HARRISON FAMILY YMCA Before/After School Registration Form 2018-2019

Before School	After School
Before and	After School

After School Program Attending: Har	rison Family YMCA	On Site at						
School Attending		Grade As Of	2018-2	2019 Sc	hool Yea	r		
NAME OF CHILDLAST / FIRST		DOB	/	/	SEX _	A(GE	
LAST / FIRST	NICKNAM	E						
ADDRESS		CITY		STAT	E	_ ZIP		
MOTHER'S NAME	DOB//	FATHER'S NAME				DOB	/	/
ADDRESS		ADDRESS						
HOME PHONE		HOME PHONE						
CELL PHONE		CELL PHONE						
EMPLOYER		FMPLOYER						
WORK PHONE		- WORK PHONE						
E-MAIL ADDRESS		E-MAIL ADDRESS						
CHILD LIVES WITH:								
FATHER AUTHORIZED TO PICK UP CHILD?	YES	NO						
OTHER PERSONS AUTHORIZED TO PICK T (YOU MUST LIST AT LEAST TWO CONT NAME	ACTS THAT DO NO	OT APPEAR ABOVE)						
ADDRESS	ADDRESS		ADDF	RESS _				
PHONE#	PHONE#		PHON	NE#				
RELATIONSHIP	RELATIONSHIP		RELA	TIONSH	HIP			
MEDICAL INFORMATION: (A Medical Ac	tion Plan must be co	ompleted for any chro	nic con	ditions.)			
Please list any <u>ALLERGIES</u> :								
Please list any medication your child is cur	rently taking:							
Is your child currently under a doctor's car	re? If so, ple	ease explain						
Any history of significant previous dise Diabetes? No Yes If others, what/when?	Convulsions? I	No Yes	_ Hear	t troub	le? No_	Yes		
Any recent hospitalization and/or surg	eries? If do, plea	se describe						
Does your child have any physical disa	abilities? If so, ple	ase describe						
Does your child have any mental disal	oilities? If so, plea	ase 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 quardian 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: **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 __Racquetball Room Swimming Pool ____Soccer Field _____Family Gym/Main Gym _____Wellness Walking Track

Wellness Studio 1 and 2

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 2018-2019

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 fund entries to my: ☐ checking account ☐ credit card indicated below, and I authorize the financial	1.	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.
institution named below to debit my account.		Parent's initials:
Financial institution	2.	I understand that if I wish to terminate attendance, I
City, state		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.
Routing/transit number		,
Account number		Parent's initials:
Type of credit card	3.	Should any deduction not be honored by my bank for any 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
Expiration		fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I
Name on card		change my financial institution and/or account at any time.
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 initials:
	Nam	ne of Child:
Parent's Signature		

Month	Before School Draft Amount	After School Draft Amount (School Sites)	After School Draft Amount (YMCA Location)	Before and After School Draft Amount	Draft Date	Parent's Initials
August	\$16.25	\$41.25		\$51.25	06/08/18	
September	\$65	\$165		\$205	09/01/18	
October	\$65	\$165		\$205	10/01/18	
November	\$65	\$165		\$205	11/01/18	
December	\$65	\$165		\$205	12/01/18	
January	\$65	\$165		\$205	01/01/19	
February	\$65	\$165		\$205	02/01/19	
March	\$65	\$165		\$205	03/01/19	
April	\$65	\$165		\$205	04/01/19	
May	\$55.25	\$140.25		\$174.25	05/01/18	