



# After-School Registration Form

## 2023-2024

Start  
Date: \_\_\_\_\_

### Child's Information: (Please print)

Child's Name (First/Middle/Last): \_\_\_\_\_ Gender: M F  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: African American Asian American Indian Pacific Islander White Hispanic (\*see info on back)

Grade in Fall 2023: \_\_\_\_\_ School: \_\_\_\_\_

### 1st Parent/Guardian:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

### 2nd Parent/Guardian:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Email Address (required):** This is how we will communicate program information.

\_\_\_\_\_

### Emergency Information:

Known allergies: \_\_\_\_\_

Medications or medical concerns: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### If Parents cannot be reached, who else should we notify in case of an emergency:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Is there anyone court ordered that is NOT authorized to visit or pick up your child?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**After-School Monthly Fees:** Please circle the option you are choosing to sign up for.

<b>Members</b>	Full-Time	Part-Time	Middle School
Price	\$170.00	\$100.00	\$110.00

<b>Program Participants</b>	Full-Time	Part-Time	Middle School
Price	\$210.00	\$120.00	\$140.00

There is a \$25.00 non-refundable registration fee per family.

\*please note we will not pick up from schools with less than 5 students attending the program.

**Draft Dates:**

Payments will be drafted on the first of each month. Please see our draft schedule below:

September 1st	December 1st	March 1st
October 1st	January 1st	April 1st
November 1st	February 1st	May 1st

**Please read and check the boxes below concerning waivers and agreements:**

- I hereby release and discharge the Alamance County Community YMCA, its agents, volunteers and employees from any and all claims of injury, illness, death, loss or damage that my child/ren may suffer as a result of participation.
- I permit the Y to use images of my child as a YMCA participant in internal and external promotional materials, including printed material, broadcast advertising, promotional videos and the YMCA website.
- I authorize the YMCA to draft the program payment balances for my child/ren from my account. I understand that should any draft not be honored by my bank for any reason, the draft will be re-submitted and a \$25.00 service charge will be added to my account.
- It is my complete understanding that if I wish to terminate this program or change my method of payment in any way, I must give the YMCA a two week written cancellation or change notice prior to the week of the draft date.
- Alamance County YMCA participates in the USDA Child and Adult Care Food Program. One of the requirements of this program is to collect ethnic and racial data on participants once a year. This data is summarized in numbers only for statistical use. Individual names are not identified in the statistical summary.**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Y Staff: \_\_\_\_\_ Date \_\_\_\_\_

Each year the Y raises money to provide financial assistance for kids to come to participate in programs. If you'd like to make a donation, please indicate below and someone will contact you. Thank you!

\_\_\_\_\_ Yes, I will help make a donation for a child to attend Y programs.