

YMCA YOUTH DEVELOPMENT REGISTRATION FORM



Please complete all blanks on this form. Incomplete registration forms cannot be accepted.
Attach a recent **WALLET SIZE PHOTO AND CURRENT IMMUNIZATION CERTIFICATE***.

CHILD'S INFORMATION

Child's Full Name _____ DOB ____ / ____ / ____ Gender Male Female
Street Address _____ City _____ State _____ Zip _____
School _____ First day of program attendance _____
Race Asian/Pacific Islander Alaskan Native African American/Black Caucasian/White Hispanic
 Native American Other
Medications/Allergies* _____

Does your child have any physical conditions or special needs our staff should be aware of? Yes No

Does your child have an individual education plan (IEP)? Yes No

*Licensed programs require a current copy of immunizations to be kept on site.

PARENT/GUARDIAN INFORMATION

Parent Name (Responsible for Payment) _____ DOB ____ / ____ / ____
Address (if different than child's address) _____
Phone _____ Cell _____ Work _____
Email _____ Employer _____

EMERGENCY INFORMATION

Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____
Preferred Hospital _____ Physician Name _____ Phone _____

AUTHORIZED PICKUPS

Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____

CHOOSE ENROLLMENT

Before/Afterschool Location _____
 Summer Day Camp Preschool Camp LIT Program LEGO® Camp Horseback Camp
Location _____ Circle Week(s) 1 2 3 4 5 6 7 8 9 10
Camper T-shirt Size Youth Shirt Size: XS S M L XL 2XL
 Out of School Day(s) Location _____ Date(s) _____

Please see parent handbook for additional information, including prices and transportation.

Full Name

Location

Unit ID

Staff Initials

FEES AND PAYMENT

Please use the account information contained below for all my child care payments:

All bi-weekly payments are drafted on the Monday prior to the weeks care is given.

- I prefer MONTHLY payments on the first of each month (amounts vary according to number of weeks in each month)
- Please draft my \$35 yearly enrollment fee from my account information contained below
- I understand that all payments must be made through bank or credit card draft.
- CHECKING OR SAVINGS ACCOUNT (Must attach a voided check)
- CREDIT/DEBIT CARD

Name on Card _____ AMEX Discover Mastercard Visa
Account Number _____ Expiration Date _____

AUTHORIZATIONS AND STATEMENTS OF UNDERSTANDING

1. I have the legal authority to sign official documents on behalf of the participant named in this registration and the information provided is accurate to the best of my knowledge. The participant, herein described, has my permission to engage in all activities and field trips except as told by me. I further understand that this is an application and participation is contingent upon the completion of all required documents and space being available in the program(s). I also understand that once my application is accepted, I must complete payment(s) by the deadlines of said program(s), as outlined in the financial agreement section of this form and in the parent handbook. I agree to download a copy of the handbook from the website, www.ymca.org. I agree to all policies and procedures indicated in the parent handbook. Failure to comply with the policies and procedures may result in the loss of service.
2. I understand that the YMCA of Central Kentucky assumes no responsibility for injuries, which my child or I may sustain as a result of a physical condition or resulting from participation in any activities, programs, exercise or the use of any facility, equipment or other activities organized or sponsored by the YMCA of Central Kentucky and affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses. In consideration of the privilege of joining, or using the YMCA, I hereby release and discharge its servants and employees from any and all claims of injury, death, loss or damage that my child or I may suffer. I understand the YMCA of Central Kentucky is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.
3. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to secure and administer treatment for the named participant as deemed necessary, including hospitalization. I understand the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or at YMCA facilities; families must carry their own accident insurance.
4. Parents must provide sunscreen (no spray) for each child every day the child participates in camp. All bottles must be labeled with the child's name. The Division of Regulated Child Care (DRCC) designates sunscreen as a medication. As such, the YMCA must have written permission to apply sunscreen while at camp. I hereby consent to the use of sunscreen at the YMCA of Central Kentucky for my child. It is my child's responsibility to apply sunscreen at intervals throughout the day. YMCA staff will only assist when necessary, and requested, in order to adhere to our child safety policies.
5. I give permission to the YMCA of Central Kentucky to use photographs, film footage, audio or video recordings, which may include my child's image or voice for the purpose of promoting and interpreting YMCA programs and services to the general public.
6. I understand that all payments must be made through bank draft/credit card draft. All payments are due on the Monday prior to the week care will be given. I understand my \$35 annual registration fee and any required deposit (\$10 per week of camp and each Out of School Day instance) will be drafted from the account information contained below at the time of registration. I understand fees and deposits are non-transferable and non-refundable. I understand there is a \$1/minute late pickup fee that will be charged to my account, should I pick up my child after closing time (6 p.m. in Fayette, Jessamine and Scott counties; 5:30 p.m. in Anderson and Franklin counties).
7. By signing below, I give the authority to have pre-authorized payments drawn by the YMCA of Central Kentucky on my bank account/credit card for all participant fees. I understand that my account will be drafted in accordance with this signed financial agreement. Payments are continuous and can only be cancelled or modified by submitting a YMCA Change of Information form to the appropriate business office at least 2 weeks prior to program session date. I understand that no credit is given for absences or program cancellations due to inclement weather. Should my bank for any reason not honor my draft, I understand that I am still responsible for that payment, plus any service charge applied by the YMCA, in addition to any service fee my bank may charge. In the event my tuition fees are returned due to insufficient funds, I give the YMCA permission to automatically redraft the amount, including a \$25 return fee, on the following Friday. I understand that failure to keep current with tuition fees will result in termination of services.

Print Name _____

Signature _____ Date _____

This information is not required, but is greatly appreciated. It allows us to seek additional grant and fundraising opportunities to provide the program to more students.

Total number of people in the household _____

Annual household income:

Less than \$5,000 \$5,000-\$9,999 \$10,000-\$14,999 \$15,000-\$24,999 \$25,000-\$34,000

\$35,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,000 \$100,000 or more

OFFICE USE ONLY: Registration Photo Bank Draft Immunization All pages signed Staff Initials _____ Date _____