



AFTERSCHOOL/NO SCHOOL CHILD CARE APPLICATION



ENROLLING CHILD

Information

First Name	M.I.	Last Name	Gender: M or F	
Birthdate	School	Grade Entering		
Mailing address	City	State	Zip	
Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other _____ <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic				

Parents/Guardians

First Name	Last Name		
Email	Email		
Home Phone	Cell Phone	Marital Status	Child Lives With

Medical Information

Are there special needs, medical conditions and/or allergies that we should be aware of? Please list.

What are the symptoms and action to be taken, if any?

FEE SCHEDULE (CHECK THE BOX THAT APPLIES TO YOUR CHILD.)

Member Child Rates, Afterschool Program

Check Box	Child Care Service	Cost Per Child	Details
<input type="checkbox"/>	Member Child, No Bussing	\$0 per week	No Bussing, 2:30p.m.-6:00p.m., Mon.-Fri., Grades K-6
<input type="checkbox"/>	Member Child With Bussing	\$20 per week	With Bussing, 2:30p.m.-6:00p.m., Mon.-Fri., Grades K-6

Non-Member Rates, Afterschool Program

Check Box	Child Care Service	Cost Per Child	Details
<input type="checkbox"/>	Non-Member, No Bussing	\$5 per week	No Bussing, 2:30p.m.-6:00p.m., Mon.-Fri., Grades K-6
<input type="checkbox"/>	Non-Member With Bussing	\$25 per week	With Bussing, 2:30p.m.-6:00p.m., Mon.-Fri., Grades K-6

No School Care Program

Check Box	Child Care Service	Cost Per Child	Details
<input type="checkbox"/>	No School Day (please mark anticipated days needed)	\$30 per day	6:30a.m.-6:00p.m., Grades K-6
<input type="checkbox"/>	Early Release Day (please mark anticipated days needed)	\$15 per day	12:30p.m.-6:00p.m., Grades K-6

No School Days: Mark anticipated days needed.

___Sept. 5 ___Nov. 23 ___Dec. 27 ___Dec. 30 ___Mar. 13 ___Mar. 16
___Oct. 20 ___Dec. 23 ___Dec. 28 ___Jan. 2 ___Mar. 14 ___Mar. 17
___Oct. 21 ___Dec. 26 ___Dec. 29 ___Jan. 16 ___Mar. 15 ___Apr. 14

Early Release Days: Mark anticipated days needed.

___Oct. 12 ___Feb. 8 ___May 10
___Dec. 14 ___Mar. 8 ___June 7
___Jan. 20 ___Mar. 31

Payment Options

Check Box	Payment Type	Details
<input type="checkbox"/>	Cash, Check, or Credit/Debit Card	Paid at the Y Front Desk
<input type="checkbox"/>	Weekly Bank Draft/Electronic Funds Transfer	Taken weekly on the Wednesday before each week of child care. Please fill out attached form.

WALKING PERMISSION

For Children Who Live in the Y Neighborhood

Check Box	Permission
<input type="checkbox"/>	YES , I give my child permission to walk home following their attendance in YMCA of Austin child care and youth programming.
<input type="checkbox"/>	NO , I do not give my child permission to walk home following their attendance in YMCA of Austin child care and youth programming.

EMERGENCY CONTACT INFORMATION

Emergency names, address and phone numbers of TWO people to be called in the event we cannot reach either parent.

First Emergency Contact

First Name	M.I.	Last Name		
Mailing address		City	State	Zip
Home Phone	Cell Phone	Relationship to Child		

Second Emergency Contact

First Name	M.I.	Last Name		
Mailing address		City	State	Zip
Home Phone	Cell Phone	Relationship to Child		

AUTHORIZED PICKUP LIST

These people, in addition to child's parents, are allowed to pick-up the child.

Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child

SCHOOL & BUSSING

School	Woodson	Banfield	Southgate	Neveln	IJ Holton
Please Check One					
Will Your Child Be Bussed	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO

AFTERSCHOOL ENROLLMENT

Sign Up For All Weeks

YES, Sign my child up for every week.	NO, My child is only attending the weeks marked below.
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Sign Up For Individual Weeks

	ALL WEEK	MON.	TUES.	WED.	THURS.	FRI.			ALL WEEK	MON.	TUES.	WED.	THURS.	FRI.
Sept. 6 - 9								Jan. 23 - 27						
Sept. 12 - 16								Jan. 30 - Feb. 3						
Sept. 19 - 23								Feb. 6 - 10						
Sept. 26 - 30								Feb. 13 - 17						
Oct. 3 - 7								Feb. 20 - 24						
Oct. 10 - 14								Feb. 27 - Mar. 3						
Oct. 17 - 19					---	---		Mar. 6 - 10						
Oct. 24 - 28								Mar. 20 - 24						
Oct. 31 - Nov. 4								Mar. 27 - 31						
Nov. 7 - 11								Apr. 3 - 7						
Nov. 14 - 18								Apr. 10 - 13						---
Nov. 21 - 22				---	---	---		Apr. 17 - 21						
Nov. 28 - Dec. 2								Apr. 24 - 28						
Dec. 5 - 9								May 1 - 5						
Dec. 12 - 16								May 8 - 12						
Dec. 19 - 22						---		May 15 - 19						
Jan. 3 - 6		---						May 22 - 26						
Jan. 9 - 13								May 30 - June 2		---				
Jan. 17-19								June 5-6				---	---	---



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PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read this information and sign below.

- If my child is being bussed to the afterschool program, I will inform my child's teacher that my child is participating in the Y Afterschool Program and will be riding the bus.
- I understand and authorize the YMCA to obtain immediate care if any emergency occurs when either parent cannot be located immediately.
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand and authorize the YMCA of Austin to use my child's photograph/likeness/voice/video, as it pertains to participation at the YMCA, in any manner for promotional efforts without expectation of reimbursement connected to its use.
- I wish to have my child participate in the YMCA swim team program. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in YMCA swim team, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of Austin, its staff, directors, members and guests. I have read, understand and am voluntarily signing this authorization and release.
- I am the parent or legal guardian of the child I am enrolling and understand that it is my responsibility to keep all information, authorization, required forms, and health records pertaining to my child current and up-to-date.

I have read and understand the statements above regarding YMCA policies, procedures and payments.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PAYMENT AUTHORIZATION

Bank Draft/Electronic Funds (EFT) or Debit Credit Card Authorization

I authorize my bank to honor pre-authorized Electronic Funds Transfers (or credit card charges) against my account for membership/program/contribution payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should a pre-authorized EFT (or credit card) not be honored by said bank when received by them, it is then understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Payment by Bank Draft/EFT

OR

Payment by Debit/Credit Card

I choose to utilize the EFT option for weekly Wednesday Child Care payment (direct debit) from my checking account.

I choose to utilize the Debit/Credit Card payment option for my weekly Wednesday Child Care payment (automatic charge to credit card.)

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Bank Name _____	
Bank Address _____	
Name on Account _____	
Account Number _____	
Routing/Transit Number _____	
Authorized Signature _____	

Card Type:
<input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD
Cardholder Name _____
Card Billing Address (if different from mailing address) _____
Account Number _____
Expiration Date _____
Authorized Signature _____

Authorization Agreement

- The YMCA draft payment is a continuous plan which automatically renews weekly unless I submit written notice to the YMCA of Austin. Directly calling my bank, Credit Card Company or the YMCA of Austin will not cancel my weekly Wednesday payment.
- I understand that the YMCA of Austin does not issue refunds.
- Should any payment not be honored by my bank/credit card company for any reason, I realize that I am still responsible for the payment plus a \$10 service fee applied by the YMCA. This is in addition to any service fee my bank or Credit Card Company may apply.
- The YMCA of Austin reserves the right to terminate membership upon non-payment of fees.
- I will notify the YMCA of Austin of any change in status that will affect my information (address, phone, bank account, credit card number, expiration date, etc.).
- I have read this agreement, I understand it, and I agree to it voluntarily.

ACCOUNT HOLDER SIGNATURE _____ DATE _____