



Glens Falls YMCA Before & After School Club Registration 2019-2020

600 Glen St, Glens Falls, NY 12801 | 518.793.3878 | www.glensfallsymca.org

Child's Name (Last, First):		Date of Birth:	Age:
Child's Address:		City/State/Zip:	Gender: Male Female
Start Date:	Program Registering For (circle one): Before School After School Both	School Child Attends:	Days of Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Child Information

How did you hear about the YMCA? Open House YMCA Flyer/Postcard YMCA Website YMCA Email

Internet (Facebook, Twitter, etc) Family/Friend Referral: _____

Child's School: _____

Contracting Parent/Guardian Contact Information MOTHER FATHER OTHER:

Contracting Parent/Guardian Name:		Date of Birth:	Gender: Male Female
Home Address (if different from child):		City/State/Zip:	Employer:
Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	Authorized Pick Up? <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell#:	
	Can this parent/guardian make changes to the authorized pick up list? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home#:	
		Work#:	
Email Address:		Driver's License#:	

Other Parent/Guardian Contact Information MOTHER FATHER OTHER:

Other Parent/Guardian Name:		Date of Birth:	Gender: Male Female
Home Address (if different from child):		City/State/Zip:	Employer:
Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	Authorized Pick Up? <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell#:	
	Can this parent/guardian make changes to the authorized pick up list? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home#:	
		Work#:	
Email Address:		Driver's License#:	

Additional Authorized Pick Up (other than parents/guardians):

Name:	Telephone Number:	Driver's License Number:	Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Telephone Number:	Driver's License Number:	Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Telephone Number:	Driver's License Number:	Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO



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Health History

Allergies and Special Conditions

Please Check all that apply to your child:

- Ear Infections
- Diabetes (onset)
- Tonsillitis
- Poison Ivy Allergy
- Migraines
- ADD/ADHD
- Heart Defect/Disease
- Bleeding/Clotting
- Hay Fever
- Seizures
- Convulsions
- Epilepsy (onset)
- Insect Allergy
- Asthma
- Skin Rashes
- Food Allergies (list below)

In the space below, Please list any special conditions relevant to your child not listed above such as previous illness, injuries in the past 12 months, activity restrictions, developmental age, **allergies (food or medication)**, chronic health concerns, etc.

Medications now taking: _____
(Glens Falls YMCA DOES NOT administer Medications)

Insurance Company (or Gov't Program) _____

ID/Contract # _____

Physician Name _____

Physician Address _____

Physician Phone _____

Authorization for Medical Treatment

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filing out this authorization form. Using this form, you can give permission to the YMCA Staff to act for you, in your absence, regarding the treatment of your child. This is a legal document. If your child needs unexpected medical treatment, the YMCA Staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase risk to the child's life or health.

I, being the parent of custody or legal guardian of the minor named, do hereby appoint:

Family YMCA of the Glens Falls Area Staff
600 GLEN STREET, GLENS FALLS, NY 12801

To act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.

I have read and understand the authorization for medical treatment. My signature below acknowledges such.

Admission Agreement (INITIAL ON LEFT HAND SIDE)

INITIAL	Policies and Procedures: I have received and have read a copy of the YMCA Childcare parent handbook and understand all policies and procedures therein. A PHOTO ID IS REQUIRED FOR ANYONE PICKING UP.
INITIAL	Immunization, Hearing & Vision Screening: I certify that my child's current immunization records and TB test (if applicable) are accurate and up to date
INITIAL	Hours of Care: I understand that I will be charged a \$15 late fee for pickup after 5:45pm.
INITIAL	Custody: YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Contracting Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD.
INITIAL	Photo Release: The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	Behavior Policy: I have read and understand the YMCA Childcare Behavior Policy.
INITIAL	Absences: I understand that it is my responsibility to notify the YMCA if my child will not attend the program that day.
INITIAL	YMCA Program Closures: I understand that the YMCA will be closed on select holidays. Also, the YMCA will follow Queensbury School District delays and closings for inclement weather.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Family YMCA of the Glens Falls Area 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 who I am responsible.

Contracting Parent/Guardian Signature: _____ **Print**

Name: _____ **Date:** _____

Child's Name: _____ **Date of Birth:** _____



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PAYMENT AGREEMENT

Child's Name (Last, First):	Member or Non-Member	School Site:
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I registered for (circle one):

5 Day 4 Day 3 Day 2 Day

Start Date: _____

Days of Care: M T W Th F

I wish to have the payment automatically taken out of my checking account. I have attached a voided check.

I wish to have the payment automatically charged to my credit card/debit card. I have filled out the information below.
Please include a copy of the credit card.

I have received county assistance and have attached a current DSS Approval Letter (I may still have a co-pay)

INITIAL	I understand if Payments are not in by the due dates I will be dis-enrolled from the YMCA Afterschool Program for that month of service and require to re-register if I wish to continue.
INITIAL	I understand that my payment is draft on the listed due date of the month prior.
INITIAL	I understand if my draft returns, I will be responsible for an insufficient funds fee of \$25.
INITIAL	I agree to give a two week written notice to the YMCA if I plan to exit the program. I will complete a cancellation form at this time.
INITIAL	I understand Registration Fees are non refundable or transferable.

MONTHLY DRAFT ACCOUNT INFORMATION

CREDIT CARD/DEBIT CARD

Circle: CREDIT CARD DEBIT CARD

Card Number:	Type: Mastercard Visa Discover American Express
	Exp. Date: __ __ / __ __ __ __
Name on the Card:	3 or 4 digit Security Code: __ __ __ __
Billing address:	City/State/Zip:

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my Glens Falls YMCA program privileges will also be suspended until my account is in good standing.

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



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Afterschool Billing for the 2019-2020 School Year

Upon registration, participants will be asked to pay the \$15 registration fee and the 1st month IN FULL. (Pricing listed below.)

After the initial payment, fees will be drafted **one week** before the 1st of the month of service.

2019-2020 School Year Pay Schedule:

Month of Service	Payment Due Date
September	At time of Registration
October	September 24 th
November	October 25 th
December	November 24 th
January	December 25 th
February	January 25 th
March	February 23 rd
April	March 25 th
May	April 24 th
June	May 25 th

Payments received between the listed due date and the 1st day of the month of service will incur a \$15 late fee. Full payment (including any late fees) must be received by the 1st of the month of services. Non-payment will result in the participant becoming ineligible for services that month.

After School Pricing

	2 Days	3 days	4 Days	5 Days
Member	\$165/month	\$211/month	\$237/month	\$270/month
Non-Member	\$217/month	\$264/month	\$289/month	\$322/month

Before School Pricing

	Only Before Care	If Registered for Before & After Care
Member	\$175/month	\$150/month
Non-Member	\$210/month	\$185/month

The YMCA Afterschool Program will be closed on the following holidays:

Labor Day	Thanksgiving	Winter Break
Columbus Day	Day after Thanksgiving	Good Friday
Veteran's Day	Holiday Break	Spring Break
Day before Thanksgiving	MLK Day	Memorial Day

Contracting Parent/Guardian Signature: _____

Date: _____