



FOR YOUTH DEVELOPMENT<sup>®</sup>  
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](http://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 \_\_\_\_\_