



# After-School Registration Form 2020-2021

## Child's Information: (Please print)

Child's Name (First/Middle/Last): \_\_\_\_\_ Name Called: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall 2020: \_\_\_\_ 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 Care Monthly Fees:

<b>Members</b>	Full-Time	Part-Time	Navigators
Price	\$150.00	\$90.00	\$105.00
<b>Program Participants</b>	Full-Time	Part-Time	Navigators
Price	\$180.00	\$110.00	\$130.00

There is a \$25.00 non-refundable registration fee for all participants. This fee does not apply to current students in the Young Achievers Academy.

### Draft Dates:

Payments will be drafted on the first of each month. The months of April and June have been discounted. Please see our draft schedule below:

February	Draft Date: 02/01
March	Draft Date: 03/01
April	Draft Date: 04/01
May	Draft Date: 05/01
June	Draft Date: 06/01

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

- I have received and understand all of the rules, policies and procedures outlined in the After-School Handbook.
- I have received security cards for identification purposes when picking up my child from the program.
- 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 one week written cancellation or change notice prior to the week of the draft date.

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.