



KINDERBRIDGE
Santa Maria Valley
YMCA
School Year 2017-2018

Start Date: _____ Registered by: _____
 Site: Mary Buren

How did you hear about our program?

Child's First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: (____) _____ E-mail: _____

Sex: _____ Birth Date: _____ Age: _____ Previous School: _____ Grade _____

Mother/Guardian: _____ DOB: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Father/Guardian: _____ DOB: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Emergency Contact (other than parents or physician): _____ Relationship: _____ Phone: (____) _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of: (medications, allergies or other)? _____

Physician _____ Date of last examination: _____ Immunizations current? Yes No

Physician Address: _____ Phone (____) _____

Dentist _____ Phone (____) _____

Dentist Address _____

Is your child allowed to watch G rated films? Yes No Is your child allowed to watch PG rated films? Yes No

Person(s) NEVER authorized to pick-up child (Must provide legal documentation if biological parent(s.)):

Name(s): _____

Persons authorized to pick up your child:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Santa Maria Valley YMCA.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Medication: I understand that I must complete an "administration of medication" form, and all medicines must be handed to a staff member with the completed form.

Parent Handbook: I have received and read a copy of the parent handbook which explains policies and procedures for the YMCA Programs.

Sunscreen: Staff are not allowed to apply sunscreen to any child we strongly encourage purchasing the spray sunscreen.

Signature of Parent/Guardian: _____ **Date:** _____



**KINDERBRIDGE
SANTA MARIA VALLEY
YMCA**

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Child's First Name: _____ **MI:** _____ **Last Name:** _____

Please enroll my child. I have enclosed a \$25 non-refundable registration fee and have chosen the following options.

CARE OPTION:

<u>Kinderbridge</u>
<input type="checkbox"/> Mary Buren \$60.00 monthly Hours: Afterschool to 6:00 PM Transportation not available.

PAYMENT PLAN OPTIONS:

Responsible Party: I agree to pay the monthly Child Care fees on or before the 1st of each month of care. I understand a late fee of \$20 will be assessed if payment is not received by the 5th. If unpaid on the 10th, the child cannot attend until the fees are paid. **Cancellations require a 14 day written notice to the YMCA office. If no notice is given the parent/guardian will be responsible for payment and any fees.** I understand the policies and procedures set forth by the YMCA.

Payment Method:

- Credit Card * *(please make a clear copy of your credit card to set up for bank draft)*
 - Check* *(please attach a voided check to set up for bank draft)*
 - Bank draft* *(please complete section below) I authorize the YMCA to debit my account monthly as stated*
- A voided check or copy of your credit card must be attached for bank draft payment.**

Your card will be charged on the 1st of the month.

Name as it appears on card/checking account: _____

Card Number or routing number (if using a checking account): _____

Expiration Date: (mm/yy) or checking account number _____

Signature: _____

Cancellation & Changes The YMCA needs two weeks (14 days) WRITTEN notice before the EFT date to alter or cancel your scheduled funds transfer. Any program changes that affect your monthly fee also require 14 days notice IN WRITING. Changes and cancellations cannot be made by telephone. If we do not hear from you in time to cancel or change your EFT, the subsequent transfer will be non-refundable. The YMCA will also notify you at least 30 days in advance of any changes being made. In a situation where your bank does not authorize a charge (due to NSF or other invalidities for which the YMCA has no responsibility) you will be charged a \$25 return fee, and an additional \$20 late fee. Your childcare fee must be immediately paid in order to prevent removal from the program. If you change banks or account numbers, it is your responsibility to let the YMCA know at least 14 days in advance in order to prevent a return & late fee. The YMCA will not give refunds for drafts that have been posted if no change or cancellation has been received by the YMCA. Your last bank draft will be the last month of school, unless requested otherwise. If you register for an additional year of child care, a new bank draft form will be required.

Signature of Parent or guardian _____ **Date** _____

Santa Maria Valley YMCA
2016-2017 Child Care
RATES

A \$25.00 non-refundable registration fee is due at the time of registration.

Kindergarten (No before care for children who have p.m. Kindergarten.)

<i>This program subsidized by private grant funds.</i>	Monthly rate
Mary Buren	\$60.00

- All Kinderbridge programs are in session the same days as the District School Calendar.

All payments are due on the 1st of the month and late after the 5th. A late payment fee of \$20.00 will be accessed on the 6th if no payment is received by the 10th your child will be dropped from the program.

