



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office Use Only Registration Date: _____
Staff Received Initials: _____ Daxko Initials: _____

Family YMCA of Marion and Polk Counties Childcare Registration and Authorization Form 2017 Summer Club

Child's First Name _____	Child's Last Name _____
DOB _____	Circle: Male or Female Age: _____ Grade in Fall 2017 _____

*Club opens each morning at 7am. Children must be picked up each day by 6pm. *Lunch and two daily snacks will be provided by the Y.
*We will have group time from 7am to 9am and 4pm to 6pm. The Club theme occurs between 9AM and 4PM.

	CLUB DATES	WEEKLY THEMES - Please circle one for each week.	MEMBER	NON-MEMBER
WEEK 1	June 19 - June 23	Argh! Pirates Mad Science Naturally Creative (M-I Y)	\$150	\$220
WEEK 2	June 26 - 30	Lego Robotics Animals That Fly Aviation Academy (M-I Y)	\$150	\$220
WEEK 3	July 5 - 7	Rockets! Made in Oregon Water Explorers (M-I Y)	\$90	\$132
WEEK 4	July 10 - 14	Hurricanes & Earthquakes Mad Science Zombie Survival (M-I Y)	\$150	\$220
WEEK 5	July 17 - 21	Lego Robotics Argh! Pirates Water Explorers (M-I Y)	\$150	\$220
WEEK 6	July 24 - 28	Rockets! Animals That Fly Aviation Academy (M-I Y)	\$150	\$220
WEEK 7	July 31 - Aug. 4	Hurricanes & Earthquakes Made in Oregon Water Explorers (M-I Y)	\$150	\$220
WEEK 8	Aug. 7 - 11	Lego Robotics Mad Science Zombie Survival (M-I Y)	\$150	\$220
WEEK 9	Aug. 14 - 18	Argh! Pirates Animals That Fly Water Explorers (M-I Y)	\$150	\$220
WEEK 10	Aug. 21 - 25	Hurricanes & Earthquakes Made in Oregon Naturally Creative (M-I Y)	\$150	\$220
WEEK 11	Aug. 28 - Sept. 1	CAMP GREIDER: Super Hero Week	See separate form	

*One club each week will be held at the Monmouth/Independence Y-Site. Transportation will be provided to and from the Salem Y. All Salem students who wish to attend a session in Independence will need to be at the downtown Y by **8:15am** to board the bus. They will return each day by **4:30pm**.

*All Monmouth/Independence students who wish to attend a session in Salem will need to be at the Independence site by **8:15am** and will return each day by **4:30pm**.

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.

Payment Details for Monmouth/Independence Summer Day Camps:

1. Registrations close 7 business days prior to start date of camps, any exceptions will be considered through director approval after registration deadline. If late registration is approved by director a **\$25 registration** approval fee will be charged. All summer programs may be limited in enrollment numbers, programs may close due to enrollment capacities. **REFUND POLICY-**I acknowledge that all Summer Program fees are non-refundable due to reserved spacing for my child. To avoid any transfer fees, any changes in registration must be made 10 business days prior to each session start date. I agree to pay **\$1 for each minute** that I pick up my child past the required pickup time.

I understand that there is a \$25 NSF fee for all returned checks, EFT, debit card, credit card & ACH payments.

Signature _____ Printed Name _____ Date _____

Childcare Additional Registration Information

Child's First Name _____

Child's Last Name _____

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 _____

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.

Childcare Bank Draft Information

The YMCA offers a convenient bank draft or credit card payment method. **A \$50 deposit is due at time of registration for each week of Summer Club that you register for. The remainder of the payment will be due 10 business days before the Summer Club starts.**

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 #	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					
<i>X</i>							
Checking Account—PREFERRED METHOD		Credit Card					
THIS IS THE PREFERRED METHOD (please attach a voided check)		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Type of Credit Card <i>(circle one)</i></td> <td style="text-align: center; font-size: small;">Expiration Date</td> </tr> <tr> <td style="text-align: center;"> Mastercard - Visa - Discover - AMEX </td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Account Number</td> </tr> </table>	Type of Credit Card <i>(circle one)</i>	Expiration Date	Mastercard - Visa - Discover - AMEX		Account Number
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