

BEFORE & AFTER SCHOOL CARE

Harrison Family YMCA

PROGRAM FOR SCHOOL AGED CHILDREN 2022-2023 Enrollment Forms (Please Print) A. Participant Information Child First Name: _____ Last Name: _____ Date of Birth ____/___ Grade in Aug. 2022: _____ **Gender:** Child Lives With: | Mother | Father Female Other School Attending: School child is being transported to the Y from : Authorized to Pick-up? If you do not check this box they will not be able to pick up. _____ Last Name _____ Date of Birth ___/___/ _____City _____State _____Zip ____ Home Phone: _____ Cell Phone ____ Email ____ Business Name & Address: _____ Work Phone _____ Authorized to Pick-up? If you do not check this box they will not be able to pick up. Parent/Guardian #2 First Name _____ Last Name _____ Date of Birth ___/___/ Home Phone: _____ Email _____ Business Name & Address: ______ Work Phone _____ B. Others Authorized to Pick Child Up or Be Notified as Needed The YMCA can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y-Director to make changes to this information. Last Name Relationship to child #1 First Name Home Phone: _____ Cell Phone _____ #2 First Name _____ Last Name _____ Relationship to child _____ _ Cell Phone _____ C. Sessions & Programs Please select and check which weeks your child will attend: BEFORE & AFTER SCHOOL BEFORE SCHOOL AFTER SCHOOL **AT YMCA OFF SITE AT SCHOOLS** OFF SITE AT SCHOOL \$270/MONTH \$65/MONTH \$215/MONTH (\$305 for RM Prep **OFF SITE AT SCHOOL** \$190/MONTH

D. Participant Health History and Information

Print Name

Sign Name

Child's Doctor:	Addre	SS:
Phone #	*Insurance Company:	Policy Number:
*This information makes admitta	nce to the medical facility faster and easier.	
Please note that with some condition Asthma Autism Cognitive or Learning Disal Non-Food Allergies (list) Food/Milk Allergies (list) *If your child has food allerg My child carries an epi-pe Other conditions to note: Please provide symptoms and/o	ies or dietary restrictions, attach a statemen n, inhaler or other medication. (additional m	ADD/ADHD Cerebral Palsy/Other Motor Disorder ing, Speech to Note
attached):		
*If any medication (prescription o	or surgeries? Yes No If so, plead No If so, plead No If yes, what No If yes, which No If ye	ase explain: ase describe: kind and why (unless confidential by law)? gram time, a medication form MUST be completed. Please see n be found here: harrisonfamilyy.org or picked up at the Y.
An event in your child's life	f:that may have been particularly upsetting: _ eristics you would like to note: al care or additional information you feel wo	uld be helpful. (additional pages or notes may be attached):
arrangements for emergency media	erstand that my child will be taken to the near	rest medical facility. If I cannot be reached to make I hereby authorize the YMCA staff or any competent or all medical expenses.

Date

	pply sunscreen to my child as neede	along with this form (required to register) ed. Parent must supply sunscreen. (If sunscreen is provided a
Transport my child off premises in `competency. This applies to field trips and a Participate in field trips with a si	all or video taken for Y publicity purpo YMCA legally approved vehicles provi	ided that the Y has ensured driver eligibility, insurance, and by the YMCA, during programming times of 6:30 AM - 6:00 PM field trips.
E. Agreements		
 I will notify the staff of any changes in I consent to my child's participation in the involved in program activities and I give I have reviewed the Code of Conduct an I understand that it is my responsibility I understand that I cannot leave my child child. There must be an exchange of rest I understand that state law mandates the investigation. 	the registration information. the Y program and assume the risks of my child authorization to participal and Behavior Management/Discipline of that my child is signed in upon arri and at the Y or program site unless a sponsibility from an authorized indivine Y to report any suspected cases all of the information in the Parent I	Policy with my child(ren). ival to the program, and signed out before leaving each day. Y program staff member is there to receive and supervise my vidual to a Y staff member. of child abuse or neglect to the appropriate authorities for Handbook. A copy of the Parent Handbook is available online at
i nave read and ur	nderstand the statements above reg	arding YMCA policies and procedures.
Print Name	Sign Name	Date
G. Accounting Policies and Paymo	ents	
Acceptable payment form is: Electronic Fu	ands Transfer (EFT), cash, or check.	
Payments for the week are due by Frida	y, preceding the start of each week	c. week of camp will result in your account being charged a
Drafts will be made by the close of busine week written notification has been provide		k of care. Drafts will be made each week, unless a two on of registration.
 No adjustments in the weekly fee will be r Y is closed or inclement weather days. 	nade for partially attended weeks, wh	nen care is not provided due to holidays that the
If payment is not made, future registrat		
 Refunds are typically not given. A Refund Request Form may be obtained from, and returned to, the Member Service Desk. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$10.00 will be collected 		
electronically. If an NSF payment is unable	e to be collected electronically, year-r at least seven days prior to the date t	th an NSF service fee of \$10.00 will be collected cound pricing will no longer apply. Any change to your the change is to take effect. A \$10 late fee will be
	count on file, this charge must be pa	p.m. that your child remains in our care. This fee will be drafted id at the Y Member Service Desk, and your child will not be
We have read the	satisfied.	
		omply with all payments and policies.

Before and After School Care 2022-2023 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	Terms and Conditions			
I hereby authorize the YMCA to initiate electronic entries to my: cred				
indicated below, and I authorize the financial	the scheduled dates as initialed and approved below.			
institution named below to debit my account.	Parent's initials:			
Financial institution	2. I understand that if I wish to terminate attendance, I must give the YMCA a 5-day written notice and complete			
City, state	a cancellation form. I understand that my account may			
Routing/transit number	be drafted during this 5-day period. Parent's initials:			
Account number				
Type of credit card	reason, I realize that I am still responsible for the			
Credit card number	payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee			
Expiration	my bank may charge. I understand that it is my			
Name on card	responsibility to notify the YMCA in writing should I change my financial institution and/or account at any			
This authorization remains in effect until the YMCA has refive business day written notification from me indicating to discontinue.	eceived a time.			
Parent's Signature	Name of Child:			
I hereby authorize the YMCA to draft from the account listed above for: After School at the YMCA				
Draft Date: 1st Monthly Draft A	mount: \$ <u>270</u>			
After School at the School Site	y Draft Amount. \$505			
Draft Date: 1st Monthly Draft A	mount: <u>\$190</u> Initials			
Before School at the School Site				
Draft Date: 1st Monthly Draf	t Amount: <u>\$65</u> Initials			
Before & After School at the School Site				
Draft Date: 1st Monthly Draf	t Amount: \$215 Initials			