



* Please sign this letter, and keep a copy for yourself.*

August 1, 2017

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

TO ALL AFTER-SCHOOL CARE PARENTS:

We are very happy to continue our after-school care at the following sites:

- Crosley Elementary in West Monroe (Ouachita Parish School)
- Trenton Academy in West Monroe serving Boley, Claiborne, George Welch, Highland, and Kiroli Elementary Schools (Ouachita Parish Schools)
- J. S. Clark Elementary in Monroe (Monroe City School)
- Jack Hayes Elementary in Monroe (Ouachita Parish School)
- Lexington Elementary in Monroe (Monroe City School)

The following schools will **ONLY** have after-school care **IF** we enroll at least 20 students each

- Central Elementary (Ouachita Parish School)
- Lakeshore Elementary (Ouachita Parish School)
- Sallie Humble Elementary (Monroe City School)

We will **STRICTLY** enforce the following:

- **Registration cost per child \$35**
- **Fee for Attendance \$50 per week (due whether the child attends or not)**
- **NO SCHOLARSHIPS AVAILABLE THIS YEAR**
- **All payments must be made in advance (if paying monthly then payment due before the child attends)**
- **Multiple child discount (each child is \$40 per week)**
- **Trenton Academy Bus Fee (\$7.00 weekly per child)**
- **All Credit Card, Debit Card, or Bank Draft payments will also be charged \$3.50 per transaction for Bank Service Fee**
- **AUTOMATIC DRAFTS WILL BE DRAFTED IN ADVANCE EVERY WEEK, NO EXCEPTIONS**
- **ALL NSF, whether check or Bank Draft, or denied credit cards will be assessed \$25 fee**
- **IF any child has a past due balance after two weeks, the child will not be allowed to attend, PLEASE do not send your child, it is your duty to make other arrangements with the school.**
- **IF you elect to remove your child from our program then it is your responsibility to notify us (since the fee is charged whether the child attends or not). IF YOU RETURN TO THE PROGRAM IN THIS SCHOOL YEAR we will charge another registration fee.**

These policies are necessary due to the excessive costs for Insurance and Supplies and due to the unpaid child care fees from last year and Summer Academy. The YMCA is a non-profit organization and exists for your convenience. We simply can't offer services without payment.

For a better Y!

Ellis M. Lewis, CEO

YMCA OF NORTHEAST LOUISIANA

1505 Stubbs Avenue, Monroe, LA 71201 P 318-387-9622 F 318-703-3626 www.ynela.org



CHILDCARE REGISTRATION

PREFERRED SITE:

ATTENTION PARENTS: We require the first week to be paid at the time of registration, unless you are signing up for the Automatic Draft or applying for Scholarships.

PLEASE PRINT

PLEASE USE INK

PLEASE COMPLETE ENTIRE FORM

Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant's School: _____ Participant's T-Shirt Size: _____

Additional Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Participant's School: _____ Participant's T-Shirt Size: _____

Additional Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Participant's School: _____ Participant's T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1: _____ Home Ph#: _____ Cell Ph#: _____

Place of Employment: _____ Work/Other Ph#: _____

Email Address: _____

Parent/Guardian #2: _____ Home Ph#: _____ Cell Ph#: _____

Place of Employment: _____ Work/Other Ph#: _____

Email Address: _____

BILLING INFORMATION:

Person(s) responsible for this account: _____ Phone#: _____

Address if different from above: _____

EMERGENCY CONTACTS:

Name: _____ PH#: _____ Relationship: _____

Name: _____ PH#: _____ Relationship: _____

Name: _____ PH#: _____ Relationship: _____

MEDICAL INFORMATION:

Name of physician: _____ Phone#: _____

Please list any medical conditions that the participant may have: _____

Please list any medications the participant is taking: _____

Please list anything the participant is allergic to: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

In the event I (the parent) cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer CPR/AED or FIRST AID and/or have my child transported to the nearest hospital for treatment.

(Parent/Guardian Signature)

(Date)

GENERAL PARTICIPANT RELEASE INFORMATION:

All must be signed in order for the participant(s) to participate in this program!

I certify that the participant(s) has been examined by a licensed physician in the past twelve months and is able to participate in YMCA activities.

(Parent/Guardian Signature)

(Date)

I agree not to hold the YMCA liable if the participant(s) is injured while participating in YMCA activities.

(Parent/Guardian Signature)

(Date)

I understand that there is a \$35 NSF check fee for all returned checks. I also understand that there will be **NO REFUNDS** after payment has been made.

(Parent/Guardian Signature)

(Date)

As a parent/participant, I agree to exhibit and uphold the YMCA CORE VALUES of Caring, Honesty, Respect and Responsibility while at all YMCA Programs/Events. I also understand that if I do not I will be asked to leave by YMCA Staff.

(Parent/Guardian Signature)

(Date)

I do hereby authorize newspaper interviews, taking of pictures, motion pictures and/or television interviews of the participant(s) during his/her time in the YMCA program(s). The YMCA staff will be supervising during any planned media event.

(Parent/Guardian Signature)

(Date)

I acknowledge and understand that the Childcare Tuition Fees are due in full, no matter if my child(ren) attends or not.

(Parent/Guardian Signature)

(Date)

I acknowledge and understand that if my account is two (2) or more weeks past due I will be contacted by the YMCA for collection of past due amount, and that my child(ren) will be at risk for being removed from the program if my account is not paid in full.

(Parent/Guardian Signature)

(Date)

I acknowledge and understand that there will be no YMCA Afterschool Academy if your school is not open for the full day. (*Example: Half-day at schools means no YMCA Afterschool Academy.*)

(Parent/Guardian Signature)

(Date)

Please list all people who are authorized to pick up your children:

THANK YOU FOR YOUR INTEREST IN OUR PROGRAMS!



UNDERSTANDING OF TUITION FEES & HANDBOOK

2017-2018 Afterschool Academy Tuition Policy:

- If you sign up for the weekly automatic draft or if you prepay for the week by the **FRIDAY BEFORE**, this is your tuition:
 - \$50/week per participant
- If you elect to **NOT** sign up for the weekly automatic draft or to pay for the week by the **FRIDAY BEFORE**, and your account becomes past due, this is your tuition:
 - \$60/week per participant

Ex: Johnny is attending the week of August 21, 2017. To avoid late fees Johnny's billing account must be either Automatic Draft or his tuition for the week of August 21, 2017 must be paid by the Friday before. **Late fees will be applied if there is no credit on the account at the time that invoices are being keyed.**

I acknowledge that I have been notified of the 2017-2018 Afterschool Academy tuition fees policy.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

I, _____, acknowledge that I have received a copy of the updated 2017-2018 YMCA Afterschool Academy Handbook.

I also understand that if myself or my child(ren) violate any of the rules/policies mentioned in the 2017-2018 YMCA Afterschool Academy Handbook, that we may be removed from the program.

Program: _____

Participant's Name(s): _____

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Debit/Credit Authorization Form

I hereby authorize the **YMCA of Northeast Louisiana** to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions posted in error. This authority will remain in effect until the **YMCA of Northeast Louisiana** is notified by me in writing to cancel it in such as to afford the **YMCA of Northeast Louisiana** and the Financial Institution a reasonable opportunity to act on it.

Child's Name

Child's School

Parent's Email Address

Name on Card

Drafted Amount

Start Date:

End Date:

CC/Debit Card Number

Expiration

CVC

Zip Code

Accounts will be drafted on **Mondays*

Signature

Date

Please Print Name

FOR OFFICE USE ONLY

Date Form Taken

Received By

Effective Immediately

We will begin charging a \$3.50 fee for all payments that are made by **ANY type bank card transaction or Bank Draft**

We regret that we must make this change however all Banks are now charging processing fees to clients for Credit Card Fees.

The fee will be added to your amount due.