



FROST VALLEY YMCA Community Programs Department School-Age Child Care (SACC) Registration Form

TEL: 845-985-2291 FAX: 845-985-7925 EMAIL: daycamp@frostvalley.org WEB: frostvalley.org

STUDENT INFORMATION

Student's Full Name _____
Gender _____ Grade _____ Date of Birth _____
Primary Parent/Guardian/Account Holder Name _____
Primary Phone _____ Secondary Phone _____
Mailing Address _____
City _____ State _____ Zip Code _____
County _____ Family Email* _____
*(*Please be sure this email address is valid for confirmation of registration and other correspondence.)*
Second Parent/Guardian Name _____
Second Parent/Guardian Address _____
City _____ State _____ Zip Code _____
Family Status _____ Custody _____ Mailing to each Guardian? Yes No

Race/Ethnic Background (optional)

Black or African American White Hispanic or Latino American Indian/Alaskan Native Asian or Pacific Islander
 Other _____

SPECIAL ACCOMMODATIONS

Does your child have or has your child ever had any of the following? If so, please explain:

Special needs _____
 Allergies _____
 Asthma _____
 Dietary restrictions _____
 A chronic or recurring condition _____
 An operation or serious injury (include date(s)) _____
 Vision, hearing, and/or speech limitations _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No

If yes, please explain _____

FAMILY AND AUTHORIZED PICK UP INFORMATION

Include extension, cell phone, pager, or beeper numbers that will help us reach you in case of an emergency!

Unless presented with court authorized documents, both parents are assumed to have permission to pick up your child. Please list parents as well as other adults (18 and older) who have your permission to pick up your child from this program. **Frost Valley YMCA will not release your child to anyone other than those listed below unless notified in writing by a parent.**

Parent/ Guardian Name _____ Day Phone _____

Parent/ Guardian Name _____ Day Phone _____

Name _____ Relationship _____ Day Phone _____

Name _____ Relationship _____ Day Phone _____

PROGRAM DATES & REGISTRATION FEES

SCHEDULE OF SERVICE (fill in start date and check applicable boxes)						FEES (circle applicable items)			
Start Date	Anticipated Times	M	Tu	W	Th	F	3 days	5 days	Bus
	Arrival: After School								
	Departure: <input type="checkbox"/> 5PM Bus <input type="checkbox"/> Parent Pick Up (if checked, fill in below:) Estimated Pick Up Time _____* * 5:45PM - latest pick up time						\$39/child per week	\$65/child per week	\$5/child per week (limited space)
TOTAL WEEKLY PAYMENT (due Friday prior to each week of service)							\$		
Weekly Payment Method: <input type="checkbox"/> Bankdraft <input type="checkbox"/> Check (payable to Frost Valley YMCA) <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card									

Enrollment Fee - due per child each school year This fee is refundable after the last week of program	\$ 65
First Week of Tuition (total weekly payment from above)	+ \$
TOTAL PAYMENT & FEES DUE AT REGISTRATION	\$
Registration Payment Method: <input type="checkbox"/> Check (payable to Frost Valley YMCA) <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	

If I wish to exit the SACC program I understand that I MUST NOTIFY FROST VALLEY YMCA IN WRITING TWO (2) WEEKS PRIOR TO THE LAST DAY I PLAN ON HAVING MY CHILD ATTEND AND/OR LAST SCHEDULED PAYMENT. Failure to do so will result in additional weekly fees and loss of enrollment fee.

PAYMENT INFORMATION

Statements will be sent to the ACCOUNT HOLDER'S EMAIL ONLY.

Credit Card Information (complete if applicable)

Visa MasterCard AMEX Discover

Credit Card # _____ Exp Date _____

Signature _____

Bankdraft Payment Plan via Credit Card Terms of Agreement - PREFERRED METHOD (complete if applicable)

The bankdraft payment plan will continue through the duration of the program until the end date: _____

If I wish to exit the SACC program and/or discontinue the weekly draft before the above date, I understand that I MUST NOTIFY FROST VALLEY YMCA IN WRITING TWO (2) WEEKS PRIOR TO THE FINAL DRAFT. Failure to do so will result in additional weekly fees and loss of enrollment fee.

I will notify Frost Valley YMCA of any change in my bank account, phone number, home address or email.

I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fees assessed by Frost Valley YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the SACC and Day Camp programs until the balance due is paid.

I, _____, authorize Frost Valley YMCA to begin drafting the total weekly amount indicated above from my credit card account.

Important: Please retain a copy of this form & payment receipt.

Weekly fees are based on the schedule listed on this form. Fees will not be prorated for absences. Program rates are subject to change and you will be notified in writing prior to any program adjustments.

CHILDCARE SUBSIDY PROVIDER INFORMATION

Parent/Guardian is responsible for full payment until "Authorization of Service" is received. A current "Authorization of Service" must be on file before fees may be billed to County/Third Party/Agency.

Our family currently receives **Childcare Assistance** from: County Third Party Agency Other: _____

Agency/County Worker's Name _____ Phone Number _____

Case # Required _____ Paperwork submitted to County/Agency: Yes No

SCHOOL AGE CHILD CARE PROGRAM TERMS OF AGREEMENT

Your signature below confirms your agreement with the following terms:

I/We understand that a minimum \$10 late pick up fee will be charged for each child picked up after the scheduled closing time, and an additional \$1 per minute fee will be assessed after the first ten minutes. This late pick up fee must be paid before the child(ren) can return to the program. If a child is not picked up by 5:45 and no attempt has been made by the parent/guardian to contact the Site Director or YMCA, Child Protective Services will be called. Chronic late pick up is grounds for dismissal from the SACC program.

I/We understand that written notice of intent to exit the program must be given to the SACC Site Director a MINIMUM OF TWO WEEKS IN ADVANCE. If adequate notice is not given, I/we understand that two weeks of full payment will be billed to my/our account even though my/our child is not in attendance including loss of enrollment fee. If I/we choose to return to the program, I/we understand availability is not guaranteed.

I/We hereby enroll my/our child in Frost Valley YMCA School Age Child Care. In signing this application, I/we certify that he/she is healthy and free of problems that could adversely affect his/her stay or that of other students at the SACC program.

I/We grant permission for the applicant to participate in all planned SACC activities. I/we hereby grant Frost Valley YMCA and its agents full authority to take whatever actions they deem necessary regarding my/our child's health and safety, and I/we fully release Frost Valley YMCA from any liability in connection there within. In the event of an emergency, I/we understand that prudent attempts will be made to contact the undersigned immediately. I/we understand that I/we will be responsible for payment of all medical and medication bills.

I/We understand that my/our child must comply with the SACC's rules and standards of conduct and that the organization may terminate my/our child's participation in the SACC program if he/she does not maintain these standards. No refunds will be given.

From time to time, Frost Valley YMCA transports students off property to participate in activities. Student participants may be transported over to the East Valley of Frost Valley's property and other areas within the Catskill region to enjoy programs. By signing below, I/we hereby give my/our permission for my/our child to be taken off site, supervised, and to take part in programs with the Frost Valley YMCA.

Frost Valley YMCA is not responsible for lost, stolen, or damaged personal articles.

I/We authorize Frost Valley YMCA to have and use photographs, slides, videotapes and comments of the person named on this application as needed in promotional materials and public relations programming.

I/We individually and corporately agree to hold harmless Frost Valley YMCA, its volunteers, agents, employees and officers irrespective of any negligent act or omission by Frost Valley YMCA and/or those individuals arising from or related in any way to this Frost Valley YMCA program.

I/We understand fully and will abide by the YMCA's policy concerning pick up of children. I/We shall be prepared DAILY to present photo ID to on-site staff to determine my/our identity as authorized persons to pick up my/our child. Further, I/we shall inform others who are authorized to call for our child to present photo ID when picking up my/our child.

I/We understand that in the event of withdrawal from the program my/our child's records are available to me/us upon my/our request.

I/We have read and understand all SACC program policies and procedures set forth by the Frost Valley YMCA in its SACC Enrollment Handbook. I/We shall abide by said policies/procedures and will review these with my/our child. I/We support Frost Valley YMCA in its enforcement of these policies/procedures. I/We understand that Frost Valley YMCA reserves the right to dismiss any participant who fails to adhere to Frost Valley YMCA SACC Rules and Regulations.

I/We agree to pay the above stated **weekly fees by the Friday prior to each week** during my/our child's enrollment in the SACC program. Failure to make timely payments may result in dismissal from the program. All returned drafts/checks will be assessed a \$10 return item charge, in addition to applicable late/bank fees. A money order may be required for future payments. I/We understand that accounts must be current to participate in Break Camps & Summer Camps.

Parent/Guardian Signature _____ Date _____

Check One: Parent Legal Guardian Person with Legal Custody

Please complete this form and send Attn: School Age Child Care Registration to the address below or fax this completed form to the fax number below:

ADDRESS: 2000 Frost Valley Road, Claryville, NY 12725 **TEL:** 845-985-2291
FAX: 845-985-7925 **EMAIL:** daycamp@frostvalley.org **WEB:** frostvalley.org
