

For Office Use Only	Staff Initials:		
Start Date:	School Age Option: 1 2 3		
Schedule: M T W T F	Site/Classroom _Henry Hill		

Family YMCA of Marion and Polk Counties 2015–2016 GO Club! Registration and Authorization Form

Child's First Name		Child's Last Name		
DOB	Circle: Male or Female	Age:	Grade in Fall 20 (School Age on	14
	Parent/G	iuardian Inform	ation	
<i>Custodial</i> Parent/Guard	dian (relationship)		an #2 rized for pick-up.	(relationship)
Street Address		Street Addre	SS (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		
the YMCA or the participar the participant's present le release, discharge, and cov or passive, by or on the be and hazards incidental to t sponsors, supervisors, volustaff, or any of the supervipromotions. I also acknowl Minor Medical Release As Parent and/or Guamedical emergency as In an emergency, the I hospital and obtain emergency persons na My child may ride in the	amily YMCA of Marion and Polk Counties ints, injuries may occur. I agree that I have evel of physical condition is consistent with venant not to sue the YMCA for liability from the YMCA. I will indemnify and hold he conduct of YMCA programs and I do founteers, and officials of any or all of them isors appointed by them. I also acknowled edge that the YMCA is not responsible for	been informed of, in the demands of a common and all loss led the YMCA harmles unther release, absont led that participants or lost or stolen item ent by a qualified an ician. The has permission to a common at my expense. I unties wehicle under protests that the protest is a common at my expense. I unties wehicle under protest and a common at my expense.	understand and acknowledge ctive participation in this YM or damage, whether or not cas from any and all claims make, indemnify, and hold harms may be photographed proving. I dicensed medical doctor of call an ambulance or take my nderstand that every effort oper supervision and participation in this YM or the supervision and participation and partici	those inherent risks. I certify that MCA program. I agree to forever caused by negligence, either active ade by other. I assume all the risks nless the YMCA, the organizers, nst the organizers, sponsors, iding opportunity for YMCA this participant in the event of a child to any available physician or will be made to contact me or the
Signature	Printed Na	me	Date	e

Childcare Additional Registration Information

Child's Name:		YMCA ID#
Emergency Contacts – Authorized (2 emergency contacts are required b		n to parent/quardian(s) listed above)
	·	2 nd Phone
Contact Name	Phone	2 nd Phone
MEDICAL INFORMATION (Must	be completed prior to attending	gl)
Child's Doctor		Telephone
Child's Dentist		Telephone
Health Insurance Company		Policy #
Please fill in every blank or	write "n/a" ("not applicable	e").
List any known allergies.		
List special medical conditions or pro	blems of which the childcare provid	er should be aware.
List special medication for chronic pro	oblems. Medication(s) must be acco	ompanied by a signed "permission to administer medication" form
ACTIVITY PERMISSION: Init	ialing gives permission.	
(initial) My child may be serve (initial) My child may participa	d 1% milk. Ite in swimming and wading activiti	es.
OTHER:		
Has your child had previous exper	rience in childcare? If	so, where:
Please give any information conce Program (i.e., play habits, eating a		oful in his/her experience in the Child Development slikes).
Additional Forms results 47		
Additional Forms required? Y-Site (including Kinder-Tra	ansport) participants must	also complete the following:
	vith up to date immunizati	



2015-2016 GO Club! CONTRACT

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

	F F	OR SOCIAL RESPONSIBILITY				
Child's	name:		YMCA ID #:	01	Sta	art Date:
FILL OUT ONE SECTION PER CHILD. Note: Children in all day kindergarten will fill out the School Age section. Half-Day kindergarten falls under Y-Site.	Schedule: *School At	MondayTuesdayWednesdayThursdayFriday	Monmouth-In	sub! Monthly F 5 DAYS \$180 5 DAYS \$240 \$299 \$40	amily YMCA ees* 4 DAYS \$120	
CHI	Monmouth		Independence Elementar	У	**Other	nust have director approval
PER	*Schools subject	ž			**n	nust have director approval
TION:	My child ha	s (PM) kindergarten at	scnool.			
SEC e sec	<u>Childcare</u> (<i>Option (circle one):</i> Option 1 - C	Option 2 - Option 3 (Mi	ust register fo	or Option 3 by	/ September 25th, 2015)
FILL OUT ONE the School Ag	Schedule: Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM					
		his is a contractual agreement between the unders conditions of enrollment:	signed and the Family YMCA of Mari	on & Polk Countie	s. Terms and condi	itions are subject to change.
1.		that my tuition is a flat monthly payment regard thly payment amount may be subject to change.			YS or BUILDING CI	LOSURES, or NON-USE. I understand
2. 3.		that all registrations require a non-refundable \$4 I that it is the sole responsibility of the person :				
4.	parties.					
٦.	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 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.					received in the YMCA by the 15th of
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 payment 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 da past due accounts are subject to collection.					Illowed only when proper payments
6.	I understand that bank draft will be on the 1st or the 15th feach 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 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. 8.		it is my responsibility to notify the YMCA of char	· ·	•	•	•
9.	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.					
	charged for service until written notice has been received by the YMCA. Unpaid accounts forfeit future care and are subject to collection.					
	 I understand that the YMCA reserves the right to charge a \$10 change fee for more then (3) schedule changes in a school year. 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.	13. I have received a copy of the parent handbook.					
	Signatur	re of Custodial Parent / Responsible Party		PRINTED NAME		Date
	Billing A	address (Only if different than home address)	C	ity, State and Zi	p	
		Family YMCA of Mari	on and Polk Counties is an equal	opportunity prov	vider.	

Family YMCA of Marion and Polk Counties GO Club! PAYMENT OPTIONS

Choose one:					
Bank [raft (fill out sect	ion below)			
Seasor	nal Package	Payment for each season due School Age—Option 1 & 2: Se School Age—Option 3: Sep-N	ep-Nov, Dec-Feb, M	ar-May, 1/2 Jun	
Other	(Requires approv	al from Childcare director)		
		Childcare Bank	Draft Info	<u>rmation</u>	
		t or credit card payment r e on either the 1st of the		ionthly childcare balance w 5th of the month prior.	rill be automatically
nformation and attach ccepted. By authorizin	a voided check. ' g this form, you u	While a checking account	is our preferred th, the YMCA w	ion form below with your of method, monthly payment ill automatically charge the authorization form.	s by credit card will also l
	Authorization	n to Draw Pre-Authorized Pa		•	
		Family YMCA of Ma	rion and Polk Co		
N:	Name on Card or Check			Name of Child(ren) in ca	are
Contact Ph	one #	Draft Date:		Amount	to be drafted:
		1st or 15th (mo	nth prior)	prior) \$	
payments. It is understo payment due on this chil Should any preauthorized	od that your sending dcare account. When draft not be honored	of a preauthorized draft to the my financial institution honors d by said financial institution wh	financial institution the draft by charginen received by them dand agree that any	A of Marion and Polk Counties on as payment becomes due shall cong my account, such drafts consto, it is understood that the paymy changes or cancellations to this reement.	onstitute valid notice of such itute my receipt for payment. ent is to be made by me in the
Sig	nature of Account Ho	older	Dat	e	Office use
X					
	ng Account—PRE	FERRED METHOD		Credit	Card
	N			Type of Credit Card (circle one)	Expiration Date
THI	S IS THE PREFER	RED METHOD		Mastercard - Visa -	
(r	olease attach a vo	nided check)		Discover - AMEX	News
ų v	ncase allalli a Vi	oraca criecky		Account	Number