



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

THE PLACE TO BE AFTER SCHOOL



**Oneonta Family YMCA
 After School Programs
 Registration Packet**

**Registration
 is easy as...**

1 Select
 School
 District

2 Select Schedule
 Package That
 Fits Your Needs

3 Complete Enclosed
 Forms and Submit with
 current Physical and
 Immunization Records

YMCA After School @ Cooperstown		YMCA After School @ Walton	
<input type="checkbox"/> 5 Day Enrollment 2:45pm-5:30pm \$50/ week	<input type="checkbox"/> 3 Day Enrollment 2:45pm-5:30pm \$35/ week Circle Days: M Tu W Th F	<input type="checkbox"/> 5 Day Enrollment 2:45pm-5:30pm \$50/ week	<input type="checkbox"/> 3 Day Enrollment 2:45pm-5:30pm \$35/ week Circle Days: M Tu W Th F

YMCA After School Billing and Payment Information

PRIMARY BILLING PARTY INFORMATION

Billing Name 1: _____

Home Phone: _____ Cell Phone: _____ Carrier: _____

Address: _____

Employer: _____ Work Phone: _____

E-mail Address: _____ Best Contact: Cell E-mail Home Phone

Billing Name 2: _____

Home Phone: _____ Cell Phone: _____ Carrier: _____

Address: _____

Employer: _____ Work Phone: _____

E-mail Address: _____ Best Contact: Cell E-mail Home Phone

BILLING PAYMENT INFORMATION

AUTODRAFT FROM CHECKING (Select Frequency) WEEKLY BI-WEEKLY MONTHLY ACCOUNT NO. _____

FULL NAME OF BANK _____ ROUTING NO. _____

PREFERRED DAY: SUN MON TUE WED THU FRI SAT

AUTOPAYMENT FROM CREDIT/ DEBIT (Select Frequency) WEEKLY BI-WEEKLY MONTHLY

NAME OF BANK/ CREDIT CARD COMPANY _____ CARD NO. _____

PREFERRED DAY: SUN MON TUE WED THU FRI SAT EXPIRATION DATE: _____

CHECK (All checks made payable to Oneonta Family YMCA and are by EFT) CASH (At the YMCA Front Desk ONLY)

DSS CHILDCARE SUBSIDY: NEW APPLICATION (responsible for payments until approval letter is received)
 CURRENT CASE (attach Cost of Care form)

- You are responsible for any unpaid balance after childcare subsidy is applied in addition to your DSS assigned Family Fee.
- It is recommended that Family fees be paid at the beginning of each week.
- DSS funds are received on a monthly basis. You will be billed at the end of the month following attendance submittal.
- Unpaid balances (not covered by DSS) are due within 10 days of billing.

PRIMARY BILLING PARTY BILLING AGREEMENT

I understand:

- Registration is not complete (and therefore not assured) until all forms are submitted.
- All payments are due to the YMCA by Friday (or the day indicated above) of the week *prior* to the week of service.
- The Oneonta Family YMCA is not able to bill an individual third party. It is the Primary Billing Party's responsibility to seek payment from parties other than those listed as Primary Billing Parties.
- Delinquent payments may result in suspension of program enrollment.
- Repeated late pick-up will result in a \$20 charge payable upon arrival.
- There is a 10% sibling discount which is applied to the oldest child in program.
- Fees are not prorated for weeks when there is a holiday or for a child's absence from program.
- Families may request one week of vacation. Requests must be made in writing at least one month in advance to the Program Director.
- Program fees are subject to change and the Oneonta Family YMCA reserves the right to place my child on a wait list until a minimum of 10 slots are filled.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Primary Billing Party Signature

Primary Billing Party Name (please Print)

Date

YMCA After School Registration (front and back)

CHILD INFORMATION

Child's Full Name: _____ Nickname (optional): _____

Child's Current Grade in School: _____ Child's Teacher: _____

Gender: Male Female Date of Birth: ____/____/____ Age: ____ Child's Dominate Language: _____

Address: _____

How did you learn about the program? YMCA Website YMCA Facebook Page Current Participant Other: _____

PARENT/ GUARDIAN 1 INFORMATION

Relation to Child: _____

First Name: _____

Last Name: _____

Occupation: _____

Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Cell Ph: _____ Carrier: _____

Home Ph: _____ Work Ph: _____

Email: _____

Child Lives with (please check): Parent/ Guardian and Parent/ Guardian 2 Parent/ Guardian 1 Parent/ Guardian 2

*Parent/ Guardians listed are authorized to pick up child.

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____

First Name: _____

Last Name: _____

Occupation: _____

Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Cell Ph: _____ Carrier: _____

Home Ph: _____ Work Ph: _____

Email: _____

EMERGENCY CONTACTS

*Must list at least one emergency contact in addition to Parent/ Guardian per OCFS Regulations. Contacts listed are authorized to pick up child.

Name: _____ Relationship: _____ Cell Ph: _____

Name: _____ Relationship: _____ Cell Ph: _____

Name: _____ Relationship: _____ Cell Ph: _____

Name: _____ Relationship: _____ Cell Ph: _____

PARENT/ GUARDIAN AGREEMENT

I consent to the enrollment of the child listed above in the YMCA After School Programs. Further, I agree to the following:

- I understand that I must notify YMCA staff if my child will be absent from program.
- The YMCA Staff assumes responsibility for my child's well-being during the program hours in which my child attends. This includes situations of extreme medical emergency when Emergency Medical Services may be called. Further, I am responsible for the cost of all medical treatment and care.
- I understand that YMCA staff are not allowed to transport my child in his or her personal vehicle and are not allowed to babysit my child outside of scheduled enrollment hours.
- It is my responsibility to keep all information current, including address, telephone, and emergency contact information.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/ Guardian Signature

Parent/ Guardian Name (please Print)

Date

Child's Full Name: _____ Date of Birth ____/____/____

CHILD HEALTH INFORMATION

Please complete the following questions, providing explanations where needed. If your child requires medication, has asthma, or has any special needs or services, you will receive additional forms that must be completed prior to your child's attendance.

Is your child capable of independent toileting (able to manipulate clothing, clean themselves, flush, and wash hands)?	No	Yes
Is your child able to successfully participate in a program with the following ratios: 1:7 (3 year olds) / 1:8 (4 year olds)?	No	Yes
Does your child require special equipment? (Child With Special Health Care Needs form required)	Yes	No
Will your child receive Special Education Services at school? (Child With Special Health Care Needs form required)	Yes	No
Has your child had an injury or ongoing illness in the past year we should know about?	Yes	No
Is your child allergic to bee stings? (Child With Special Health Care Needs form required)	Yes	No
Is your child allergic to any foods? (Child With Special Health Care Needs form required)	Yes	No
Is your child allergic to any medications? (Child With Special Health Care Needs form required)	Yes	No
Does your child have any other allergies (seasonal, etc.)? (Child With Special Health Care Needs form required)	Yes	No
Does your child have asthma? (Child With Special Health Care Needs form required)	Yes	No
Does your child require emergency medication during program hours? (Medication Consent form required)	Yes	No
Are there Custody Orders that are pertinent to your child? (Please attach)	Yes	No

CHILD PROFILE

The following information will help us to better understand your child and his/ her needs.

How would you describe your child's disposition (shy, aggressive, imaginative, etc.)? _____

How well does your child interact with other children? _____

How does your child express anger or frustration? _____

Does your child have any fears or apprehensions? _____

What helps your child handle transitions? _____

SIBLINGS

Sibling: _____ Age/ Grade: _____ School: _____

Sibling: _____ Age/ Grade: _____ School: _____

Sibling: _____ Age/ Grade: _____ School: _____

Sibling: _____ Age/ Grade: _____ School: _____

Please initial each of the following permissions:

- I give the Oneonta YMCA permission to use, for purposes of promotion of YMCA After School Programs, photographs and video footage of my child. I understand that my child will not be identified and may include newspaper, YMCA Lobby Screen, YMCA Social Media Pages, YMCA Website, and YMCA promotional flyers and brochures. _____
- I give permission for my child to play in both the indoor and outdoor play areas located at the Townsend Elementary School building and to take walking field trips during Oneonta YMCA Preschool Programs under the supervision of YMCA After School staff. _____
- I give permission for the Oneonta Family YMCA to apply Sunscreen, Bug Repellent, and other over the counter topical ointments as needed when supplied by me in the original packaging and labeled with my child's full name and date of birth. _____

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/ Guardian Signature

Parent/ Guardian Name (please Print)

Date