



YMCA OF MIDDLETOWN CLUB KID REGISTRATION

Registration must be done in person at the YMCA of Middletown or at SOFY in Monroe.

Please PRINT unless otherwise noted.

Child's Name _____

Age _____ Birth date _____ Sex _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Email _____

Daytime # _____ Home # _____

Work # _____ Cell # _____

Grade _____ School _____ District _____ Start Date _____

PROGRAM REGISTRATION INFORMATION

Please indicate the days your child will be attending. If these days will change each week or throughout the month, please indicate that as well. **Please note that our AM program is available only at limited sites, and our Extended PM Program is only available at our Middletown site.**

AM Program (please circle)

M T W T F

PM Program (please circle)

M T W T F

Extended PM (please circle)

M T W T F

I hereby enroll my child in the above Middletown YMCA program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and its representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I understand that my child must comply with all rules and standards of the program and that there is a standard of behavior that we expect all participants to adhere to. In no circumstance will the YMCA be tolerant of inappropriate behavior or threats to staff or other participants. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child if necessary). **I have received a Club Kid handbook and agree to all policies explained within.** ____

Signature of Parent/Guardian _____ Date _____



WELCOME CENTER CHECK LIST

*****Parents/Guardians-Please do not fill out this form.*****

This is to be completed by Welcome Center Staff only.

YMCA Staff, please initial each line after verification. Thank you.

I have checked the following information and the designated documents are signed and dated by the parent/guardian:

Start Date_____ (The date the child will be starting the program.)

Day Care Registration_____

Club Kid Registration Form_____

Club Kid Information Sheet_____

Club Kid Payment Agreement_____

Automatic Monthly Draft Authorization Form_____

Was Registration Fee Paid?_____

Welcome Center Staff Signature _____

Date of Completion_____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

School _____ AM _____ # of days _____ What days _____ PM _____ # of days _____ What days _____	Child's Full Name: _____ Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to? _____ Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.
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Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name Of Medical Care Facility/Hospital:	Telephone Number:
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

CHILD'S FULL NAME:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
CHILD'S HOME ADDRESS:	DATE OF BIRTH:
	HOME TELEPHONE NUMBER:
DATE OF ACCEPTANCE:	DATE OF DISCHARGE:
NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
	HOME TELEPHONE NUMBER:
	DAYTIME TELEPHONE NUMBER:
ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):	

AGREEMENTS

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. Yes No

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. Yes No

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. Yes No

I agree to review and update this information whenever a change occurs and at least once every six months. Yes No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE:
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Provider/Day Care Facility Name and Address:



CLUB KID INFORMATION SHEET

Child's Name: _____

How would you prefer us to communicate with you?

- Talk with me when I pick up my child.
- Call me in the evening at home. My phone # is _____.
- Talk to the person who picks up my child.
- Call me at work. My phone # is _____.
- Call me on my cell # @ _____.
- Send a note with the pick up person and I will call you as soon as possible.
- Other _____

We will provide a "quiet" time for your child to complete homework independently. Do you want your child to do homework at that time?

- Yes, always.
- No, never.
- If she/he wants to.
- Occasionally. I will let you know when.

During the day, what phone number should we call in case we need to leave you an automated message regarding closures or cancellations or we need to contact you? _____

Does your child have any dietary restrictions? _____

Any favorite snacks? _____

Does your child have any allergies? If yes, please specify. _____

Does your child wear glasses or contacts? _____

Is your child in a special classroom setting? If yes, please describe. _____

Is your child currently under care for any emotional or socialization challenges? _____. If yes, please describe. _____

Is your child currently taking any medication? Please specify what and why. _____

Does your child have any physical restrictions? _____

Is there anything we should know so that we can be responsive to your child's needs? _____

Parent's Signature _____ Date _____



AUTOMATIC MONTHLY DRAFT AUTHORIZATION FORM

The Club Kid registration fee is \$85.00 (per family) for the 2017-2018 school year. If you opt to have your Club Kid payments drafted from your checking, savings, or credit card account, the registration fee will be reduced to \$35.00. If you sign up for the draft program and change your payment protocol later in the school year, you will have to pay the additional \$50.00 to cover the registration fee. To sign up for the draft, we will need a few things from you in order to process your child's account.

If you choose to have your payment automatically deducted from your account, please hand this form in at time of registration.

A fee of \$25.00 will be charged for any returned draft. At no time can this fee be waived.

Signing below validates that I give permission for the YMCA of Middletown to draft my child's Club Kid monthly payment out of the account I've designated below. I understand that my monthly draft will typically occur on the 1st of each month and if my 1st of the month draft is returned, it will be redrafted on the 7th of the month or the next business day should the 7th occur on the weekend. I understand that the YMCA will also redraft any EFT payments on the day after they are returned, unless the day is a weekend, in which case the Y will draft the next business day. I also understand that all 2nd drafts will also include a \$25.00 return fee.

Billing Party First & Last Name _____ **Date** _____

Billing Party Signature _____ **Contact Number** _____

Child's Name _____ **School** _____

My child will be attending: _____ **days** _____ **AM** _____ **PM** _____ **Extended**

I understand the YMCA of Middletown will automatically be withdrawing the \$35 registration fee out of the account listed below. If at time of registration, my registration fee is not processed, it will be withdrawn prior to, or on the 1st of the upcoming month.

I give permission to have \$ _____ drafted on the 1st of each month and on the 7th of the month if my 1st of the month draft is returned for the above named child from the following account:

____ **CREDIT/DEBIT CARD ACCOUNT** Please make sure your card will not expire prior to the end of the school year. If that should occur or if your credit card on file has been compromised, you must notify us of any changes to your card in time to enable us to make the change prior to our draft date of the 1st. **Please circle one. Please note: We do not take DISCOVER.**

VISA

AMERICAN EXPRESS

MASTER CARD

Credit/Debit card number

Expiration date

Billing Zip Code

____ **CHECKING ACCOUNT** I have enclosed a copy of a voided check from my checking account.

I also give permission to the YMCA to draft an additional \$1.00 per month that will go directly to our Strong Kid's Campaign, which helps scholarship families in need for camp, Club Kid and family membership. _____ (if yes, please initial)

YMCA OF MIDDLETOWN CLUB KID PAYMENT AGREEMENT

Taking the yearlong cost for the program, and dividing that amount into ten equal monthly payments determine the monthly fee for Club Kid. **The monthly fee is the same, regardless of the number of Club Kid days that are provided each month, (i.e. the number of days that school is open that month).** If your child is beginning program before the 15th of the month, you are responsible for paying the full monthly fee. If your child is beginning program the 15th of the month or after, you are responsible for paying half of that month's fee.

Monthly Payments for Club Kid are due on the first of the month. If payment is not made by the 1st of the month a \$ 20.00 fee is added to the amount due. If payment is still outstanding on the 10th of the month, your child will not be permitted to utilize the program until payment is made. The school will be notified that your child(ren) can no longer attend our program. Should a check or monthly draft payment be returned to the YMCA, there will be a \$25.00 fee and you may be required to make that payment and all future payments at the branch in cash or Money Order on the first of each month.

If at any given time you need to modify your child's enrollment, your account will be charged a \$10.00 fee that is due at time of change. This includes the modification of the number of days (2/3 versus 4/5), cancellation of one program, adding of one program, changing programs, or temporarily cancelling a program for any period of time. **All requests must be submitted 15 days prior to the 1st of the month and you must provide us with a Club Kid Change Form.**

The CLUB KID REFUND POLICY IS AS FOLLOWS:

The Registration fee is **NON-REFUNDABLE**. Any refund request for monthly payment must be provided to us prior to the 5th of the month for you to receive any kind of refund. Any cancellation after the 5th of the month indicates you will not be entitled to any compensation. **The maximum refund amount to be issued will reflect half a month.** You must contact the Billing Coordinator by calling (845) 395-1004. They will provide you with the appropriate form. A refund in the form of a check will be issued within 4 weeks after verification of attendance and clearing of payment (if applicable).

Any outstanding balances and June's payment must be made by no later than June 1st. Failure to do so will automatically remove your child from our program. The school will be immediately notified and your child will be unable to return until your balance is paid in full. Unfortunately we cannot extend payment arrangements into June.

The YMCA understands that circumstances arise which may require special payment arrangements. If you anticipate that you will be unable to make a timely payment, please discuss this with the Billing Coordinator by calling (845) 395-1004. **Requests for special late payment arrangements must be put in writing. Please note that payment arrangements will be extended on a case-by-case basis, and may not be approved.**

The parent who enrolled his/her child in the program is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in collecting fees from non-custodial parents or others and cannot allow delays in payments due to delays in child support or other funding.

The YMCA does offer financial assistance to families through the ACCESS program. You may apply for financial assistance at any time during the year. If you apply mid-year your payments must be made up to date and on time for you to be eligible to apply for ACCESS. All copies of the requested documentation must be submitted. Failure to supply requested documentation will delay determination. Please allow at least 4 weeks to process your application. **No child will be admitted to the program with the understanding that financial assistance is pending, unless all payments are current, and no scholarship will be retroactive.** There is no scholarship available for the registration fee.

I have read, understand, and agree to the Payment Agreement as outlined above.

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

CHILD(REN)'S NAME: _____ DATE: _____