



YMCA @ TPCA 2013-2014 AFTER SCHOOL PROGRAM

CHILD INFORMATION

		Start Date:
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:	



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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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

ALL RATES ARE WEEKLY PER CHILD AND INCLUDE EARLY RELEASE AND FULL DAYS THAT FALL WITHIN THE WEEK.
15 participants minimum to hold early release and full day care

\$40 Registration Fee per family
Weekly Rate: \$130 per child



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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: _____



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	Please Mark Dates of Attendance
	August 26-30 (FULL DAY at the Y Aug. 30)
	September 3-6 Closed September 2 (Early Release Wed. September 4)
	September 9-13
	September 16-20
	September 23-27
	September 30-October 4 (Early Release Wed. October 2)
	October 7-11
	October 14-18 (Full Day at the Y Fri. October 18)
	October 21-25 (Early Release Thur.& Fri. October 24, 25)
	October 28-November 1
	November 4-8 (Early Release Wed. November 6)
	November 11-15
	November 18-22
	December 2-6 (Early Release Wed. December 4)
	December 9-13
	December 16-20 (Early Release Fri. December 20)
	January 6-10 (FULL DAY at the Y Mon. January 6)
	January 13-17
	January 21(Tuesday)-24 (Camp day on January 20)
	January 27-31
	February 3-7 (Early Release February 5,6,7)
	February 10-14
	February 18 (Tuesday)-21 (Camp day on February 17)
	February 24-28
	March 3-7 (Early Release Wed. March 5)
	March 10-14 (FULL DAY at the Y Mon. March 10)
	March 17-21
	March 24-28
	April 7-11 (Early Release Wed. April 9)
	April 14-18
	April 21-25
	April 28 – May 2
	May 5-9 (Early Release Wed. May 7)
	May 12-16
	May 19-23
	May 26-29 (Early Release NO CARE Last day of School)



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 _____

<p style="text-align: center;">A Credit Card/EFT authorization is <u>required</u> to be on file . account will be charged automatically upon registration.</p>	Your
<ul style="list-style-type: none"> 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 <u>registration is not complete unless the registration fee and first payment are accompanied by this form.</u> 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.) <u>I agree to have payment drafted each week on Monday.</u> <p>I am financially responsible for full payment for days I have registered, even if my child does not attend.</p> <ul style="list-style-type: none"> 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 <u>I am responsible for full payment of said days unless I give written notice on the "Schedule Change / Disenrollment Request" form.</u> 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

<p style="text-align: center;">Automatic Payments</p> <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 style="font-size: small;"><i>(A VOIDED CHECK MUST BE ATTACHED)</i></p>	<p style="text-align: center;">Financial Assistance</p> <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)							
<p><input type="checkbox"/> <input type="checkbox"/> </p> <p><input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;"><input type="checkbox"/> EFT</p> <p style="text-align: center; font-size: small;"><i>Please attach a voided check</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Name on credit card (or bank account if using EFT)</td> <td style="border-bottom: 1px solid black; width: 30%; text-align: center;">PLEASE PRINT</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Credit Card Number</td> <td style="border-bottom: 1px solid black; text-align: center;">Expiration Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">AUTHORIZED SIGNATURE</td> <td style="border-bottom: 1px solid black; text-align: center;">Today's Date</td> </tr> </table>	Name on credit card (or bank account if using EFT)	PLEASE PRINT	Credit Card Number	Expiration Date	AUTHORIZED SIGNATURE	Today's Date
Name on credit card (or bank account if using EFT)	PLEASE PRINT						
Credit Card Number	Expiration Date						
AUTHORIZED SIGNATURE	Today's Date						

- 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** _____