



YMCA DROP IN FORM FOR BEFORE &/OR AFTER SCHOOL – LATE START – EARLY RELEASE – PROFESSIONAL DEVELOPMENT DAYS

CHILD INFORMATION

First Name:		Last Name:	
Date of birth:	Grade:	Gender:	
Current address:			
City:	State:	ZIP Code:	
School:			

PARENT/GAURDIAN INFORMATION

First Name:		Last Name:	
Phone1:		Phone 2:	
Email:			
Address:		City, State, Zip:	
Employer & Address & Phone:			

PARENT/GAURDIAN INFORMATION

First Name:		Last Name:	
Phone1:		Phone 2:	
Email:			
Address:		City, State, Zip:	
Employer & Address & Phone:			

EMERGENCY CONTACT AND AUTHORIZED PICK UP PERSON (MUST BE 18 OR OLDER)

Name:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

EMERGENCY CONTACT AND AUTHORIZED PICK UP PERSON (MUST BE 18 OR OLDER)

Name:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

EMERGENCY CONTACT AND AUTHORIZED PICK UP PERSON (MUST BE 18 OR OLDER)

Name:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

RESTRICTED PERSONS

These persons are restricted from picking my child up due to a court issues restraining order: (a copy must be placed in child's record)

Name:	Name:
Parent Signature:	Date:

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MEDICAL INFORMATION

Physician Name & Address & Phone:

Dentist Name & Address & Phone:

Insurance Carrier & Policy Number:

Preferred Hospital:

HEALTH & BEHAVIOR INFORMATION

Allergies, reactions, health concerns:

Medications, dose, frequency, adverse reactions:

Behavior concerns or "Need to Knows":

Does your child have any chronic medical issues:

Is there any activity that you do NOT want your child to participate?:

Does your child have any physical conditions, classifications or special conditions we should be aware of:

I attest that my child _____ is in good physical condition and all immunizations are up to date.

ATTACHED IS COPY OF MY CHILD'S IMMUZATION RECORD

Parent Signature: _____ Date: _____

FEE SCHEDULE

REGISTRATION WILL BE CHARGED IMMEDIATELY WITH 24 HOURS OR LESS NOTICE - OR WEEKLY FOR PRE-REGISTRATIONS

Fees:

- Before School Only= \$25 per child
- After School Only=\$25 per child
- Before & After School= \$25 per child
- Professional Development Day: \$40 per child
- Early Release= \$10 per child
- Late Start= \$10 per child

YMCA DROP IN FORM FOR BEFORE &/OR AFTER SCHOOL – LATE START – EARLY RELEASE – PROFESSIONAL DEVELOPMENT DAYS

1. I give permission for the YMCA to transport my child in YMCA buses by authorized YMCA bus drivers.
2. I give permission for my child to receive CPR and First Aid by qualified YMCA staff as necessary until emergency personnel arrive. I give consent for my child to be taken to the hospital to be treated by a physician. I agree to assume financial responsibility for such treatment.
3. I give permission for my child to be transported by emergency vehicle.
4. I give permission for my child to participate in field trips, swimming, and activities planned by YMCA staff.
5. I agree to let the YMCA use my child’s photograph or video on YMCA websites, social media and printed promotional materials.
6. I have read the parent handbook and understand the YMCA policies and procedures.
7. I understand that payments will be automatically drafted weekly from my account on file and agree to keep billing information up to date.
8. I understand that if I am paying in cash that I must pay two months in advance.
9. I understand that registration is not complete until the registration fee is paid.
10. I understand that the first week and the last week of registered care will be drafted at the time of registration.
11. I understand that schedule changes must be made the Monday the WEEK PRIOR to affect my billing.
12. I understand that refunds are only given in special circumstances authorized by the Youth Development Director. All other billing changes will be a credit on my account.
13. I certify that everything is complete and filled out to the best of my knowledge. I will submit any changes of information to the Site Director in a timely manner.

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

Enroll Date: _____
Staff Entering Registration: _____

OFFICE USE ONLY:

Scholarship Amt: _____ Staff Auth.: _____
CCAP: _____ AUTH FROM CCAP: _____

Payment Authorization & Agreement Form

Child's Name _____	Birthdate _____
Responsible Party Name (Please print) _____ Relationship to Child _____	
Billing Address _____	City _____ State _____ Zip _____
Home Phone _____	Work Phone _____ Cell Phone _____

A Credit Card/EFT authorization is required to be on file . Your account will be charged automatically upon registration.

- I understand that a Non-Transferrable/Non-Refundable Registration Fee of \$40 per family will be charged upon first draft
- Program fees are due **before** care is given and registration is not complete unless the registration fee and first payment are accompanied by this form.
- No reduction in cost is made for late arrivals, early departures, or days missed due to illness, vacation, or opting not to attend.
- Bank draft credit card are accepted forms of payment. Cash will only be accepted at the YMCA welcome desk for 2 months in advance.
- A late pick up fee will be charged after 6:00 pm. (Charges will be \$10 for the 1st time late, \$20 for the 2nd time and \$30 for any further late pick-ups.)
- I agree to have payment drafted each week on Monday.

I am financially responsible for full payment for days I have registered, even if my child does not attend.

- I understand that a one-week written notice, using the "Schedule Change / Disenrollment Request Form", is required for refunds to be issued. Refunds are not issued unless special circumstances are agreed upon. Credits issued only.
- I agree that by signing this form, my child is enrolled for all days marked on the registration form and I am responsible for full payment of said days unless I give written notice on the "Schedule Change / Disenrollment Request" form.
- Scholarships and CCAP are accepted and are not retroactive. I understand that I cannot attend until CCAP or scholarship paperwork is completed and validated and parent fees are paid.
- In the event of a default, I agree to pay, whether or not legal proceedings are instituted, a reasonable COLLECTION FEE which shall be 35% of the principal balance for any debt incurred hereunder and to pay all reasonable cost of collection including but not limited to ATTORNEY FEES as a result of my default. I also agree to pay interest at the rate of 12% per annum on any balance of mine not paid within three months. Any balance past due more than 30 days will be sent to our collection agency.

Payment Authorization

<div style="background-color: #e0e0e0; padding: 2px; text-align: center;">Automatic Payments</div> <p>I will make weekly automatic payments to be <u>drafted each Monday</u> by:</p> <p><input type="checkbox"/> Credit card</p> <p><input type="checkbox"/> Electronic Funds Transfer (EFT)</p> <p><i>(A VOIDED CHECK MUST BE ATTACHED)</i></p>	<div style="background-color: #e0e0e0; padding: 2px; text-align: center;">Financial Assistance</div> <p><input type="checkbox"/> I have CCAP</p> <p>Caseworker Name _____</p> <p>Caseworker Phone: _____</p> <p><input type="checkbox"/> I have a YMCA Scholarship % _____</p>
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Automatic Credit Card & EFT Payments - (REQUIRED FOR DROP-IN CARE)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> EFT <i>Please attach a voided check</i>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">Name on credit card (or bank account if using EFT) PLEASE PRINT</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Credit Card Number</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Expiration Date</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">AUTHORIZED SIGNATURE</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Today's Date</div>
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- I authorize my bank to honor preauthorized Electronic Funds Transfers (EFT) or Credit Card charges against my account for the amount of my account balance. The balance may include my monthly fee and/or other program related fees due in accordance with the Parent Handbook.
- This authorization shall remain in effect until I cancel the automatic payment agreement service with a 30-day written notice.
- I understand it is my responsibility to update any changes or expiration dates for my card 10 days before the payment date.
- If I wish my payment plan to change, I must submit a new "Payment Authorization Form" 2 weeks in advance of the payment date.
- When the bank honors the EFT or credit card by charging my account, such transfer shall constitute notice of payment due and be my receipt for the payment. Should any preauthorized EFT or credit card not be honored by said bank when received by them, then it is understood that the payment will be made by me in the amount of said payment plus service charge of \$20. It is further understood that if such payment is not honored by the bank or institution, then the YMCA, at its discretion, may resubmit the amount due for payment at a future date.

Responsible Party Name (please print) _____ Birthdate _____

Responsible Party Signature _____ Date _____

DROP IN ONLY (3 DAYS PER WEEK OR LESS)

BEFORE &/OR AFTER SCHOOL - LATE START - EARLY RELEASE - PROFESSIONAL DEVELOPMENT DAY

August						
S	M	T	W	TH	F	S
	19	20	21	22	23	
	26	27	28	29	30	

September						
S	M	T	W	TH	F	S
	2	3	4	5	6	
	9	10	11	12	13	
	16	17	18	19	20	
	23	24	25	26	27	
	30					

October						
S	M	T	W	TH	F	S
		1	2	3	4	
	7	8	9	10	11	
	14	15	16	17	18	
	21	22	23	24	25	
	28	29	30	31		

November							
S	M	T	W	TH	F	S	
	4	5	6	7	8		
	11	12	13	14	15		
	18	19	20	21	22		
	Vacation Camp-Use Camp Form					28	29

December							
S	M	T	W	TH	F	S	
	2	3	4	5	6		
	9	10	11	12	13		
	16	17	18	19	20		
	Vacation Camp 23-24					Closed 26	Closed 27
	Vacation Camp 30-31						

January						
S	M	T	W	TH	F	S
			Closed 1	Vacation Camp 2-3		
	6	7	8	9	10	
	13	14	15	16	17	
	20	21	22	23	24	
	27	28	29	30	31	

February						
S	M	T	W	TH	F	S
	3	4	5	6	7	
	10	11	12	13	14	
	Vacay Camp 17					
	24	25	26	27	28	

March						
S	M	T	W	TH	F	S
	3	4	5	6	7	
	10	11	12	13	14	
	17	18	19	20	21	
	24	25	26	27	28	
	Vacay Camp 31					

April						
S	M	T	W	TH	F	S
		Vacation Camp 1 - 4				
	7	8	9	10	11	
	14	15	16	17	18	
	21	22	23	24	25	
	28	29	30			

May						
S	M	T	W	TH	F	S
				1	2	
	5	6	7	8	9	
	12	13	14	15	16	
	19	20	21	22	23	
	Closed 26	27	28	29	30	
^ TPCA ONLY ^						

KEY: Use the codes below on date
B= Before School
A= After School
BA= Before & After School
PD= Professional Deveopment
LS= Late Start
ER= Early Release

FEES:
B= \$25 per child
A= \$25 per child
BA= \$25 per child
PD= \$40 per child
LS= \$10 per child
ER= \$10 per child