone is a fun, safe place for all middle school students.

All Students must read and sign this Student Conduct Contract to attend the Zone.

1. Any Hastings Middle School student may attend
2. Students **must have a signed Enrollment Form, Student Conduct Contract, & COVID-19 Consent Form** to attend the Zone
3. Students **must sign in** when they arrive and **sign out** when they leave
4. A student **may not sign in and out more than once each day**
5. Students will **respect staff, and volunteers**
6. Students will **respect Zone and YWCA property and equipment**
7. Students will **respect other students** and their belongings
8. Students are **not allowed** to bring in **outside food or drinks. No gum or slime allowed**
9. Students will **follow all written rules and verbal instructions** from staff & volunteers
10. **Inappropriate or threatening language** and excessive yelling or shouting is **not allowed**
11. **Inappropriate physical contact**, fighting, or aggressive behavior is **not allowed**
12. **Inappropriate or sexually related behavior** may result in a **permanent expulsion**
13. **Theft or destruction of property** may result in a **permanent expulsion**
14. **Possession of illegal or restricted substances** will result in a **permanent expulsion**
15. **Possession of dangerous materials or weapons** will result in a **permanent ban**
16. **I will stay inside until my ride comes to pick me up, or if I choose to leave the Zone during program hours I must vacate the YWCA property immediately.**
17. By signing below, I acknowledge that I have read the Zone Rules and understand that violating these rules may result in temporary or permanent removal from the program.

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

## Activity Preferences

Please mark the activities you are most interested in at the Zone. Mark all that apply.

- Art Projects    Homework Help    Cooking Club/Lessons    Outside of school social time  
 Physical Activity    Zone Night Out/Annual Lock-In (activities after Zone Hours)    Other: \_\_\_\_\_

**COVID-19 (Coronavirus) Pandemic Consent Form: YWCA Zone**

I knowingly and willingly consent to have my child participate in the YWCA Zone After School Program during the COVID-19 pandemic.

I will not hold the YWCA liable if my child becomes ill in the near future.

I confirm that my child is not currently exhibiting any of the following symptoms associated with COVID-19:

- Fever or chills
- Sore throat
- Runny nose
- Shortness of breath or difficulty breathing
- Dry cough
- Loss of taste or smell
- Headaches/muscle aches
- Nausea/Vomiting
- Diarrhea

I confirm that, to my knowledge, my child has not been exposed to anyone exhibiting any of the aforementioned symptoms associated with COVID-19.

I confirm that I will immediately notify the YWCA either by phone (402-462-8821) or email ([zone@ywcaadamscounty.org](mailto:zone@ywcaadamscounty.org)) if my child tests positive COVID-19 **or** becomes exposed to a confirmed case of COVID-19.

I consent to have my child’s temperature taken by YWCA Zone staff members if they exhibit any of the aforementioned symptoms associated with COVID-19. If my child’s temperature exceeds 99.9°F, a YWCA Zone staff member will call the parent/guardian listed below. If my child continues to exhibit symptoms and/or has a confirmed temperature, they will have the option to leave the Zone or spend the rest of their time at the Zone for the day in a designated, socially distanced area.

I confirm that my household is adhering to South Heartland District Health Department guidelines and all State of Nebraska Directed Health Measures applicable to Adams County. I confirm that my child will wear a mask at the Zone if required by either YWCA Adams County or Hastings Public Schools.

Protecting the health and safety of all Zone students is the YWCA’s top priority. The ability to easily communicate with students’ parents and guardians is integral to keeping students healthy and the Zone operational.

**Please fill out all the following information legibly and accurately:**

Student’s Printed Name \_\_\_\_\_

Parent/Guardian’s Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Today’s Date

\_\_\_\_\_

Best phone number to reach me on weekdays between 3 and 6 pm : ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Primary email : \_\_\_\_\_