BACK BAY YMCA
CAMP REGISTRATION FORM
2020-21

Please print clearly. Please answer each question on this form. **Registration fee is non-refundable and due at registration.** A pre-payment authorization form MUST be on file unless all weeks are paid in full at time of registration. **Your child's start date is _____. Register my child for: ☐ Before Care ☐ After Care ☐ B/A**

Child's Full Name: _____ DOB: _____Grade: _____
First Middle Last

My Child Attends: ☐ Back Bay Elementary ☐ Popps Ferry Elementary (ASC only) ☐Upper Elementary (ASC only)

Parent's Name(s): _____ Parent's DOB(s): _____

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: _____ Name: _____

Address: _____ Address: _____

Phone: _____ 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. 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: _____

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONALLY APPROVED 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 Childcare Administrator of any changes regarding my account (new bank account, new credit card number). I agree to give a written, **ten (10) business day notice** to the Childcare Administrator of any changes regarding my child's attendance (vacation days, withdrawal from the program). I understand that the Childcare Administrator 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 (as on card; please print) **Account Holder Signature**

_____ _____
Parent/Guardian Signature **Date**

_____ _____
Staff Signature **Date**

****Draft Schedule, effective February 1, 2020, childcare fees will only be drafted weekly. Each draft will occur on Sunday for the coming week. **Contact Natalie Riddell at 228-872-0322 or childcareadmin@mgcymca.org to discuss special billing arrangements. ****

BACK BAY YMCA
Holiday Camps 2020-21
BEFORE CARE ONLY
Selected Weeks

****DO NOT FILL OUT UNLESS YOU ARE REGISTERING FOR BEFORE CARE ONLY, NOT BEFORE AND AFTER. ****

Child's Name: _____

Parent's Name: _____

Program Info: If your child is being registered for BEFORE CARE ONLY, please select the holiday weeks below your child will be in attendance. If a week is selected below, you will be charged the higher rate for that week. Rates for holiday weeks will be $40/week for Y-Member and $50/week for Non-Member.

_____ ALL WEEKS

_____ Nov. 23-25-Thanksgiving (Closed 11/26-11/27; 3-day camp)
_____ Dec. 21-23 (Closed 12/24-12/25; 3-day camp)
_____ Dec. 28-30 (Closed 12/31-1/1; 3-day camp)
_____ February 15-17 - Mardi Gras Holiday Camp
_____ April 5-9 – Spring Break Camp

_____ MY CHILD WILL NOT ATTEND ANY HOLIDAY WEEKS.

_____ _____
Parent Signature Date

_____ _____
Staff Signature Date