



After-School Registration Form

2025-2026

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 2025: _____ School: _____

PEOPLE AUTHORIZED TO PICK UP:

1st Parent/Guardian:

Name: _____

Home Address: _____

City/State: _____ Zip: _____

Cell or Home Number: _____ Work Number: _____

2nd Parent/Guardian:

Name: _____

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: _____

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.

	Full time	Middle School
Member Rate	\$199	\$129
Non-Member Rate	\$249	\$159

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.