



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

ENSURE A BRIGHTER FUTURE

**After School Program
ASHLAND AREA YMCA**



ASHLAND AREA YMCA ~ After School Program

Time: 2:45-6:00 PM

Members \$5.00/Non-Members \$10

When your child arrives at the Y they will be assisted with their homework by the staff, have structured and free play, arts/craft and snack time. Buses from Hager and Poage will deliver your child to the Y, if you would like info or drop-off from other schools you need to contact the School Board. For more information about the program please contact Marla Gearhart at (606)324-6191.

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Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Mom's Info:**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

**Dad's Info:**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

**Emergency Information:**

In an emergency we will always try to reach the parents first. If those attempts are unsuccessful please list two neighbors or relatives who will assume temporary care of your child.

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The following person **IS NOT** authorized to pick up my child:

\_\_\_\_\_

I understand that photos may be taken of my child doing activities from time to time to be used in marketing materials.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_