



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACTIVE PLAY, ACTIVE MIND

SHERMAN-WILLIAMSVILLE

2013-14 YMCA AFTERSCHOOL PROGRAM

We believe all children should have the opportunity to develop their individual abilities at their own pace in a safe and encouraging environment.

The Springfield YMCA is excited to bring its Afterschool Program to the Sherman-Williamsville School District. The Y's Afterschool Program is located at the Sherman Elementary School and is for students in kindergarten through 5th grade. Our programs, also located in other communities around Springfield, are modeled after the Food, Fun and Afterschool program designed by the Harvard School of Public Health Prevention Research Center and the YMCA of the USA. Our program was piloted in Y afterschool sites throughout the country with the goal of increasing physical activity and healthy eating habits in those children in our programs during afterschool hours. The Y program lets kids be kids with a focus on FUN!

Activities

The Y promotes youth development, healthy living and social responsibility and so do our activities! Children play group games, read stories, create crafts, enjoy board and card games, and are involved in making snacks, to name a few activities. We foster a safe place to learn, have fun and get active.

"My child tries things at the Y that I could never get him to try at home."
-Parent of a Kindergartener in Y program

Our Staff:

Our well-trained Y staff members are CPR and first aid certified. In addition, they are trained in supervision, group dynamics, child abuse prevention, anti-bullying techniques, group games, leadership and character development. Our Y staff knows kids and always puts safety first!

"The care and concern shown for our child and our family is just outstanding."

-Parent of a 2nd grader in Y program

"I really like the healthy snacks you serve."

-Parent of a 2nd grader in Y program

"The staff at the Y program always care about what is going on with my child and always inform me of important information every day."

-Parent of a 3rd grader in Y program

"I love the Y because I have made a new best friend that I wouldn't have if I didn't go."

-4th Grader in Y program

For More Information Please Contact:

Lisa Parfitt

Youth Development Director

217-544-9846, x120 or

lparfitt@springfieldymca.org

www.springfieldymca.org





**Sherman-Williamsville
Before and Afterschool Program
2013-14 Registration Form:**

Please complete all information. Please print clearly.

Child's Name _____

Birth date _____ Male _____ Female _____ Grade in Fall of 2013 _____

Address _____ Zip: _____

Person Enrolling Child _____ Relationship _____

E-Mail Address _____ Cell Phone _____

Home Phone _____ Work Phone _____

Emergency Adult Contact _____ Relationship _____

Emergency Adult Address _____

E-Mail Address _____ Cell Phone _____

Home Phone _____ Work Phone _____

Please register my child for the following:

Afterschool **Y Member \$ 65/week** **Non-member \$ 75/week**

Daily rates \$18/day (Please circle specific days)

Monday Tuesday Wednesday Thursday Friday

By signing this form I agree to:

- Pay weekly fees due on Fridays, two weeks in advance of the week of service. First payment due **August 2, 2013**. First payment reserves your child's registration in the program.
- Provide written notice two weeks prior to week of service to drop a child from the program.
- Make arrangements with the Y for payment if there is a third party payor related to a custody arrangement or government subsidy. However, I understand I am the sole person responsible for the Y receiving any and all fees associated with the Y Afterschool Program. If the account becomes delinquent, the Y reserves the right to deny service for any Y program and future placement in any Before and Afterschool Program provided by the Y is not guaranteed.
- Read the Parent Manual and complete and return the Parent Agreement, Student Information Card, and Medical and Parental Permission Form by **August 9, 2013**.

Signature _____ **Date** _____

Office Use Only:	SAC13
Date _____	Check# _____ Staff _____
CCCC _____	DCFS _____ Other 3rd Party Payor _____