

DELAVAN GRIDER COMMUNITY CENTER AFTER-SCHOOL PROGRAM



ENROLLMENT PROCEDURES

2025-2026 AFTER- SCHOOL PROGRAM

The Youth Think Program is for Elementary (ages 5-12)

1. Read the Parent Manual and keep it for future reference.
2. Complete the front and back of the enclosed registration forms.
3. Read and sign the enclosed Code of Conduct Form.
4. Return all forms to the Delavan Grider Community Center.
5. Registration fee is due at the time of registration.
6. We Do Not register children in the current week. Registration must be done no later than a week prior to attendance.

FEES

There is a *\$100 deposit required per child which is due at registration*, which will be refunded at the end of the year if all payments are up to date.

RATES

\$9.00 per hour

\$5.00 per minute late fee

10% Multiple Child Discount

DELAVAN GRIDER COMMUNITY CENTER AFTER-SCHOOL PROGRAM



Child's Start Date: _____

Registration Paid: YES/NO

Staff Intials: _____

YOUTH THINK AFTER SCHOOL PROGRAM

2025-2026 REGISTRATION FORM

Child's Name: _____ DOB _____ Gender _____ School _____

Grade for 2025-2026 _____ Age: _____ Race: _____ Teacher _____

Child's Name: _____ DOB _____ Gender _____ School _____

Grade for 2025-2026 _____ Age: _____ Race: _____ Teacher: _____

Address _____ City _____ State _____ Zip _____

Mother/Guardian _____ Cell _____

Employment Name: _____ Wk# _____

Father/Guardian _____ Cell _____

Employment Name: _____ Wk# _____

Child's School: _____ Grade: _____

I give permission for Delavan Grider Community Center to contact my child's school and teachers regarding their academic progress and behavioral concerns.

Parent/Guardian Signature: _____ Date: _____

DELAVAN GRIDER COMMUNITY CENTER AFTER-SCHOOL PROGRAM



The following individuals may pick up your child or be contacted in case of an emergency. Please make sure all spaces are filled in. Children will only be released to those names listed below.

Name	Relationship	Cell Number	Work Number

Your child MAY NOT be picked up by: (Please Print) Name: _____

Name: _____ If parents are divorced, which parent has custody?

In medical emergency, call Doctor: _____ Phone: _____

Hospital: _____

Medications your child regularly receives: _____

Allergies, special health or dietary problems: _____

Special Instructions: I give authority to any hospital, doctor or paramedics to render immediate aid as might be required at the time, for my child's health and safety. I understand any expense for this service will be accepted by me.

PARENT/GUARDIAN SIGNATURE IS REQUIRED. THANK YOU.

SIGNATURE: _____

DATE: _____

DELAVAN GRIDER COMMUNITY CENTER AFTER-SCHOOL PROGRAM



Participation Agreement

In consideration for my child or ward being permitted to utilize the facilities, services and programs of Delavan Grider Community Center (DGCC) I, on behalf of myself and my child or ward, and his or her heirs, personal representatives, assigns and next of-kin, do hereby agree to the following:

1. I understand that the activities that my child or ward will be engaging in while he or she is in or upon the premises of the DGCC using any of its facilities, services or equipment, or participating in any DGCC program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child or ward, hereby accept full responsibility for, and risk of, any injury to my child or ward or loss or damage to his or her property that may occur as a result thereof.

2. I hereby release, waive and covenant not to sue the DGCC, its successors and assigns, and its directors, officers, employees, and agents (collectively, the "Releasees") from all claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or ward or loss or damage to his or her property that may occur while my child or ward is in or upon the premises of the DGCC or using any of its facilities, services or equipment, or participating in any DGCC program or activity.

3. I hereby indemnify and hold harmless the Releasees from all loss, liability, damage, or cost that may incur due to my child's or ward's presence in or upon the premises of the DGCC or use of its facilities, services or equipment, or participation in any DGCC program or activity.

In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment.

I further understand that if my child or ward fails to abide by the rules and regulations of the DGCC, he or she is subject to removal from the premises of the DGCC and or removal from participation in DGCC programs and activities without a refund of dues, fees or other amounts paid to the DGCC.

I hereby give my permission to the DGCC to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's or ward's image or voice for the purposes of promoting or interpreting DGCC programs and activities.

In accordance with the U.S. Department of Agriculture discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department is prohibited. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Right program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.asci.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint for or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, DC 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

DELAVAN GRIDER COMMUNITY CENTER AFTER-SCHOOL PROGRAM



I, as parent or guardian of the above-named minor, hereby give my permission for my child or ward to use the facilities and services of the DGCC and to participate in the programs and activities offered by the DGCC.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Parent's Signature: _____

Date: _____

DELAVAN GRIDER COMMUNITY CENTER AFTER-SCHOOL PROGRAM



2025-2026 YOUTH THINK POLICIES AND PROCEDURES

(INITIAL EACH ITEM)

PROGRAM HOURS:

program is offered from school dismissal until 6:00pm. Pick-up after 6:00pm will result in a \$5.00 per minute charge until the child is picked up. After three late pick-ups, you will need to find alternate child care for your child, as we do not meet the needs of your schedule. In the event that all listed parent/guardian contacts have been attempted without success and no one has been reached, the next step will be to notify the appropriate authorities. Late fees will continue to accrue until the child is safely secured by authorized pick up or law enforcement.

PAYMENTS:

I agree that payments will be made bi-weekly by 6:00pm Friday. I agree if one payment falls behind, my child will not be able to continue in the program. I understand that I am responsible for the registration and miscellaneous fees when applicable.

 PARENT MANUAL: I certify that I have read the parent manual, that all of the attached information is true and that I will notify the staff of any changes.

 Diagnoses: Check any diagnoses your child has received: Attention Deficit Disorder (ADD or ADHD)

 Autism Spectrum Depression Learning or Processing Challenge Sensory Processing Challenge

 Obsessive Compulsive Disorder Panic, Anxiety Disorder Recent Significant Life Event

 Other Mental, Emotional or Social Health Issues _____

 MEDICAL CARE: I give authority to any hospital, physician or paramedics to render immediate aid as might be required, at the time, for my child's health and safety. I understand that any expense for this service will be accepted by me. I understand that the DGCC does not provide dental, accident or medical insurance for my child/children. I do waive and release all rights and claims for damages sustained and suffered by my child and/or family in connection with the DGCC Program, and while participating in field trips.

 CELL PHONES AND HANDHELD ELECTRONIC DEVICES: Cell phones and handheld electronic devices are not permitted for DGCC program participants. The YMCA will not be responsible for the replacement or repair of any lost, stolen or broken cell phones, handheld electronic devices or cameras.

 MEDICATION: DGCC does administer any medication. However, we do allow life-saving medications (such as an asthma inhaler or EpiPen) to be provided if necessary. All medications must be in the original, labeled prescription packaging with your child's name clearly indicated. A Health Action Plan must also be provided by your child's doctor before your child can attend the program.

 SNACKS: Every child will be offered an afternoon snack. The DGCC attempts to make these snacks healthy. We try to involve the children in snack preparation and offer nutrition education. Notify the DGCC and indicate it on the registration form if your child has special dietary restrictions. You will need to provide snack for the day(s) your child will not eat the provided snack. If you choose, you may send your child with a snack from home.

 INCLEMENT WEATHER When Buffalo Public Schools decide to close school early or cancel other afterschool activities due to severe weather, our DGCC Programs will MAY remain open. We will also send an email when the center is closed, so please make sure we have an email address you frequently check.

 BULLYING is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people wants to have power over

DELAVAN GRIDER COMMUNITY CENTER AFTER-SCHOOL PROGRAM



another and use their power to get their way, at the expense of someone else. Bullying can also happen through cyberspace: using e-mails, text messaging, and other less direct methods. At the Youth Think after-school program, bullying is inexcusable, and we have a firm policy against all types of bullying and strict disciplinary actions will be taken for such activity.

_____ **POLICY, PROCEDURES AND PARENT MANUAL:** I have read the policies and procedures as well as the parent manual.

I understand participation in after school involves certain inherent risks of injury, despite all safety precautions taken by after school staff. Therefore, as guardian I will assume all risks, injury or illness, for my child that may occur during the participation in after school activities. I certify that my child is fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment as deemed necessary by camp staff and/or medical professionals. I agree to hold harmless Delavan Grider Community Center After -School Program, partnering organizations, respected subsidiaries or affiliates, or their respective management, agents, employees, directors, officers, and other representatives in the event of injury to my child. I do further release, absolve, indemnify, and hold harmless the same parties against any claim of injury or death to my child in connection with any and all after school activities.

I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND VOLUNTARILY SIGN THIS INDEMNITY AGREEMENT.

Parent/Guardian Printed Name: _____
Parent/ Guardian Signature: _____ Date: _____

I AGREE TO ABIDE BY THE ABOVE POLICIES.

Parent/Guardian Signature: _____
Date: _____

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - CDBG 50
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: 10/1/24
IL Revision Date: 6/3/25

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check **one** from the below based on your (the participant) age.

- Under 5 years 10-15 years 21-24 years 45-54 years 62 years and older
 5-9 years 16-20 years 25-44 years 55-61 years

2. Gender: Please check **one** from the below based on your (the participant) gender.

- Male Female Other: _____

3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

- Hispanic Non-Hispanic

4. Please check **one** from the below which best describes your (the participant) race.

- White Asian and Black or African American
 Black or African American American Indian or Alaskan Native and White
 Asian American Indian or Alaskan Native and Black or African American
 American Indian or Alaskan Native Native Hawaiian or other Pacific Islander and White
 Native Hawaiian or other Pacific Islander Native Hawaiian or other Pacific Islander and Black or African American
 Black or African American and White Other/Multi Racial
 Asian and White

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

- Yes No Not Applicable

6. Are you (the participant) severely disabled?

- Yes No

7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="radio"/> \$21,250 or less	<input type="radio"/> \$24,250 or less	<input type="radio"/> \$27,300 or less	<input type="radio"/> \$32,150 or less
50% median (VL)	<input type="radio"/> \$35,350 or less	<input type="radio"/> \$40,400 or less	<input type="radio"/> \$45,450 or less	<input type="radio"/> \$50,500 or less
80% median (LI)	<input type="radio"/> \$56,600 or less	<input type="radio"/> \$64,650 or less	<input type="radio"/> \$72,750 or less	<input type="radio"/> \$80,800 or less
81%+ median	<input type="radio"/> \$56,601 or more	<input type="radio"/> \$64,651 or more	<input type="radio"/> \$72,751 or more	<input type="radio"/> \$80,801 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="radio"/> \$37,650 or less	<input type="radio"/> \$43,150 or less	<input type="radio"/> \$48,650 or less	<input type="radio"/> \$54,150 or less
50% median (VL)	<input type="radio"/> \$54,550 or less	<input type="radio"/> \$58,600 or less	<input type="radio"/> \$62,650 or less	<input type="radio"/> \$66,700 or less
80% median (LI)	<input type="radio"/> \$87,300 or less	<input type="radio"/> \$93,750 or less	<input type="radio"/> \$100,200 or less	<input type="radio"/> \$106,700 or less
81%+ median	<input type="radio"/> \$87,301 or more	<input type="radio"/> \$93,751 or more	<input type="radio"/> \$100,201 or more	<input type="radio"/> \$106,701 or more

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____