



## Complete Afterschool Registration Materials

- Registration Form – fill in**
- Parent Handbook – review, initial on Admission Agreement**
- Payment Agreement – Review, initial, and sign**

## Choose Payment Plan

- Select Payment Option**
  - Indicate your choice of **draft** or **manual** payments.
  - Please choose weekly, biweekly (1<sup>st</sup> and 15<sup>th</sup>) or monthly (1<sup>st</sup> or 15<sup>th</sup>)
  - Review payment due dates for your plan.
- Draft Payment Form – for drafted payments only**

## Supply Supporting Documents

- Applicable Student Information Forms/Releases**
  - *Financial Aid Application*
  - *Authorization for Dispensing Medication Form*
  - *Release to Minor Form – must be notarized*
  - *Homework Agreement*
- City/County Required Documents**

## Complete Enrollment

- Return completed Enrollment Packet and Payment to:**
    - Drop by your local YMCA or School Age Services Office (below)
    - Mail to: YMCA of Metropolitan Dallas  
School Age Services - Enrollment  
1621 W Walnut Hill Lane  
Irving, TX 75038
    - Fax forms to: 972-560-3838
    - Email Forms to: [mwilson@ymcadallas.org](mailto:mwilson@ymcadallas.org)
- \*You will not be officially enrolled until we receive completed forms and fees

**Enrollment Deadline: Enrollment Packet and payment must be received by Wednesday at 5pm the week before you wish to start.**

YMCA of Metropolitan Dallas School Age Services Enrollment Packet

**Registration Form 2010-2011**

<b>Program School or Site</b>		<b>Member #:</b>	
<b>Start Date:</b>		<b>Days of Care:</b>	M   T   W   TR   F

**Child's Information:**

<b>Last Name:</b>		<b>First Name:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Date of Birth:</b>		<b>Home Tele #:</b>	
<b>Age:</b>		<b>Ethnicity:</b>	
<b>School attending:</b>		<b>Gender:</b>	
<b>School Address:</b>		<b>School Tele #:</b>	
<b>Child Lives with:</b>		<b>Security Code: (password)</b>	

**Parent/Guardian Contact Information:**

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Cell #:</b>		<b>Home Tel. #:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Employer:</b>		<b>Work Tel. #:</b>	
<b>Email Address:</b>			

**Other Parent/Guardian Contact Information:**

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Cell #</b>		<b>Home Tel. #:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Employer:</b>		<b>Work Tel. #:</b>	
<b>Email Address:</b>			

**Emergency Contacts - Authorized to Pick Up My Child (not listed above):**

<b>Name:</b>		<b>Home Address:</b>	
<b>Relationship to child:</b>		<b>Cell #:</b>	
		<b>Work #:</b>	
<b>Name:</b>		<b>Home Address:</b>	
<b>Relationship to child:</b>		<b>Cell #:</b>	
		<b>Work #:</b>	

**Additional Person(s) Authorized to Pick Up:**

<b>Name:</b>		<b>Phone #:</b>	
<b>Name:</b>		<b>Phone #:</b>	
<b>Name:</b>		<b>Phone #:</b>	

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





## Behavior Policy Statement

The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

I have read the following documents and fully agree to its terms, policies and procedures. I also understand the penalties for failing to abide by this agreement.

- **Admissions Agreement**
- **Parent Handbook**
- **Payment Agreement**
- **Authorization and consent to medical treatment of minor**

I also understand that I will be given at least 30 calendar day's written notice prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

### Photo/Media 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, newsletter, promotional or advertising purposes.

**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)

## PAYMENT AGREEMENT

### PERSONAL INFORMATION:

<b>Person Responsible for Payment:</b>		<b>Participant Name:</b>
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### PAYMENT AGREEMENTS:

<b>Initial</b>	Payments are due two weeks in advance of the week of attendance. It is my responsibility to notify the YMCA of any changes to my situation or tuition plan.
<b>Initial</b>	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.
<b>Initial</b>	I understand that if I do not make payment after the two day grace period that I will be dropped from the program and must pay late fees of \$5.00 per day. Accounts that are 45 days past due will be submitted to collections.
<b>Initial</b>	I agree to give two weeks' written notice to the YMCA if I plan to exit the program. I will complete an exit or transfer 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 quit. <i>*Draft payments require 30 days notice to cancel.</i>
<b>Initial</b>	<b>DRAFT PARTICIPANTS:</b> I understand that if I elect to pay by draft that I am enrolling in a level pay plan and 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.
<b>Initial</b>	Registration fees are non refundable or transferable.

**I understand and agree to abide by and have initialed all payment agreements that apply to me, and have reviewed and understand the payment schedule.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PAYMENT OPTIONS

- **All plans require down payment equal to two weeks of weekly fees.**
- **This down payment will align you with our weekly payment plan.**
- **For Draft Pay Plans the down payment will be subtracted from your total balance.**

### WEEKLY FEES

*\*Non Draft due 2 weeks before the date of attendance*

\_\_\_\_\_ **Weekly Payments** due on dates listed on **Payment Schedule – Manual**

### MONTHLY/BIMONTHLY OPTIONS

*\*Can be Draft or Manual payments due on date you select*

**Please Circle Your choice for Monthly Payments:**

**Draft Payments\***

**Manual Payments**

\*For Draft Payment Option please provide bank account and voided check or your debit or credit card information on Draft Payment Form.

\_\_\_\_\_ Bi-monthly payment on the 1<sup>st</sup> and 15<sup>th</sup> of each month.

\_\_\_\_\_ Monthly payment on the 1<sup>st</sup> of each month.

\_\_\_\_\_ Monthly payment on the 15<sup>th</sup> of each month.

**PAYMENT SCHEDULE**

<b>Manual or Statement Payment Plan</b>	
<b>Week of:</b>	<b>Due Date</b>
<b>Aug 23 &amp; Aug 30</b>	<b>Due at Registration</b>
Sept 6	Aug 23rd
Sept 13	Aug 30th
Sept 20	Sept 6
Sept 27	Sept 13
Oct 4	Sept 20
Oct 11	Sept 27
Oct 18	Oct 4
Oct 25	Oct 11
Nov 1	Oct 18
Nov 8	Oct 25
Nov 15	Nov 1
Nov 29	Nov 8
Dec 6	Nov 15
Dec 13	Nov 29
Jan 3	Dec 6
Jan 10	Dec 13
Jan 17	Jan 3
Jan 24	Jan 10
Jan 31	Jan 17
Feb 7	Jan 24
Feb 14	Jan 31
Feb 21	Feb 7
Feb 28	Feb 14
Mar 7	Feb 21
Mar 21	Feb 28
Mar 28	Mar 7
April 4	Mar 21
April 11	Mar 28
April 18	April 4
April 25	April 11
May 2	April 18
May 9	April 25
May 16	May 2
May 23	May 9
May 30	May 16

<b>Draft Payment Plan</b>	
<b>Week of:</b>	<b>DRAFT DATE*:</b>
<b>Aug 23 &amp; Aug 30</b>	<b>Due at Registration</b>
Sept 6 & Sept 13	September 1 <sup>st</sup>
Sept 20 & Sept 27	September 15 <sup>th</sup>
Oct 4 & Oct 11	October 1 <sup>st</sup>
Oct 18 & Oct 25	October 15 <sup>th</sup>
Nov 1 & Nov 8	November 1 <sup>st</sup>
Nov 15 & Nov 29	November 15 <sup>th</sup>
Dec 6 & Dec 13	December 1 <sup>st</sup>
Jan 3 & Jan 10	January 1 <sup>st</sup>
Jan 17 & Jan 24 & Jan 31	January 15 <sup>th</sup>
Feb 7 & Feb 14	February 1 <sup>st</sup>
Feb 21 & Feb 28	February 15 <sup>th</sup>
Mar 7	March 1 <sup>st</sup>
Mar 21 & Mar 28	March 15 <sup>th</sup>
April 4 & April 11	April 1 <sup>st</sup>
April 18 & April 25	April 15 <sup>th</sup>
May 2 & May 9	May 1 <sup>st</sup>
May 16 & May 23 & May 30	May 15 <sup>th</sup>

\*Must be setup one week prior to draft date

Calendar is set with bi-monthly drafts

Monthly Drafts should include the FOLLOWING bi-monthly date

*i.e. Draft beginning Sept 15th will also include Oct 1st; but Sept 1st amount will be due at registration*

Nov 22-26 is Thanksgiving break

Dec 20-31 is Winter Break

March 14-18 is Spring Break

Weekly rate: \_\_\_\_\_

Weekly rate x 2: \_\_\_\_\_

Weekly rate x 3: \_\_\_\_\_

## Draft Payment Form

### PERSONAL INFORMATION:

Person Responsible for Payment: \_\_\_\_\_

Participant Name: \_\_\_\_\_

### BANK DRAFT \*Attach a voided check

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### CREDIT CARD/DEBIT CARD

Circle: \_\_\_\_\_

Visa

Master Card

American Express

Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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. I understand and have read all payment agreements and draft policies. I commit, by my signature, to allow YMCA to draft, where applicable, my bank account or credit card for payment of the YMCA program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL ASSISTANCE

Approved Financial Assistance Rate \$ \_\_\_\_\_ (Attach award letter)

#### For Office Use Only

Payment at Registration:	Draft/Statement start date:	Weekly Rate:	Discount amount per week: