



Registration Date: _____ Start Date: _____

Child/Participant :

First Name _____ MI _____ Last Name _____
 DOB: ____/____/____ Gender: Male Female Grade _____

Street Address _____ City _____ State _____ Zip _____

Child lives with : Mother Father Both Other: _____

Primary parent/guardian name: _____
 First Last

Street Address _____ City _____ State _____ Zip _____

DOB: ____/____/____ Cell phone: _____

Employer: _____ Work Phone: _____

Add'l parent/guardian name: _____
 First Last

Street Address _____ City _____ State _____ Zip _____

DOB: ____/____/____ Cell phone: _____

Employer: _____ Work Phone: _____

Please list any special custody or court ordered arrangements necessary for us to know about:

Please list three local emergency contacts / additional adults who you authorize to remove your child from program and who we may contact in the event we are unable to reach you if your child becomes ill or otherwise is excused from program

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

Program Selection:

Payments are by electronic fund transfer only, and electronically drafted on the 1st and 16th of each month, ending 5/16/16

Before School Care: (Fruitville and Wilkinson only) **\$19.00 per week**
Select School

_____ Fruitville _____ Wilkinson
 (6:45-8:15am) (6:45-7:45am)

You must escort your child to the before care program and sign him/her in every day.

After School Care: \$9.00 per day
Select school

_____ Ashton _____ Fruitville _____ Gocio _____ Oak Park
 _____ Southside _____ Wilkinson

Select Days

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

- A non-refundable \$45.00 registration fee plus \$10.00 for each additional child and the first draft payment is due at the time of registration.
- Please note that Afterschool and Before Care draft payments are continuous throughout the school year and will not change during the months of December and March.
- The School Age Program allows one change of plan per child without penalty. Any additional changes will result in a \$25.00 processing fee.
- Termination of any program requires the completion of a termination form ten (10) days prior to the next draft date. This form must be returned to the School Age Care office.

Parent/Guardian Signature _____ Date ____/____/____

Printed Parent/Guardian Name _____



Child's name: _____

Program/School Site: _____

Participant Health/Medical Information:

Allergies/Diet

Does your child have any allergies that we should be aware of? _____ Yes _____ No
If yes, please explain: _____

Are there any dietary restrictions that are important for us to know? _____ Yes _____ No
If yes, please explain: _____

Does your child have asthma/asthma related concerns we should be aware of? Yes _____ No _____
If yes, please explain: _____

Special and/or Additional Needs

Does your child have any medical/physical condition or diagnosis we should be aware of?
(Check all that apply) _____ Yes _____ No

- Diabetes
- Deaf/Hard of Hearing
- Down Syndrome
- Seizures or Epilepsy
- Blind/Severe Visual Impairment
- Needs Bathroom Assistance
- Chronic or Recurring Illness/Condition
- Assistive Devices (e.g. walker, wheelchair, braces hearing aid)
- Other: _____

Mental, Psychological and Emotional Health

Does your child have a mental/behavioral health concern and/or diagnosis we should be aware of? _____ Yes _____ No

(Check all that apply)

- Bi-polar
- Psychiatric diagnosis (e.g. depression, OCD, autism, PTSD, FASD)
- Panic/Anxiety disorder
- OCD
- Autism
- Currently seeing a professional for mental/emotional health concerns
- Reactive Attachment Disorder (RAD)
- Fetal Alcohol Syndrome (FASD)
- Oppositional Defiance Disorder (ODD)
- Post Traumatic Stress Disorder (PTSD)
- Attention Deficit/Hyperactivity Disorder (ADD or ADHD)
- Has an emotional health concern
- Other: _____

Physician/Primary Care Doctor:

Name _____ Phone _____

Street _____ City _____ State _____ Zip _____

Preferred Hospital:

Medications

Does your child take any prescription or over-the-counter medications at school or at home? If yes, please list the name, dosage, time taken, and reason for medication.

Medication	Dosage	Time	Reason

Special Services

Does your child receive any special services through the school district? IEP, 504, Gifted, Etc...? _____ Yes _____ No
Please explain: _____

Does your child need any special attention in any of the following areas: Please be specific in how YMCA staff can provide this support:
Please circle yes or no, and briefly describe

- Activity Level: Yes / No _____
- Emotions or Behavioral Support: Yes / No _____
- Hearing/Visual Aid: Yes / No _____
- Feeding or Special Diet: Yes No _____
- Assistive Device to Move Around: Yes / No _____
- Resting/Sleep: Yes / No _____
- Toileting: Yes / No _____



Child's name: _____
 School/program site: _____

Electronic Funds Transfer Authorization

Rate: \$ _____ per draft Draft Date: _____ 1st 16th

Method of payment below:

Electronic Funds Transfer from Checking Account – Please attach a voided check.

Name on Bank Account _____ Name of Bank _____

Account Number _____ Routing Number _____

Electronic Fund Transfer from Debit or Credit Card
 Type of Card: _____ Visa _____ Master Card _____ American Express _____ Discover _____

Name as it appears on card _____ Name of issuing bank _____

Card Number _____ Exp. Date _____ / _____ / _____

By signing this form, I authorize the Sarasota Family YMCA, Inc. to withdraw program fees from the above referenced account. I understand that the withdrawal amount will be changed if/when there is a change in the program fee. I also understand that if for any reason my draft is not accepted, I will be responsible for the payment as well as any fees incurred by the YMCA.

Signature of Person who is responsible for the account/card to be drafted: _____

Signature: _____ Date: _____ / _____ / _____

Termination of this Electronic Funds Transfer requires a **written notification** to the School Age Care Department **ten (10) business days** prior to the draft date.

Any questions or concerns regarding the above referenced YMCA account please contact the School Age Care Department at (941) 952-9533 ext. 201.

We build strong kids, strong families, strong communities

Agreement of Conditions

Pick Up Procedures: I understand that photo ID is required for anyone that is listed on the authorized pick up list on the child enrollment form. Any additions or changes to the pick up list must be made in writing and given to the School Age Care office. Without proper photo ID my child will not be permitted to leave the After School Care program. This rule will be strictly enforced.

Late Fees: I understand that my child has to be picked up by 6:00 pm. A **\$1.00 per minute late fee** is required after **6:00 pm**. After the third late pick-up, the fee is **\$5.00 per minute**. This payment is to be made to the Site Manager at the school on the same day or no later than the following day or the amount will be charged to my next scheduled draft. If a child has not been picked up or an emergency call made to the Site Manager at the school by 6:30 pm the police will be notified. Three late pick-ups may jeopardize my child's participation in the YMCA Adventure Club program.

Returned Payments: I understand that I am required to maintain an accurate and working draft account for payment of childcare services provided. This draft account is required of all Adventure Club participants. I understand that if for any reason my draft is not accepted, I will be responsible for contacting the School Age Care Office no later than **five days** after the return notification. I am responsible for paying the returned amount plus a **service fee of \$15.00**. I understand that in case of a change in my bank or credit card information, it is my responsibility to submit the new information to the School Age Care office **ten days** prior to the draft date. **I understand that after two unpaid returns my child will be terminated from the Before or After School Care program.** Any account that is over 30 days past due will be subject to termination and all past due balances must be paid in full before registering for any future programs.

Change of Program Plans: I understand that any changes to my program plan or account information must be given to the School Age Care office **ten days** prior to the next scheduled draft date. The scheduled draft dates occur on the 1st and 16th of every month. I also understand that I'm entitled to one program change per school year. Additional changes may be made; however there is an **administration fee of \$25.00** per change.

Fee Calculations: I understand the amounts drafted each month from my account are calculated based on the assumption that my child will be in the After School program during the whole school year. In case of early cancellation, I'll be charged **based on the actual number of days** from enrollment to termination date for the plan chosen. I understand that after calculation of actual services provided there may be an additional payment due, or I may be entitled to a credit or a reduction of draft amount.

Termination Process: I understand that **written notification** to the School Age Care office **ten days** prior to the cancellation date is required. If ten days notice is not provided amount(s) owed will be drafted from my account.

Attendance Procedure: I understand that my draft is based on the days I have scheduled to have my child attend and that I am responsible for those payments whether my child attends or not. **The YMCA School Age Care department does not refund accounts for days children do not attend that they were registered for.**

I understand that it is my responsibility to notify the YMCA Adventure Club Program if my child will not attend for any reason. (Leaving a message with the Elementary School office does not insure notification of YMCA.) Failure to keep the YMCA informed may jeopardize your child's participation in the Adventure Club program.

Signature: _____ Date: _____ / _____ / _____



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself, herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is

further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I understand that the YMCA will make every effort to contact me in care of an emergency pertaining to my child. If I am unable to be reached, the YMCA will try to contact an alternate adult listed on this form. The YMCA has my permission to secure medical attention for my child in the event of an emergency.

I understand that I am responsible for the costs involved should my child become injured while attending a YMCA program and accept all risks incidental to the program activities. In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself and any personal representatives, executors, and administrators, WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Sarasota Family YMCA, Inc., YMCA Children, Youth and Family Services, Inc., their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities.

I give my permission for my child to participate in field trips taken on YMCA designated vehicles.

I give my child permission to be filmed or photographed for purposes of YMCA publicity in the newspaper, on TV, or other official YMCA printed materials of web sites.

I have received, read, and understand the parent information for the program including policies, goals, and philosophy of the program in which my child is enrolled. In particular, I also agree to and understand the policies on payments for services and discipline as presented to me.

I agree that only the adults listed on this form are allowed to removed my child from the YMCA program unless I notify the YMCA in writing. Under no circumstances will phone calls authorizing pick-up be accepted at any time.

I HAVE READ THIS RELEASE:

Signed Program Participant/Member _____ Date _____

Signed Parent/Guardian (if under 18) _____

Date _____