

HARRISON FAMILY YMCA
Before/After School Registration Form
2019-2020

Before School After School
 Before and After School

After School Program Attending: Harrison Family YMCA On Site at _____

School Attending _____ Grade As Of 2018-2019 School Year _____

NAME OF CHILD _____ DOB ____/____/____ SEX ____ AGE ____
LAST / FIRST NICKNAME

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ DOB ____/____/____ FATHER'S NAME _____ DOB ____/____/____

ADDRESS _____ ADDRESS _____

HOME PHONE _____ HOME PHONE _____

CELL PHONE _____ CELL PHONE _____

EMPLOYER _____ EMPLOYER _____

WORK PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

CHILD LIVES WITH: _____

MOTHER AUTHORIZED TO PICK UP CHILD? YES NO

FATHER AUTHORIZED TO PICK UP CHILD? YES NO

OTHER PERSONS AUTHORIZED TO PICK THIS CHILD UP AND/OR AUTHORIZED IN CASE OF EMERGENCY:
(YOU MUST LIST AT LEAST TWO CONTACTS THAT DO NOT APPEAR ABOVE)

NAME _____ NAME _____ NAME _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

PHONE# _____ PHONE# _____ PHONE# _____

RELATIONSHIP _____ RELATIONSHIP _____ RELATIONSHIP _____

MEDICAL INFORMATION: (A Medical Action Plan must be completed for any chronic conditions.)

Please list any ALLERGIES:

Please list any medication your child is currently taking:

Is your child currently under a doctor's care? _____ If so, please explain _____

Any history of significant previous diseases or recurrent illness? No _____ Yes _____
Diabetes? No _____ Yes _____ Convulsions? No _____ Yes _____ Heart trouble? No _____ Yes _____
If others, what/when? _____

Any recent hospitalization and/or surgeries? If do, please describe _____

Does your child have any physical/mental disabilities? If so, please describe _____

Does your child have any mental disabilities? If so, please describe _____

PLEASE NOTE: PARENT MUST COMPLETE MEDICAL AUTHORIZATION FORM AND MEDICAL ACTION FORM BEFORE CHILDCARE STAFF CAN DISPENSE ANY MEDICATION TO YOUR CHILD.

AUTHORIZATION FOR MEDICAL ATTENTION:

Physician's Name _____ Office Phone _____

Address _____

Hospital Preference _____

In case of accident or injury, I understand that my child will be taken to the nearest medical facility. If I am unavailable in the event that my child needs medical attention, I hereby give permission to the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses. (Note: The parent/legal guardian should authorize the above listed Physician, at the time of registration, to accept calls from the Harrison Family YMCA for medical attention.)

DATE: _____ PARENT/LEGAL GUARDIAN SIGNATURE _____

*INSURANCE COMPANY _____ POLICY NUMBER _____

*This information makes admittance to the medical facility faster and easier.

IMMUNIZATION RECORDS – REQUIRED ONLY FOR CHILDREN AT THE HARRISON FAMILY YMCA PROGRAM

A current copy of shot records must be submitted within 3 days of attendance

SOCIAL INFORMATION:

Adjustment problems may occur when entering a new and active environment. Please provide any information that may make this transition easier for your child by completing the following and attach additional information as needed.

FEARS _____ EASILY PROVOKED TO ANGER _____ YES _____ NO

UNIQUE BEHAVIORS _____

DISPLAYS ANGER _____ SUPPRESSED _____ VOCAL _____ PHYSICAL _____ NON PHYSICAL _____

CONTROLLED PEER RELATIONSHIPS: _____ SHY _____ OUTGOING _____ PREFERS INDIVIDUAL _____ PREFERS GROUP

PRONE TO WANDER? _____ YES _____ NO / RESPONDS TO VERBAL INSTRUCTIONS? _____ YES _____ NO

FOLLOWS BASIC RULES OF SAFETY? _____ YES _____ NO

PARENT METHOD OF DISCIPLINE: _____

PHOTO RELEASE AUTHORIZATION: Please be advised your child may be photographed/video taped at various YMCA events.

_____ YES, I give permission for my child's photograph/video tape to be used for YMCA marketing and social media.

_____ NO, I DO NOT give permission for my child's photograph/video tape to be used for YMCA marketing and social media.

Childcare Permission

I give permission for my child to participate in the activities initialed below. I understand that if I do not initial, he/she will not be allowed to participate

_____ Climbing Wall

_____ Family Gym/Main Gym

_____ Racquetball Room

_____ Wellness Walking Track

_____ Swimming Pool

_____ Wellness Studio 1 and 2

_____ Soccer Field

_____ Planned activities outside the fenced area

Parent's Signature: _____ Date: _____

***Please verify emergency contact information is up to date and current with Childcare Office. ***

Before/After School Care 2019-2020

Application for Electronic Fund Transfer

What is the YMCA electronic transfer plan?

The program provides a way to budget your fees on a weekly basis. With your authorization, fees are deducted weekly from an account of your choosing.

What are the benefits of such a program?

Convenience: You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no stopping at the customer service desk every week.

No additional fees: There are no extra charges for using the YMCA's electronic fund transfer payment plan.

Who can participate?

Any adult, 18 years of age and older, who has an account (checking or credit) at a participating financial institution.

How do I sign up?

By completing this authorization card and returning it along with a voided check (if applicable). The check must be preprinted with a customer's name on it. We will then complete our verification process.

Authorization agreement

I hereby authorize the YMCA to initiate electronic fund entries to my: checking account credit card indicated below, and I authorize the financial institution named below to debit my account.

Financial institution _____

City, state _____

Routing/transit number _____

Account number _____

Type of credit card _____

Credit card number _____

Expiration _____

Name on card _____

This authorization remains in effect until the YMCA has received a five business day written notification from me indicating my desire to discontinue.

Parent's Signature _____

Terms and Conditions

- I understand that this is a continuous plan based registration and associated fees that will be drafted on the scheduled dates as initialed and approved below.

Parent's initials: _____

- I understand that if I wish to terminate attendance, I must give the YMCA a 5-day written notice and complete a cancellation form. I understand that my account may be drafted during this 5-day period.

Parent's initials: _____

- Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.

Parent's initials: _____

Name of Child: _____

| Month | Before School Draft Amount | After School Draft Amount (School Sites) | After School Draft Amount (YMCA Location) | Before and After School Draft Amount | Teen Academy | Draft Date | Parent's Initials |
|-----------|----------------------------|--|---|--------------------------------------|--------------|------------|-------------------|
| August | \$20.50 | \$47.75 | \$68.25 | \$58.75 | \$57.50 | 08/23/19 | |
| September | \$75 | \$175 | \$250 | \$215 | \$210 | 09/01/19 | |
| October | \$75 | \$175 | \$250 | \$215 | \$210 | 10/01/19 | |
| November | \$75 | \$175 | \$250 | \$215 | \$210 | 11/01/19 | |
| December | \$75 | \$175 | \$250 | \$215 | \$210 | 12/01/19 | |
| January | \$75 | \$175 | \$250 | \$215 | \$210 | 01/01/20 | |
| February | \$75 | \$175 | \$250 | \$215 | \$210 | 02/01/20 | |
| March | \$75 | \$175 | \$250 | \$215 | \$210 | 03/01/20 | |
| April | \$75 | \$175 | \$250 | \$215 | \$210 | 04/01/20 | |
| May | \$61.50 | \$143.25 | \$204.75 | \$176.25 | \$172.50 | 05/01/20 | |