



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PROGRAM FOR SCHOOL AGED CHILDREN

2020-2021 Enrollment Forms (Please Print)

Attach Child's Photo Here



A. Participant Information

Child First Name: _____ Last Name: _____

Date of Birth ___/___/___ Grade in Aug. 2020: _____

Gender: Male Female **Child Lives With:** Mother Father Other

Employer: _____

Parent/Guardian #1

First Name _____ Last Name _____ Date of Birth ___/___/___

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Email _____

Business Name & Address: _____ Work Phone _____

Parent/Guardian #2

First Name _____ Last Name _____ Date of Birth ___/___/___

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell 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.

#1 First Name _____ Last Name _____ Relationship to child _____

Home Phone: _____ Cell Phone _____

#2 First Name _____ Last Name _____ Relationship to child _____

Home Phone: _____ Cell Phone _____

C. Rate Plan - Please check to select which program and months you will attend.

LEARNING ACADEMY

(Mon-Fri. 6:30-6:00pm, AT THE YMCA)

FULL MONTH
\$ 585

2 WEEKS/MONTH
\$ 292.50

AFTER SCHOOL

ON SITE AT THE YMCA
\$ 165/MONTH

Mon-Thurs. 1:15-6:00pm + Friday all day care

OFF SITE AT SCHOOL
\$ 120/MONTH

Mon-Thurs. 1:15-6:00pm

BEFORE SCHOOL

ON SITE AT SCHOOL
\$ 165/MONTH

Mon-Thurs. 6:30am-bell

D. Participant Health History and Information

Child's Doctor: _____ Address: _____

Phone # _____ *Insurance Company: _____ Policy Number: _____

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

Check any conditions that your child has experienced:

- Asthma Autism Diabetes Epilepsy/Seizures ADD/ADHD Cerebral Palsy/Other Motor Disorder
- Cognitive or Learning Disabilities Status of Vision, Hearing, Speech to Note _____

Non-Food Allergies (list) _____

Food/Milk Allergies (list) _____

*If your child has food allergies or dietary restrictions, attach a statement from a medical professional (REQUIRED).

My child carries an epi-pen, inhaler or other medication. (additional medication form is required)

Other conditions to note: _____

Please provide symptoms and/or special instructions for any condition marked above. (Additional form is required and notes may be attached): _____

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

Any recent hospitalization and/or surgeries? ____ If so, please describe: _____

Is your child currently taking any medications? Yes No If yes, what kind and why (unless confidential by law)? _____

*If any medication (prescription or over the counter) is required during Y program time, a medication form MUST be completed. Please see our Medication Policy in the Parent Handbook for more information which can be found here: harrisonfamilyy.org or picked up at the Y.

Check any of the following that relate to your child:

- Fears we should be aware of: _____
- An event in your child's life that may have been particularly upsetting: _____
- Social or emotional characteristics you would like to note: _____

Other conditions requiring special care or additional information you feel would be helpful. (additional pages or notes may be attached): _____

E. Authorization/Consent

Authorization for Medical Attention:

In case of accident or injury, I understand that my child will be taken to the nearest medical facility. If I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses.

Print Name

Sign Name

Date

Out of School Care 20-21

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

1. I understand that this is a continuous plan based on registration and associated fees that will be drafted on the scheduled dates as initialed and approved below.
Parent's initials: _____
2. 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: _____
3. 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: _____

I hereby authorize the YMCA to draft from the account listed above for:

- Learning Academy (Full Month Program)**
Draft Date: 1st and 15th Bi-monthly Draft Amount: \$292.50 Initials _____
- Learning Academy (2 weeks/month Program)**
Draft Date: 1st Monthly Draft Amount: \$292.50 Initials _____
- After School On site at the YMCA (2 weeks/month Program)**
Draft Date: 1st Monthly Draft Amount: \$165 Initials _____
- After School Off site at the School (2 weeks/month Program)**
Draft Date: 1st Monthly Draft Amount: \$120 Initials _____
- Before School Off site at the School (2 weeks/month Program)**
Draft Date: 1st Monthly Draft Amount: \$37.50 Initials _____