Merrimack Valley YMCA
Andover/North Andover Branch
978-685-3541
Haverhill Street School Age child Care program Service Agreement 2020-2021

Child’s Name: ____________________ School Attending: ____________________ Grade entering Fall 2020: ______

I am registering my child for the following YMCA School Age Child Care (SACC) Program(s) (circle days in the appropriate box)

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day Remote:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After School Hybrid:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tuition is based on 180 scheduled school days and the number of days per week your child is registered to attend the program. Payment is averaged over a 10-month period. This rate does not include school holidays, vacation weeks, or full curriculum days. A general youth YMCA membership is given to your child and is valid during the time that your child is enrolled in the School Age Child Care Program.

In addition as the parent/guardian, I understand and agree to:

- Pay a $50 non-refundable, non-transferable registration fee per child per year. However, I understand that if I cancel or withdraw from the program and wish to en-roll I will be charged a $50 reinstatement fee for each occurrence.
- Pay a $10.00 change charge for every change made to enrollment after registration.
- Pay a late pick up fee of $1.00 per child each minute after the program ends or beyond the 10 hour per day time limit.
- Pay my monthly tuition fee one month in advance of service. Payment is due on or before the 1st of each month. A $25.00 late fee will be applied to my delinquent account.
- Pay a $25.00 charge for any check that is returned from the bank (Check must be replaced with a certified check or money order).
- Provide the program with all completed registration forms and a completed, up to date health form prior to beginning program.
- Update registration information as needed (Example: New phone number, change of address, allergies, etc).
- Call the program prior to its start time if my child is going to be absent. Absences without prior notice may be mistaken for a missing child and unnecessary concern and time spent in search for your child will occur. I agree to pay a $10 tracking fee each time a YMCA staff has to track the location of my child.
- Abide by the guidelines stated in the parent handbook.
- Attend parent meetings/family nights.
- Provide a two-week written notice to change my child’s scheduled days or to cancel my child out of the program. I understand that I am responsible for payment during this period.
- Abide our Nut free Facility policy.

The YMCA SACC Program Agrees to:

- Uphold Massachusetts EEC Regulations.
- Provide trained, qualified staff.
- Provide supervised social, educational, and recreational activities.
- Provide advanced notice of vacation week programs.
- Keep all information about children and families in confidential files, to be released only with permission of the parent/guardian.
- Provide the parent/guardian with community health and social service information upon request.

Tuition rates for the 2020-2021 school year is as follows:

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day Remote:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30am – 4:00pm/8:00am – 5:00pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$55/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After School Hybrid:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$28/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$60 monthly transportation fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After reading the YMCA SACC Parent Handbook and reviewing highlighted policies above, I agree to conditions of this service agreement. I understand that the YMCA reserves the right to amend this agreement upon written notification. I also understand that the YMCA reserves the myself and my child with the information contained in the handbook as well as the YMCA rules and understand that it constitutes the policies and guidelines of the YMCA SACC Program.

_________________________________________ ______________________________
Parent/Guardian Signature Date

________________________________
Intake Worker Signature

Date
Child's Name: __________________________ Gender: ___________ Age at Admission: ___________

Home Phone #: __________________ Date of Birth: _____/_____/_____ Place of Birth: __________________________

Mailing Address
Street Address

City State Zip
City State Zip

Parent/Guardian Information

Name: __________________________
Relationship: ______________________
Home Address: ____________________
Home Phone #: ____________________
Cell Phone: ________________________
Email: ____________________________
Employer: _________________________
Occupation: _______________________
Employer City: _____________________
Work Phone #: _____________________

Work Hours: ________________________

Emergency Contacts (EC) & Alternate Pick up Person (APP): You are required to list at least 2 people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or for some reason you could not pick up your child & were unable to communicate with the program. Any changes to this list must be done in writing. No Exceptions! Please understand that we will ask for positive identification from anyone unfamiliar to us.

#1 Contact Name: ____________________
Relationship: ________________________
Address: ____________________________

Phone #: ____________________ ___EC ___APP

#2 Contact Name: ____________________
Relationship: ________________________
Address: ____________________________

Phone #: ____________________ ___EC ___APP

#3 Contact Name: ____________________
Relationship: ________________________
Address: ____________________________

#4 Contact Name: ____________________
Relationship: ________________________
Address: ____________________________

Phone #: ____________________ ___EC ___APP

For Office Use Only:
Admission Date: _____/_____/____
Directors Initials: ____________
Child’s Name: ___________________________________________ Gender: _____________ Age at Admission: ______

Home Phone #: _______________________
Date of Birth: _____/_____/_____
Place of Birth: _____________________

Name: _______________________________ Relationship: ____________________________
Address: _____________________________ City, State, zip
Cell Phone: ___________________________ Work Phone: ____________________________
Email: ________________________________

Name: _______________________________ Relationship: ____________________________
Address: _____________________________ City, State, zip
Cell Phone: ___________________________ Work Phone: ____________________________
Email: ________________________________

Name: _______________________________ Relationship: ____________________________
Address: _____________________________ City, State, zip
Cell Phone: ___________________________ Work Phone: ____________________________
Email: ________________________________

Pediatrician or Source of Health Care:
Doctors Name: ____________________________ Phone: ____________________________
Address: _____________________________ City, State, zip

Medical Conditions/Allergies:
________________________________________________________________________

Insurance Information (optional):
Company Name: ____________________________ Policy #: ____________________________

The following people are NEVER allowed to pick up my child (If this is a custody issue, you must provide the
Child Care Director a copy of court documents.):
1. _______________________________ 2. _______________________________

Emergency Authorization
I hereby give permission for the staff of the Merrimack Valley YMCA, to provide first aid and/or CPR/AED treatment to my child,
______________________________, when necessary and in the event of a more serious illness or injury; I give
permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also
authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health
practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if
warranted. I understand that YMCA personnel will make every effort to contact me regarding any emergency involving my child.

Signature of Parent/Guardian: ____________________________________________ Date: _________________
Medical Information

Child’s Physician: ___________________________ Phone #: ___________________________

Physician’s Address: _____________________________________________________________

Child’s Dentist: ___________________________ Phone #: ___________________________

Dentist’s Address: _____________________________________________________________

Insurance Carrier: ___________________________ Policy #: __________________________

List any chronic conditions, dietary restrictions, or medications:
_____________________________________________________________________________

List any allergies, reactions and treatment:
_____________________________________________________________________________

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? If yes, please attach: __________________________

Does your child have an Individual Health Plan (for children with a chronic health condition)? ________ If yes, please attach

Do you have a custody agreement, court order, and/or restraining order pertaining to the child? __________________________
If yes, please attach

Identifying Information:

Eye color: _______ Hair Color: _______ Skin Color: _______ Height: _______ Weight: _______

Identifying Marks: ___________________________ Primary Language: ___________________________

Is there any documentation of a physical exam, immunization records, and lead screening on file at your school? _______ Yes _______ No (If yes, Initial: __________) Date: ____________

Name of School: ________________________________________________________________

I give permission for my child to go for walks and to neighboring playgrounds:

________ Yes _______ No (If yes, Initial: __________) Date: ____________

I give permission to the YMCA to public my child’s name and photograph in YMCA brochures, newspaper or other publications.

________ Yes _______ No (If yes, Initial: __________) Date: ____________

I give my permission for my child to attend instructional classes and/or recreational swims at the designated Merrimack Valley YMCA Branch. [Lawrence/Andover/North Andover Only]

________ Yes _______ No (If yes, Initial: __________) Date: ____________

I give permission to the Merrimack Valley YMCA Staff to speak and/or exchange documents concerning my child with school personnel.

________ Yes _______ No (If yes, Initial: __________) Date: ____________
2020-2021 YMCA Developmental History Form

Child’s Name: ________________________________

Eye Color: ____________  Hair Color: ____________  Skin Color: ____________  Height: ________  Weight: ________

Identifying Marks: ___________________________  Primary Language: ______________________

List any physical limitations or special situations your child has: ______________________________________

_____________________________________________________

List any allergies or food intolerance that your child may have: ______________________________________

_____________________________________________________

Does your child take medication(s) regularly?   ____ Yes   ____ No

If yes, please list the name of the drug, how often they receive this medication and what time it is to be given. (Please check the parent handbook regarding our policy on dispensing medication during program hours):

_____________________________________________________

List all Holidays, celebrations and occasions that your family celebrates: _____________________________

List your child’s special interests and hobbies: ____________________________________________________

Favorite physical activities: ________________________________________________________________

Favorite Game/Toy: ___________________________  Favorite TV Show: ___________________________

Favorite Snack: _______________________________  Favorite Book: ______________________________

Does your child enjoy musical activities?   ____ Yes   ____ No

Does your child primarily use his/her right or left hand?   ____ Right Hand   ____ Left Hand   ____ No Preference Yet

By nature is your child:

_____ Aggressive   _____ Shy  _____ Serious  _____ Friendly  _____ Withdrawn  _____ Easy Going

How do you reassure your child when he/she is upset? _________________________________________

Does your child nap?   ____ Yes   ____ No

How does your child get along with other children? _____________________________________________

_____________________________________________________

Does your child prefer to play alone or with other children? __________________________________

Do you feel your child will adjust easily?   ____ Yes   ____ No   If no, why? __________________________

Does your child demand a lot of attention? ____________________________________________________

Is your child the only child in your family?   ____ Yes   ____ No   If no, do they all reside in your home?   ____ Yes   ____ No

Please list siblings & ages: ________________________________________________________________

How does your child show:

Happiness __________________________________________________________

Anger _____________________________________________________________

Disappointment ____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________
What do you find is the best way to effectively deal with inappropriate behaviors? ________________________________________________________________

Who does the disciplining in your family? ________________________________________________________________

At what age was your child toilet trained? __________________ Does your child have accidents? ____ Yes ____ No

What special words does your child use to describe bathroom needs? ________________________________________________________________

Is your child frightened by:

_____ Animals _____ Loud Noises _____ New Situations _____ Storms _____ Other ________________________________

Has your child attended swimming lessons? ____ Yes ____ No If yes, was it at this YMCA ____ Yes ____ No

Does your child like or dislike the water? ____ Like Water ____ Dislike Water

What are your goals for your child while in this program? ________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Are there any situations or circumstances involving your child that the staff should be informed of? ______________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Would you, as a volunteer, be willing to do any of the following:

_____ Share a talent or your profession

_____ Reading stories

_____ Teacher’s Helper

_____ Other ________________________________

(The below information will help us better understand your child’s need.)

**Additional Comments**

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________
YMCA School Age Child Care
Merrimack Valley YMCA

Spontaneous Walks Release Form

I give my child __________________________________________ permission to participate in spontaneous walks with the YMCA Child Care Staff.

________________________________________  ____/_____/______
Parent/Guardian Signature          Date

________________________________________________________________________

I give my child __________________________________________ permission to participate in the YMCA swimming program.

________________________________________  ____/_____/______
Parent/Guardian Signature          Date

________________________________________________________________________

How did you hear about the YMCA Child Care Program? Please Check:

[   ] Friend  [   ] Newspaper  [   ] Member  [   ] Radio  [   ] Brochure  [   ] TV  [   ] Survey
[   ] Phone  [   ] Book  [   ] Phone Book

________________________________________________________________________

Promotional release

I hereby grant consent to release photographs and/or video footage to the Merrimack Valley YMCA for commercial and art purpose in any medium or advertising, communication, publication or publicity that will promote YMCA program and services and/or recognition of participants. It is my understanding the YMCA is a non-profit organization.

Parent Signature:_______________________________

Please check if your child’s picture can be posted in:

Eagle Tribune Newspaper
Rumbo Newspaper
YMCA Website
Boston Globe Newspaper
YMCA Lobby
YMCA Classroom and Hallway
**Transportation Plan**

My child will arrive at the program with a parent or his/her designee and will depart from the program with a parent or his/her designee. Teachers will ask for a photo identification card until they become familiar with person(s) picking up.

**THE COMMONWEALTH OF MASSACHUSETTS**  
Department of Early Education and Care

**Small Group and Large Group Transportation Plan and Authorization**

CHILD’S NAME: ___________________________  DOB: __________________

CHILD’S NAME: ___________________________  DOB: __________________

CHILD’S NAME: ___________________________  DOB: __________________

CHILD’S NAME: ___________________________  DOB: __________________

My child will be attending the following days and times:

<table>
<thead>
<tr>
<th>Day</th>
<th>Arrive</th>
<th>Depart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>__________ am/pm</td>
<td>__________ am/pm</td>
</tr>
<tr>
<td>Tuesday</td>
<td>__________ am/pm</td>
<td>__________ am/pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td>__________ am/pm</td>
<td>__________ am/pm</td>
</tr>
<tr>
<td>Thursday</td>
<td>__________ am/pm</td>
<td>__________ am/pm</td>
</tr>
<tr>
<td>Friday</td>
<td>__________ am/pm</td>
<td>__________ am/pm</td>
</tr>
</tbody>
</table>

MY CHILD WILL ARRIVE AT THE PROGRAM:  
___PARENT/DESIGNEE DROP OFF  
___PUBLIC or PRIVATE SCHOOL  
___*PRIVATE TRANS. ARRANGED BY PARENT

MY CHILD WILL DEPART FROM THE PROGRAM:  
___PARENT/DESIGNEE PICK UP  
___PUBLIC or PRIVATE SCHOOL  
___*PRIVATE TRANS. ARRANGED BY PARENT

*Please provide name of company, phone #, and copy of agreement

____________________________________
PARENT /GUARDIAN SIGNATURE

__________________________
DATE

**By signing, you also give your child permission to ride contracted buses on field trip days to and from designated field trip locations.**

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

Must be updated annually or if parent makes any changes regarding the transportation to and from the center or if their schedule changes.
TRANSPORTATION AUTHORIZATION
Permission to ride the Andover YMCA bus
(YMCA copy)

I give my child permission to get on the Andover YMCA school bus on the following days

M
T        W       TH       F

This will begin on _______________________________

I understand that if my child will not be taking the bus, I need to let the

YMCA and the school know prior to the dismissal of school

________________________________________
Parent/Guardian Signature                  Date

(school copy)

| Child: ___________________________       | Effective Date: ________________ |
|________________________________________|
| School:_______________________________  | Grade:_________________________ |

I give my child permission to get on the Andover YMCA school bus on the following days

M
T        W       TH       F

This will begin on _______________________________

I understand that if my child will not be taking the bus, I need to let the

YMCA and the school know prior to the dismissal of school

________________________________________
Parent/Guardian Signature                  Date
1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.

2. Staff shall never leave a child unsupervised.

3. Rest-room supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff is assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a fieldtrip or at other off-site locations. Always send children in pairs (known as the rule of three) with a staff.

4. Staff should conduct or supervise private activities in pairs (one staff with 2 children) – diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.

5. Staff should not abuse children in any way, including:
   - Physical abuse – striking, spanking, shaking, slapping, and so on.
   - Verbal abuse – humiliating, degrading, threatening, and so on.
   - Sexual abuse – touching or speaking inappropriately.
   - Mental abuse – shaming, withholding kindness, being cruel, and so on.
   - Neglect – withholding food, water, or basic care.
   No type of abuse will be tolerated and may be cause for immediate dismissal.

6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.

7. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Staff will document any questionable marks or responses.

8. Staff will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family, or disability.

9. Staff will respect children’s rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.

10. Staff will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.

11. Staff is not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
12. Staff must appear clean, neat, and appropriate attired.

13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.

14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.

15. Possession or use of any type of weapon or explosive device is prohibited.

16. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.

17. Profanity, inappropriate jokes, sharing intimate details of one’s personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.

18. Staff may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.

19. Staff must be free of physical and psychological conditions that might adversely affect children’s physical or mental health. If in doubt, an expert should be consulted.

20. Staff will portray a position role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.

21. Staff should not give excessive gifts (e.g., TV, video games, jewelry) to youth.

22. Staff may not date program participants who are under the age of 18.

23. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).

24. Staff is to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.

25. Staff is required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

26. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.

____________________________________  ____________________
Parent / Guardian Signature             Date
Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information and sign this form to acknowledge your receipt and understanding of the Merrimack Valley YMCA’s procedures governing the safety of children in our programs.

I understand that YMCA staff and volunteers are not allowed to babysit or transport program participants any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that at no time may a staff person be alone with a single child where they cannot be observed by others. This means no one-on-one supervision of children.

I understand that my child will not be allowed to leave a licensed program with an unauthorized person. Any person authorized to pick up your child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change. Persons who pick up your child must have a photo ID to verify identity.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA prohibits inappropriate talk, jokes, or sharing details of one’s personal life and any kind of harassment in the presence of children, parents, and members.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above and have received a copy of the School Age Child Care Parent Handbook.

Parent / Guardian Signature __________________________ Date ____________
<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2020</td>
<td>Wednesday</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>January 20, 2020</td>
<td>Monday</td>
<td>Martin Luther King Jr. Day</td>
</tr>
<tr>
<td>February 17, 2020</td>
<td>Monday</td>
<td>President’s Day</td>
</tr>
<tr>
<td>April 10, 2020</td>
<td>Friday</td>
<td>Good Friday</td>
</tr>
<tr>
<td>April 20, 2020</td>
<td>Monday</td>
<td>Patriots Day</td>
</tr>
<tr>
<td>May 25, 2020</td>
<td>Monday</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>July 3, 2020</td>
<td>Friday</td>
<td>Independence Day</td>
</tr>
<tr>
<td>September 7, 2020</td>
<td>Monday</td>
<td>Labor Day</td>
</tr>
<tr>
<td>October 12, 2020</td>
<td>Monday</td>
<td>Columbus Day</td>
</tr>
<tr>
<td>November 11, 2020</td>
<td>Wednesday</td>
<td>Veterans Day</td>
</tr>
<tr>
<td>November 26, 2020</td>
<td>Thursday</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>November 27, 2020</td>
<td>Friday</td>
<td>Day After Thanksgiving</td>
</tr>
<tr>
<td>December 24, 2020</td>
<td>Thursday</td>
<td>Christmas Eve</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open until 1pm</td>
</tr>
<tr>
<td>December 25, 2020</td>
<td>Friday</td>
<td>Christmas</td>
</tr>
<tr>
<td>January 1, 2021</td>
<td>Friday</td>
<td>New Year’s Day</td>
</tr>
</tbody>
</table>
MERRIMACK VALLEY YMCA
CHILD CARE PROGRAM
AUTOMATIC WITHDRAWAL AUTHORIZATION

Automatic (Debit/Credit card or EFT) Withdrawal Information

Name of Child/Children: ____________________________________________________________

Name of Parent/Guardian: ____________________________________________________________________________________________________

Parent Email: _______________________________________________________________________________________________________________

Please check one of the following:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ EFT – MUST attach a voided check

Card #: ______________________________ Expiration Date: ___________ CVV: ______

Name as it appears on the credit card: ________________________________________________

Cardholder Address: ___________________________________________________________________________________________ Zip: _____________

Cardholder Daytime Phone: ____________________________

☐ I (we) authorize the YMCA to initiate recurring debit entries/credit card charges to the above referenced bank/credit card account. I understand that the charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered.

☐ I (we) authorize the YMCA to withdraw sufficient funds to pay my (our) regular child care tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may at its discretion; adjust the debits/charges according to the fees incurred.

☐ Should a draft not be honored by my (our) bank/credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment.

☐ I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date. EFT returns are subject to $20 banking fee.

☐ I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.

☐ Automatic withdrawals will be processed on the Due Date. The first withdrawal will be processed on ______________

______________________________________       _______________________
Signature   Date
Parent Handbook Sign OFF/RELEASE FORM

I have received a copy of the Parent Handbook, Health Care Policy and Holiday Closure Listing for the Year.

_____ Parent Handbook
_____ Health Care Policy
_____ Child Care Closure List

Parent Signature: ____________________________ Date: ________________

Additional Comments

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________