Afterschool Program 2026-2027

Time: 2:00pm-6:00pm
Tradtional (K-5th Grade)
Special Needs (K-12th Grade) *Intake Required Prior to Registration

Pick-up Locations:

- Addison Mizner
- AD Henderson
- Del Prado
- Blue Lake
- Verde
- Sandpiper Shores
- Whispering Pines
- Hammock Pointe
- St.jude

Traditional Afterschool Costs:
$25 Registration Fee

Y Bus Transportation-
$290 Members
$400 Non-Members

Self Transportation-
$260 Members
$370 Non-Members

Chase's Place Costs:
$25 Registration Fee

Y Bus Transportation-
$295 Members
$405 Non-Members

Self Transportation-
$265 Members
$375 Non-Members

For More Information, please contact:
Karly White- Program Coordinator
561-237-0929 or Kwhite@ymcaspbc.org
6631 Palmetto Circle S, Boca Raton FL, 33433

Peter Blum Family YMCA

Afterschool Program 2026-2027

Choose Program: Traditional ____ Special Needs ____

Choose Transportation: Y Bus Transport____ Self-Transportation ____

School Attending: _____

Grade (Fall 2026):_____ Does your child have an IEP? : YES ____ NO_____

Child's Information:

_____ _____ _____ _____ _____

Child's Last Name **First Name** **M.I.** **Date of Birth** **Age**

_____ _____ _____ _____

Street Address **City** **State** **Zip Code**

Parent/ Guardian Information:

_____ _____ _____

Parent/Guardian Last Name **First Name** **M.I.**

_____ _____ _____

E-Mail Address **Primary Contact Number** **Alternate Phone Number**

_____ _____

Employer **Employer Phone Number**

Parent/ Guardian Information:

_____ _____ _____

Parent/Guardian Last Name **First Name** **M.I.**

_____ _____ _____

E-Mail Address **Primary Contact Number** **Alternate Phone Number**

_____ _____

Employer **Employer Phone Number**

Please mark where the child "physically" resides:
Both (Mother & Father) _____ Mother _____ Father _____ Guardian ____

Emergency Contacts/ Authorized Pick-Ups: (Persons other than Parent/Guardian to who the child may be released to and/or contacted in case of an emergency.)

1.Name: _____Phone #: _____ Relationship: _____

2.Name: _____Phone #: _____ Relationship: _____

3.Name: _____Phone #: _____ Relationship: _____

4.Name: _____Phone #: _____Relationship: _____

Authorization to Remove Camper:

Mother: YES _____ NO _____ Father: YES_____ NO_____ (If "NO", please provide documentation.)

Siblings:

Do you have a child in our Preschool or Middle School Aftercare YES_____ NO_____

Medical Information:

Please list any information regarding any medical problems – i.e. allergies (food, medicine, or others), emotional/nervous disorders, heart/respiratory, or any other areas of concern. If your child will be taking medication while in Afterschool, you must fill out a Medication Authorization Form.

_____

_____

Does your child have any physical limitations? YES ___ NO___ If YES, please explain:

_____

Agreement & Release of Liability Statement I hereby state that my child is physically and mentally capable of safe participation in the YMCA of South Palm beach County Programs. I assume all risks and hazards incidental to the conduct of this program. The YMCA of South Palm Beach County is not responsible for loss or damage of any program participate items. I also authorize the YMCA of South Palm Beach County to obtain medical treatment for my child in the event the parent/guardians or emergency contacts cannot be reached. I hereby give permission for my child to be transported by the Y bus for any scheduled activity. I am aware that there is a $5 late fee for every 5 minutes after 6:10pm that is due at pick-up or immediately the following day. As of this day I have received and read the Peter Blum Family YMCA Youth Program Parent Manual. I understand and agree to abide by the polices stated herein. I also give permission for the use of photographs of my child in the YMCA of South Palm Beach brochures, flyers, and photo collections. I understand that there will be no credits/refunds or prorate given for program cancellation, daysmissed to vacationsorillness.

PAYMENT METHOD: _____ On File (last 4 digits) ☐ **Checking** ☐ **VISA** ☐ **MasterCard** ☐ **Discover** ☐ **AMEX**
Name On Card: _____
Card Number_____ Exp. Date: _____
****Draft dates will be drafted on the 1st of each month****

I agree to pay above total amount according to card issuer agreement.

Signature:_____ Date: _____

Non-Payment will result in cancellation of your child's enrollment.

Permission for
Food-related Activities & Special Occasion
food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ **give/decline permission for my child** _____
(Parent or Guardian) *(circle one)* *(Child's Name)*

to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below.

Permission Options: (Select and initial one of the options below):

____**My child DOES NOT HAVE a food allergy or dietary restriction. He or she may participate in activities.**

____**My child DOES NOT HAVE a food allergy or dietary restriction. He or she may not participate in activities.**

____**My child HAS a food allergy or dietary restriction. He or she may not participate in activities.**

____**My child HAS a food allergy or dietary restriction. He or she may participate in activities, but must not eat or handle the following items (please list below):**

_____ _____
_____ _____
_____ _____

Type of Permission: (Select (✔)One):

☐ **Specific Permission Only for:** _____ _____
Food Activity or Event **Date**

☐ **General Permission**

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

_____ _____
Parent or Guardian **Date**

Statement of Understanding and Acknowledgement

Please Initial

_____ YMCA's childcare payments will be made through a bank draft system where tuition is paid directly to the YMCA from your checking, savings or credit card account. It takes 30 days to process the paperwork. Prior to the initial bank draft transfer, tuition payments are due monthly in advance.

_____ A 30-day notice is required IN WRITING TO THE DIRECTOR when leaving the program. Failure to do so will result in continuation of the monthly deduction from the bank account.

_____ Tuition remains the same regardless of school closings, holidays or illness.

_____ Hours of operation are from 2:00- 6:00pm. Office Hours are from 9:00am to 6:00pm.

_____ Children may not arrive earlier or be picked up later than the Afterschool's hours of operation.

_____ Late fees are as follows:

$5 for the first 10 minutes after 6:00 p.m., $5 for each additional 5 minutes.

_____ If a child is left more than (1) hour past closing, we will notify the Department of Children and Family Services.

_____ Multiple late payments or pick-ups may result in the child's enrollment in the Afterschool Program being terminated.

_____ To protect children with severe peanut allergies, we do not permit ANY NUT products in the Youth Center

_____ I acknowledge that I have informed the YMCA of Boca Raton Afterschool Program for any medical conditions my child has, and have provided all the Documentation requested.

_____ I have received a copy of the YMCA Discipline Policy and understand the policies and guidelines set forth.

_____ I have received a copy of the Parent Handbook and Know Your Child's Day Care Center brochure. Also, I have received a copy of the payment procedures used by the YMCA and I will comply with these procedures and procedures.

I, _____, have read and understand the documents contained in the Registration Package and the Afterschool Parent Handbook of the YMCA of Boca Raton.

_____

Parent or Guardian's Signature Date