



# 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: \_\_\_\_\_

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**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 one day or all five days. However, if my child(ren) does not attend any day during the week, I will NOT be charged. (This includes all school closings. Example: If the school systems are closed for two days during the week, the tuition is still due in full for that week.)**

\_\_\_\_\_  
(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!**



# ACKNOWLEDGEMENT & 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