



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office Use Only

Staff Initials: _____

Start Date: _____

Site/Classroom _____

School Age Option: 1 2 3
 Schedule

M T W T F
 M T W T F

Family YMCA of Marion and Polk Counties 2016-2017 Childcare Registration and Authorization Form

Child's Full Name _____

DOB _____ Circle: Male or Female Age: _____ Grade in Fall 2016 _____
 (School Age only)

Parent/Guardian Information

_____/_____
Custodial Parent/Guardian (relationship)

_____/_____
 Parent/Guardian #2 (relationship)
List only if authorized for pick-up.

Street Address _____

Street Address *(if different)* _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(h)Ph # _____ (Cell)Ph # _____

(h)Ph # _____ (Cell)Ph # _____

Place of Employment _____

Place of Employment _____

Work ph # _____

Work ph # _____

Email _____

Email _____

Please read and sign below

I realize that this and all Family YMCA of Marion and Polk Counties programs involve certain inherent risks, and regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by other. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I also acknowledge that participants may be photographed providing opportunity for YMCA promotions. I also acknowledge that the YMCA is not responsible for lost or stolen items.

Minor Medical Release and Consent Form

- ◆ As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician.
- ◆ In an emergency, the Family YMCA of Marion and Polk Counties has permission to call an ambulance or take my child to any available physician or hospital and obtain emergency medical treatment for my child at my expense. I understand that every effort will be made to contact me or the emergency persons named as soon as possible.
- ◆ My child may ride in the Family YMCA of Marion and Polk Counties vehicle under proper supervision and participate in field trips.

CHILDREN UNDER THE AGE OF 13 MUST BE ACCOMPANIED TO AND FROM ALL YMCA PROGRAMS.

Signature _____ Printed Name _____ Date _____

Childcare Additional Registration Information

Child's Name: _____

YMCA ID# _____

Emergency Contacts – Authorized Pickup People

(2 emergency contacts are required by the Child Care Division in addition to parent/guardian(s) listed above)

Contact Name _____ Phone _____ 2nd Phone _____

Contact Name _____ Phone _____ 2nd Phone _____

MEDICAL INFORMATION *(Must be completed prior to attending!)*

Child's Doctor _____ Telephone _____

Child's Dentist _____ Telephone _____

Health Insurance Company _____ Policy # _____

Please fill in every blank or write "n/a" ("not applicable").

List any known allergies.

List special medical conditions or problems of which the childcare provider should be aware.

List special medication for chronic problems. Medication(s) must be accompanied by a signed "*permission to administer medication*" form.

ACTIVITY PERMISSION: *Initialing gives permission.*

_____ (initial) My child may be served 1% milk.

_____ (initial) My child may participate in swimming and wading activities.

_____ (initial) My child may have their picture taken and used in Y social media and publications.

OTHER:

Has your child had previous experience in childcare? _____ If so, where: _____

Please give any information concerning your child that will be helpful in his/her experience in the Child Development Program (i.e., play habits, eating and sleeping habits, likes and dislikes).

Additional Forms required?

Early Child Care participants must also complete the following:

Immunization folder (with up to date immunizations)



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2016-2017 CHILDCARE CONTRACT

Child's name: _____ YMCA ID #: 01 - _____ Start Date: _____



School Age Childcare Program

***School Attending (circle one):**

Scotts Mills Butte Creek

**Schools subject to change*

Childcare Option (circle one): Option 1 - Option 2 -Option 3

Schedule:

- Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM
 Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM

Contract Agreement: *This is a contractual agreement between the undersigned and the Family YMCA of Marion & Polk Counties. Terms and conditions are subject to change. I agree to the following conditions of enrollment:*

1. I understand that my tuition is a flat monthly payment **regardless of absences** due to ILLNESS, VACATION, HOLIDAYS or BUILDING CLOSURES, or NON-USE. I understand that my monthly payment amount may be subject to change. 30-day increase notices will be provided.
2. I understand that all registrations require a **non-refundable \$45** yearly registration fee. **One full-month's tuition is due at the time of new registrations.**
3. I understand that it is the sole responsibility of the person signing this contract to pay the tuition amount in full. No split billing will be permitted between separate parties.
4. I understand that if using the seasonal payment method that the **full season payment** is due to the YMCA on **the 15th day of the month prior to the start of the season** of childcare (for example Fall's tuition is due August 15th). Payments are considered delinquent and subject to a **\$40 late charge** if not received in the YMCA by the 15th of the month.
5. I understand that **non-payment of the season's childcare by the 20th of the month prior to the start of the new season will terminate my child's care at the start of the new season**, unless payment arrangements are made prior to that date with the childcare billing staff. Re-admittance will be allowed only when proper payments arrangements have been made, and there is space available. Two notices of termination may revoke re-admittance privilege and/or require a re-enrollment fee. 30 day past due accounts are subject to collection.
6. I understand that bank draft will be on the 1st or the 15th of each month - if I choose the 1st, my account will be deducted the tuition rate at the beginning of each month (for example, October tuition will be deducted on October 1st). However if I choose the 15th my account will be deducted the tuition rate the previous month (for example, October tuition will be deducted on September 15th). Bank draft payments are considered delinquent and subject to a **\$40 late charge** if not received in the YMCA by the due date. I understand that my child's care may be terminated if payment not received by the YMCA five (5) days after the due date.
7. I understand it is **my responsibility to notify the YMCA of changes** to my EFT, debit card, credit card or ACH accounts and to immediately address, at least **5 business days prior to the billing due date.**
8. I understand that there is a **\$25 NSF** fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my check being returned to me by the YMCA. I understand that two (2) payments drawn on insufficient funds may forfeit future childcare privileges.
9. I understand that I am required to give a minimum of **TWO WEEKS WRITTEN NOTICE** before my **draft date/payment due date** before removing my child from care or making schedule changes. Accounts are charged for service until written notice has been received by the YMCA. Unpaid accounts forfeit future care and are subject to collection.
10. I understand that the YMCA reserves the right to charge a \$10 change fee for more than (3) schedule changes in a school year.
11. I understand it is **my responsibility to report permanent schedule changes in writing to the YMCA.**
12. I agree to pay **\$1.00 for each minute** that I pick up my child past the required pickup time.
13. I have received a copy of the parent handbook.

Signature of Custodial Parent / Responsible Party

PRINTED NAME

Date

Billing Address (Only if different than home address)

City, State and Zip

Family YMCA of Marion and Polk Counties is an equal opportunity provider.

Family YMCA of Marion and Polk Counties

CHILDCARE PAYMENT OPTIONS

Choose one:

_____ Bank Draft (fill out section below)

Childcare Bank Draft Information

The YMCA offers a convenient bank draft or credit card payment method. Your monthly childcare balance will be automatically deducted from the account of your choice on either the 1st of the month or the 15th of the month prior.

To sign up for this convenient payment method, please just fill out the authorization form below with your checking account information and attach a voided check. While a checking account is our preferred method, monthly payments by credit card will also be accepted. By authorizing this form, you understand that each month, the YMCA will automatically charge the amount billed. Your bank or credit card statement constitutes as your receipt for payment, as noted on the authorization form.

<i>Authorization to Draw Pre-Authorized Payments For Family YMCA Childcare Payments</i>		
Family YMCA of Marion and Polk Counties		
Name on Card or Check		Name of Child(ren) in care
Contact Phone #	Draft Date: 1 st or 15 th (month prior)	Amount to be drafted: \$ _____
<p>I authorize my financial institution to honor pre-authorized drafts drawn by the Family YMCA of Marion and Polk Counties on my account for Childcare payments. It is understood that your sending of a preauthorized draft to the financial institution as payment becomes due shall constitute valid notice of such payment due on this childcare account. When my financial institution honors the draft by charging my account, such drafts constitute my receipt for payment. Should any preauthorized draft not be honored by said financial institution when received by them, it is understood that the payment is to be made by me in the amount of the said payment, with any late fees or NSF charges. I understand and agree that any changes or cancellations to this draft must follow the terms and conditions in the childcare contract agreement.</p>		
<i>Signature of Account Holder</i>	<i>Date</i>	Office use
Checking Account—PREFERRED METHOD		Credit Card
THIS IS THE PREFERRED METHOD (please attach a voided check)		Type of Credit Card (<i>circle one</i>)
		Mastercard - Visa - Discover - AMEX
		Expiration Date
		Account Number