



# YMCA of ACADIANA 2019-2020 AFTER SCHOOL ENRICHMENT REGISTRATION FORM

Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell & Work Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Cell & Work Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### PLEASE LIST ALL PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Phone: \_\_\_\_\_
6. \_\_\_\_\_ Phone: \_\_\_\_\_

### SCHOOL CHILD ATTENDS, PLEASE CHECK:

Dozier Elementary

Indian Bayou Elementary

### OFFICE USE ONLY

DEPOSIT CHECK # \_\_\_\_\_ \$ \_\_\_\_\_

SCHOLARSHIP \_\_\_\_\_

## HEALTH RECORD

1. Is there any significant health history that the staff should know about?
2. Is there any reason for physical restriction and to what extent?
3. Any medication to be taken? Please see the YMCA about a medical release form.
4. Any other medical information you feel would help the YMCA serve your child?
5. Preference of hospital or Doctor in case of emergency.

### WAIVER

I understand that the YMCA of Acadiana assumes no responsibility for injuries or illness that my child may sustain as a result of a physical condition or resulting from participation in any athletic activities.

I specifically waive, give up, and release the YMCA and staff from liability from any claim for damages which I or my child may have relating to injuries or illness that he/she may sustain at the YMCA while participating in YMCA activities. I agree to indemnify and hold harmless the YMCA from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities equipment of the YMCA or participating in any programs affiliated with the YMCA whether caused by the negligence of the YMCA or otherwise.

In signing the waiver, I certify that my child is in good health with no chronic illness or abnormal tendencies. In the event of any emergency in which my child requires medical care, I authorize the YMCA to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate; including, but not limited to, whatever medical and/or dental examination, diagnosis, and/or treatment is deemed necessary.

I understand the YMCA of Acadiana is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give permission to the YMCA of Acadiana to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

I further understand that if my child is not picked up from The YMCA of Acadiana by 6:30 p.m. and the YMCA has tried to contact all authorized persons, the YMCA will notify the necessary agencies to come and get my child. The YMCA has been instructed by the Erath Police Department to carry out this procedure.

#### PRICES

##### **Registration Fee: (required for all services)**

**\$75.00 for each child (\$55.00 ea. Additional child)**

##### **After School Prices:**

**1 Day: \$10**

**2 Days: \$20**

**3+ Days: \$43.00 Weekly fee (\$32.00 ea. additional child)**

**\*\*All Payments are Non-Refundable\*\***

### POLICIES AND PROCEDURES

1. I understand that my registration fee of \$\_\_\_\_\_ is a one time fee for the After School Enrichment Program.
2. I agree to pay the YMCA the following charges for my child(ren's) participation in the YMCA After School Enrichment Program: \$\_\_\_\_\_ per week.
3. **I agree that all PAYMENTS ARE DUE ON MONDAY**
4. **I will provide credit/debit card information or banking information to be held at the YMCA of Acadiana's office for my child(ren)'s account.**
5. **Accounts will be charged every Monday of the week of service.**
6. The YMCA will accept payment via Tuition Express.
7. If accounts are not current and 2 weeks behind the YMCA of Acadiana has the right to refuse service.
8. I understand the YMCA does not carry medical insurance and this coverage is my responsibility.
9. I agree to pick up my child no later 6:00 p.m. I further agree to pay a late fee of \$1.00 per minute that I am late.
10. **IF YOUR CHILD IS PICKED UP LATE 3 TIMES, THEY WILL BE RELEASED FROM THE PROGRAM.**
11. **The YMCA OF ACADIANA reserves the right to discontinue service to any child/children due to any of the following: Foul language, lewd behavior, physical abuse toward another camper or YMCA staff, disrespect or foul language from parent or guardian.**

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV #	
Cardholder Signature	Date		

##### SECTION B (Bank Account)

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	Checking	Savings
Authorized Signature	<input type="checkbox"/> Date		<input type="checkbox"/>

#### For Official Use Only

Date Received

Employee Signature



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A service of