



LEFLER AFTER SCHOOL ACTIVITIES AND CLUBS ENROLLMENT OPTIONS

CONTACT INFORMATION:
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Here at Lefler students have access to a variety of after school options ranging from homework support to interest-based clubs and activities to intramural athletics. We encourage students take advantage of the many options available to them during the after school time.

Please see our enrollment options below.

ALL ACCESS PASS ENROLLMENT	INDIVIDUAL CLUB ENROLLMENT	GENERAL ENROLLMENT
<p>ENROLLMENT BEGINS MAY 1ST</p>	<p>ENROLLMENT BEGINS AUGUST 21ST</p>	<p>ENROLLMENT BEGINS AT THE LEFLER OPEN HOUSE</p>
<p>ENROLLMENT OPTION DETAILS: Students enrolled with an ALL ACCESS PASS will benefit from:</p> <ul style="list-style-type: none"> • Having a consistent after school schedule that will include any assigned school activities as well as choice activities • Have access to activities on Early Release Tuesdays when all after school activities do not meet <p>PROGRAM DATES: AUGUST 21ST - MAY 23RD</p> <p>PROGRAM TIMES: 3:08 PM-5:30 PM</p>	<p>ENROLLMENT OPTION DETAILS: INDIVIDUAL CLUB ENROLLMENT allows students to enroll on an individual-club basis.</p> <p>Quarterly Club Schedules will be posted two weeks before the start of the new quarter.</p> <p>PROGRAM DATES: SEPTEMBER 5TH- MAY 18TH</p> <p>CLUB TIMES: 3:08 PM-4:00 PM 4:05 PM-5:00 PM</p>	<p>ENROLLMENT OPTION DETAILS: GENERAL ENROLLMENT is an option for families of students who may not initially plan on participating in after school activities.</p> <p>GENERAL ENROLLMENT allows families to get the after school paperwork done ahead of time which gives students and families the benefits of:</p> <ul style="list-style-type: none"> • Students being able to participate in any drop-in club option at any time throughout the year • Students staying after school for non-club activities (intramurals, team time, achievement zone) receiving a free snack • Quick and easy Individual Club Enrollment for students who decide later on in the year to sign up for clubs
<p>ENROLLMENT FEES: MONTHLY PROGRAM FEE: Standard Fee: \$45.00</p> <p>Y SCHOLARSHIPS Reduced Lunch: \$22.50* Free Lunch: \$10.00*</p> <p>Verification of benefits will be required for a students applying for a Y Scholarship.</p>	<p>CLUB ENROLLMENT FEES: QUARTERLY FEE PER CLUB: Individual Club Fee: \$10.00</p>	<p>THERE IS NO FEE FOR GENERAL ENROLLMENT</p> <p>If students decide to enroll in clubs a later date, individual club fees may apply.</p>
<p>ENROLLMENT PAPERWORK:</p> <ul style="list-style-type: none"> • STUDENT INFORMATION FORM • PAYMENT FORM • FREE/REDUCED LUNCH BENEFITS, IF APPLYING FOR STRONG KIDS SCHOLARSHIPS <p>Please turn in completed paperwork to the Lefler School Office.</p>	<p>ENROLLMENT PAPERWORK:</p> <ul style="list-style-type: none"> • STUDENT INFORMATION FORM • PAYMENT FOR INDIVIDUAL CLUBS <p>Please turn in completed paperwork to the Lefler School Office.</p>	<p>ENROLLMENT PAPERWORK:</p> <ul style="list-style-type: none"> • STUDENT INFORMATION FORM <p>Please turn in completed paperwork to the Lefler School Office.</p>

At this time we are currently evaluating our program polices and procedures in an effort to ensure a high quality program experience for all students. Once we have completed these updates, a full parent information guide will be emailed to families and posted on the Lefler website.



LEFLER AFTER SCHOOL ENROLLMENT STUDENT INFORMATION FORM

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PROGRAM SELECTION

ALL ACCESS PASS/CORE PROGRAM INDIVIDUAL CLUB GENERAL ENROLLMENT

STUDENT INFORMATION

STUDENT FIRST AND LAST NAME: _____ STUDENT ID#: _____
 Male Female Age: _____ Grade: _____ Date of Birth: _____

DISMISSAL PLAN:

TYPICAL DISMISSAL TIME: 4:00 5:00 5:30 Other: _____

AUTHORIZED TO SIGN STUDENT OUT : Authorized Adult Student May Sign Themselves Out

ETHNICITY:

Native American Euro American
 Asian American Hawaiian/Pacific Islander America
 African American Middle Eastern American
 Hispanic/Latino American Multi/Bi Ethnicity American
 Other: _____

OTHER QUESTIONS:

My child qualifies for free/reduced lunch
 My child is an English Language Learner
Native Language _____
 My child receives special education services

MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED):

List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

Please list any special services your child may receive during the regular school day (Social Worker, Resource Room, ESL, etc.)

FAMILY INFORMATION

PARENTAL STATUS: Single Married Widowed Divorced Separated Re-married

CUSTODIAL & LEGAL GUARDIAN IS: Both Mother & Father Mother Father Other: _____

MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMPLOYER: _____ WORK PHONE: _____
E-MAIL ADDRESS: _____

FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMPLOYER: _____ WORK PHONE: _____
E-MAIL ADDRESS: _____

EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:

ALTERNATE/EMERGENCY CONTACT #1: ALTERNATE/EMERGENCY CONTACT #2:
FIRST & LAST NAME: _____ FIRST & LAST NAME: _____
HOME/CELL PHONE: _____ HOME/CELL PHONE: _____
RELATIONSHIP TO STUDENT: _____ RELATIONSHIP TO STUDENT: _____

AUTHORIZED ESCORTS:

IF APPLICABLE, PLEASE LIST ANY ADDITIONAL AUTHORIZED ESCORTS OR EMERGENCY
FIRST & LAST NAME: _____ FIRST & LAST NAME: _____
HOME/CELL PHONE: _____ HOME/CELL PHONE: _____
RELATIONSHIP TO STUDENT: _____ RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN INVOLVEMENT QUESTIONNAIRE -- YOUR PARTICIPATION IS VALUED!

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- I would volunteer to assist with the daily program activities.
- I would like to share my hobbies, interests and talents.
- My employer and/or company may be able to help financially or with donations.
- I would like to receive information about the LEFLER ADVISORY TEAM.

ADVANCE NOTICE OF STUDENT AND PARENT SURVEYS

Important CLC Survey information:

As a grant requirement, we will conduct student and parent surveys during the spring of each school year. It is important that every student who attends after school clubs or activities during the year completes the survey, along with one parent/guardian. Surveys will be conducted online. Parents/Guardians will receive the survey link and instructions via email. Students will be given survey instructions through Google Classroom when the survey opens.

We thank you in advance for helping us meet this survey requirement, as well as for providing quality feedback that identifies program strengths as well as areas in need of improvement.

PARENT PERMISSION

Please check the appropriate box for each item.

- YES NO I give staff permission to transport my child for the purpose of program activities, when applicable.
- YES NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.
- YES NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT

By signing below:

- I give permission for my child to participate in program activities.
- I attest that the information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.
- I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred.
- I understand that CLC staff may share and receive necessary behavior, academic, and/or medical information with the school to assist with providing the best program experience for my child.
- I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, including failure to follow general operating procedures of the program.

SIGNATURE OF PARENT AND/OR GUARDIAN

DATE



LEFLER AFTER SCHOOL ENROLLMENT ALL ACCESS PASS PAYMENT FORM AND STRONG KIDS SCHOLARSHIP APPLICATION

1. STUDENT INFORMATION:

STUDENT (FIRST/LAST) NAME: _____

PARENT/GUARDIAN (FIRST/LAST) NAME: _____

2. CORE PROGRAM MONTHLY FEE SCALE AND STRONG KIDS SCHOLARSHIP APPLICATION:

PLEASE CHECK THE MONTHLY FEE THAT APPLIES TO THE STUDENT.

YMCA Strong Kids Scholarships are available for students who qualify for FREE or REDUCED LUNCH benefits. If a scholarship is indicated below, a form of verification must be included with this form.

- \$45.00 Standard Monthly Fee
- \$22.50 Y Scholarship Fee (Reduced Lunch)
- \$10.00 Y Scholarship Fee (Free Lunch)

3. PAYMENT INFORMATION:

PLEASE COMPLETE THE FOLLOWING PAYMENT INFORMATION (PLEASE PRINT CLEARLY):

If you currently have an updated payment method on file with Lincoln YMCA, please just include the last 4 numbers of the card for verification. Missing or incorrect payment information may delay program registration.

CARD: VISA MASTER CARD DISCOVER

NAME LISTED ON CARD: _____

CARD #: _____ EXP. DATE: _____

NAME OF FINANCIAL INSTITUTION: _____

AUTHORIZED MONTHLY DRAFT AMOUNT (FROM ABOVE SECTION): \$ _____

4. ACKNOWLEDGEMENT AND AUTHORIZATION:

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS AND PAYMENT AUTHORIZATION:

MONTHLY DRAFTS:

- The YMCA of Lincoln, NE has permission to make pre-authorized debit transactions using the card information listed above.
- Monthly drafts occur from September through May—drafts will be applied for every month the student is enrolled.
- Drafts occur on the 1st of each month (or the next business day), unless otherwise requested.

ACCOUNT BALANCES:

- Account balances cannot be carried over from month to month—payments that are unable to process may result in a suspended enrollment status.

STRONG KIDS SCHOLARSHIPS:

- All YMCA SK Scholarships require documentation verifying student benefits—accepted documentation may be a letter from either DHHS *or* LPS that includes the student's name, the benefit received, and is dated within the last 12 months.
- Applications without verification will be held, but not processed, until verification is received.

PROGRAM AND DRAFT CANCELLATIONS:

- In the event I want to cancel this authorization, I will provide the Lincoln YMCA a completed cancellation form at least 10 days prior to the next scheduled payment date.
- The YMCA may cancel this authorization at any time by sending me a written notice of cancellation.

REQUIRED PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____