



**YMCA SCHOOL-AGE CARE
REGISTRATION FORM
2020**

****Please print clearly. Please answer the highlighted fields on this form. ****

Register my child for: ☐ Drop-In Care ☐ Weekly Care

Child's Full Name: _____ DOB: _____ Grade: _____

First Middle Last

My Child Attends: ☐ Magnolia Park Elem. ☐ Oak Park Elem. ☐ Pecan Park Elem. ☐ OS Upper Elem.

Parent's Name: _____ Parent's DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell: _____ Home Phone: _____ Email(required): _____

Employer: _____ Employer Phone: _____

Child's Race: _____ Asian/Pacific Islander _____ African American/Black _____ Alaskan Native
_____ Hispanic _____ Native American _____ Other _____ Unspecified _____ Caucasian/White

Child's Race is essential for YMCA use in obtaining outside funding. This information is kept in strict confidence.

Two emergency contacts if the parents or guardians cannot be located promptly:

Name: _____

Address: _____

Phone: _____

List any special information concerning the child's growth and development, special needs and/or allergies: _____

The following person(s) is/are allowed to pick up and drop off my child:

My child may be photographed/videotaped at the YMCA: Yes No By media: Yes No

My child may participate in approved field trips sponsored by the YMCA: Yes No

I understand a separate permission must be signed for each field trip: Yes No

The YMCA has my permission to obtain emergency medical treatment for my child: Yes No

If no, list instructions: _____

Swimming: Proficient _____ Beginner: _____ Need Lessons: _____ Does not swim: _____

Child's Physician or medical provider: _____ Phone: _____

Address: _____

By signing below, I acknowledge that I have received the Parent Handbook concerning the YMCA's policies and procedures and a copy of the Child Care Regulations Summary for Parents. I hereby release all rights and claims against the MS Gulf Coast YMCA for any and all injuries and accidents, including transportation to and from the Y activity or transportation for emergency treatment. The Mississippi Gulf Coast YMCA has general insurance through Lemon-Mohler Insurance.

Parent/Guardian signature: _____ Date: _____

Site Director/Staff signature: _____ Date: _____

PERSONALLY APPROVED PRE-AUTHORIZED PAYMENT AUTHORIZATION

Child's Name(s) _____ Home Phone _____

REGISTRATION FEE IS NON-REFUNDABLE AND IS DUE AT TIME OF REGISTRATION. Anyone registering for the preschool or school age programs MUST either pay in full for all weeks at the time of registration at the MAIN BRANCH or supply draft information for electronic funds transfer (EFT).

I understand and agree that fees will be debited from my account/credit card based on the schedule selected below. I understand that this automatic withdrawal is a continuous payment plan. I agree to give a written, **ten (10) business day notice** to the Center Director of any changes regarding my account (new bank account, new credit card number). I agree to give a written notice to the Center Director of any changes regarding my child's attendance (vacation days, withdrawal from the program). I understand that the Center Director **has ten (10) business days** from receipt of such notice to make any such adjustments to my account.

I understand and agree that if a payment does not clear my bank account, or my credit card is not approved to cover my drafted fees, I will be assessed an additional \$30.00 handling charge by the YMCA or a third party acting on the YMCA's behalf. The original payment amount as well as the handling fee may be drafted again on the same account without additional authorization. I understand in order for us to service your account or to collect any amounts owed, we or our third party acting on the YMCA's behalf may contact you by telephone at any telephone number associated with your account or any telephone number we may discover, including wireless telephone numbers, and that such contacts could result in charges to you. You agree that methods of contact may include using pre-recorded voice messages and/or the use of an automatic telephone dialing system, as application, emails and facsimiles.

If I do not reimburse the MS Gulf Coast YMCA in full before the next pre-authorized withdrawal, I understand that care for my child may be denied unless special arrangements are made.

I hereby authorize the MS Gulf Coast YMCA to withdraw my childcare fees from the following bank or credit card account.

****Must provide new authorization for each program year. YMCA cannot accept "on file". ****

____ Checking Account (voided check attached) ____ Savings Account (copy of account card attached)

____ VISA ____ MASTERCARD ____ DISCOVER ____ AMEX

Credit Card Number

____/_____
Expiration Date/CVC

Account Holder Name (please print as on card)

Account Holder Signature

____ Monthly (1st)

____ Semi-Monthly (1st & 15th)

____ Weekly (Sunday)

Parent/Guardian Signature

Date

Staff Signature

Date



**YMCA SCHOOL-AGE CARE
REGISTRATION FORM
DROP-IN CARE**

Child's Name: _____

****DO NOT FILL OUT UNLESS YOU ARE REGISTERING FOR DROP-IN CARE, NOT WEEKLY CARE.****

Program Info: If your child is being registered for **DROP-IN CARE ONLY**, please state the start date of care and select the days below your child will be in attendance. The daily rate for Drop-In Care is \$15/day.

_____ **START DATE OF CARE**

_____ **MONDAY**
_____ **TUESDAY**
_____ **WEDNESDAY**
_____ **THURSDAY**
_____ **FRIDAY**

Parent Signature

Date

Staff Signature

Date