



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 2014 _____
 (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.

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?

Y-Site (including Kinder-Transport) participants must also complete the following:

- Immunization folder (with up to date immunizations)
- USDA notification/acknowledgement form (infants or child)

Family YMCA of Marion and Polk Counties

GO Club! PAYMENT OPTIONS

Choose one:

- _____ Bank Draft (fill out section below)
- _____ Seasonal Package *Payment for each season due on the 15th of the month prior:*
 School Age—Option 1 & 2: Sep-Nov, Dec-Feb, Mar-May, 1/2 Jun
 School Age—Option 3: Sep-Nov, Dec-Feb, Mar-May, Jun-Aug
- _____ Other (Requires approval from Childcare director) _____
- _____

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> | | | | | | |
| Signature of Account Holder | Date | Office use | | | | |
| X | | | | | | |
| Checking Account—PREFERRED METHOD | | Credit Card | | | | |
| THIS IS THE PREFERRED METHOD (please attach a voided check) | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Type of Credit Card <i>(circle one)</i> Mastercard - Visa - Discover - AMEX</td> <td style="width: 30%; padding: 2px;">Expiration Date</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Account Number</td> </tr> </table> | Type of Credit Card <i>(circle one)</i> Mastercard - Visa - Discover - AMEX | Expiration Date | Account Number | |
| Type of Credit Card <i>(circle one)</i> Mastercard - Visa - Discover - AMEX | Expiration Date | | | | | |
| Account Number | | | | | | |