

**School Age Services
2011-12 Afterschool Enrollment Packet**

Program Site:	Participant Name:
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STEP I

Review Parent Handbook [also available online]

Complete

STEP II

Fill out Enrollment Forms

Read and Initial all agreements. Sign all forms.
Forms will not be accepted if all information is not complete.

Complete

STEP III

Review and Complete Health History Form/Notarize Medical Authorization Form

Complete

STEP IV

Review and Complete Payment Agreement Form

Complete

STEP V

Review YMCA Payment Due Dates

Complete

STEP VI

(Optional) Attach Financial Aid Application

Complete

YMCA Mission

To put Christian values into practice through programs that build healthy spirit, mind and body for all.

For Office Use Only

Date Received:	Staff Initials:	Date Billing set up:	Order #:
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YMCA Of Metropolitan Dallas Afterschool - Enrollment Form

Program School or Site:		Days of Care:	M T W TR F
Bus from (if applicable)		Circle One:	Full Time Care Part Time Care (if applicable) Punch Card (if applicable)
Start Date:		End Date:	

Child's Information:

Last Name:		First Name:	
Home Address:		City/State/Zip:	
Date of Birth:	/ /	Home Tele #:	
Age:		Ethnicity: <i>Circle</i>	Caucasian African American Hispanic
School Attending:			Asian or Pacific Islander
Grade:			Other: _____
I consent to receive YMCA email communications.	No Yes	Gender: <i>Circle</i>	Male Female
Custodial Parent?		May the YMCA release to non custodial Parent?	No Yes N/A

Parent/Guardian Contact Information: [Photo required]

Name:		Date of Birth:	
Cell #:	<input type="checkbox"/> I do not want to receive Text Updates	Home Tel. #:	
Home Address:		City/State/Zip:	
Employer:		Work Tel. #:	
Email Address:		Drivers License#:	License Plate#:

Other Parent/Guardian Contact Information: [Photo required]

Name:		Date of Birth:	
Cell #	<input type="checkbox"/> I do not want to receive Text Updates	Home Tel. #:	
Home Address:		City/State/Zip:	
Employer:		Work Tel. #:	
Email Address:		Drivers License#:	License Plate#:

Emergency Contacts - Authorized to Pick Up My Child: [Photos required]

Name:		Home Address:	
Relationship to child:		Cell #:	Drivers License#:
		Work #:	License Plate#:
Name:		Home Address:	
Relationship to child:		Cell #:	Drivers License#:
		Work #:	License Plate#:

Additional Person(s) Authorized to Pick Up: [Photos required]

Name:		Phone #:	
Name:		Phone #:	Drivers License#:
Name:		Phone #:	License Plate#:

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ADMISSION AGREEMENT

Program Site:	Participant Name:
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Parent/Guardian will indicate Receipt/Release by initialing on each blank

ADMISSION AGREEMENTS:	
Initial	Transportation: I give permission for my child to be transported in an authorized YMCA vehicle for YMCA events, field trips or to the YMCA Afterschool Program location. Parent/Guardian will be informed of all planned field trips.
Initial	Water Activities: I give permission for my child to participate in water activities during program hours at a predetermined time.
Initial	Movies: I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.
Initial	Policies and Procedures: I have received and have read a copy of the YMCA Afterschool Program Parent Handbook and understand all policies and procedures therein.
Initial	Immunization Hearing & Vision Screening: I certify that my child's current immunization records and TB test (if applicable) can be located at the school noted on page 1.
Initial	Hours of Care: I understand that I will be charged an additional \$1.00 for every minute I am late after close of site.
Initial	Custody: YMCA staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information listed on page 1 of this document. NO PERSON UNDER THE AGE 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFADAVIT ON FILE.
Initial	Photo Release: The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
Initial	Behavior Policy: I have read and understand the YMCA Afterschool Behavior Policy.
Initial	Homework Policy: I have read and understand the YMCA Afterschool Homework Policy. I choose for my child to participate in (circle one) : #1: no more than 30 minutes of homework OR #2: work on homework until it is complete
Initial	Cancellation Policy: I understand that if I want to cancel my child I must give the YMCA two weeks written notice and that I will fill out a Cancellation form to complete the process. I also understand that if I am set up on draft payments I must give the YMCA a 30 day notice.
Initial	YMCA Program Closures: I understand that the YMCA will be closed on select holidays and care will not be available.

I have read the **Admissions Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be **dropped** from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying **authorization and consent to medical treatment of minor** and the **parent information packet** containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

Signature _____ Date _____
(Parent/ Legal Guardian)

****Only the parent/guardian who submits their signature above can alter information.***

YMCA Of Metropolitan Dallas Afterschool - Enrollment Form

PAYMENT AGREEMENT

PERSONAL INFORMATION:	
Person Responsible for Payment:	Participant Name:

PAYMENT AGREEMENTS:	
Initial	Payments are due on Wednesday for the next week of Afterschool Care. It is my responsibility to notify the YMCA of any changes to my situation or tuition plan.
Initial	I have reviewed and understand the tuition schedule and understand when tuition is due to the YMCA. I understand that I will be charged according to my payment plan regardless of absences or lapses in attendance.
Initial	I understand that payments made after Wednesday will be charged a \$15.00 late fee.
Initial	I understand if my payments are two weeks behind I will be disenrolled from the YMCA Afterschool Program.
Initial	I agree to give two weeks' written notice to the YMCA if I plan to exit the program. I will complete a cancellation form at this time. If I fail to give a two week written notice, or contact the Program Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw. <i>*Draft payments require 30 days notice to cancel.</i>
Initial	DRAFT PARTICIPANTS: I understand that if I elect to pay by draft that I will be charged on the due dates I selected. If my payment is returned due to insufficient funds I am responsible for all fees incurred and may owe a return fee of \$25.00 per item to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.
Initial	<u>Registration fees are non refundable or transferable. Registration fees are waived if draft payment is selected.</u>

Method of Payment:				
➤ Weekly [include payment information below. Please note the YMCA shreds all card information once processed]				
CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT				
Circle:	Visa	Master Card	American Express	Discover
Circle:	CREDIT CARD	DEBIT CARD	PRE-PAID CARD	
Card Number:			Exp. Date:	
Name on Card/Account: _____			3 digit Security Code: _____	
Billing Address: _____				
For other methods of payment please contact SAS Business Services Office at 972-920-9622.				

Parent Signature: _____ Date: _____

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Received By:	Processed By:	Processed Date:	Order #:
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YMCA Of Metropolitan Dallas Afterschool - Enrollment Form

WEEKLY DRAFT PAYMENT SCHEDULE

Program Site:	Participant Name:
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Week of:	Due Date:	Week of:	Due Date:
August 22nd	At time of Registration	January 23rd	January 18 th
August 29th	August 24 th	January 30th	January 25 th
September 5th	August 31 st	February 6th	February 1 st
September 12th	September 7 th	February 13th	February 8 th
September 19th	September 14 th	February 20th	February 15 th
September 26th	September 21 st	February 27th	February 22 nd
October 3rd	September 28 th	March 5th	February 29 th
October 10th	October 5 th	March 19th	March 7 th
October 17th	October 12 th	March 26th	March 21 st
October 24th	October 19 th	April 2nd	March 28 th
October 31st	October 26 th	April 9th	April 4 th
November 7th	November 2 nd	April 16th	April 11 th
November 14th	November 9 th	April 23rd	April 18 th
November 28th	November 16 th	April 30th	April 25 th
December 5th	November 30 th	May 7th	May 2 nd
December 12th	December 7 th	May 14th	May 9 th
January 2nd	December 28 th	May 21st	May 16 th
January 9th	January 4 th	May 28th	May 23 rd
January 16th	January 11 th	June 5th *	May 30 th

*Extended Afterschool Program for ISDs that end school the week of June 5th

Payment due dates are based on 37 weeks of care, excludes 4 weeks [Thanksgiving Break, Winter Break & Spring Break]

YMCA Afterschool Program will be closed on the following dates:

- Monday September 5, 2011
- Thursday November 24, 2011
- Friday November 25, 2011
- Monday January 16, 2012
- Friday April 6, 2012**
- Monday May 28, 2012

**** Bad Weather Make-up Date at select locations. The YMCA Afterschool Program will be open if school is in session.**

I understand and have read all payment policies and procedures, chosen and accept my payment plan, and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangements will result in my child being suspended from the program and that my YMCA of Metropolitan Dallas program privileges will also be suspended until my account is in good standing.

Signature _____ **Date** _____

YMCA Of Metropolitan Dallas Afterschool - Enrollment Form

Program Site: _____	Participant Name: _____
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The City of Grand Prairie requires a notarized emergency medical authorization. Please complete:

Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer first aid and/or transport my child to the nearest hospital.

Name of Licensed Physician: _____ Phone: _____

Address: _____
Street Suite # City Zip

I give consent for any and all necessary medical treatment from physician and/or hospital/clinic.

Parent/Legal Guardian: _____ Date: _____

Notary Public Seal:

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public Signature: _____