



**YMCA of ACADIANA 2020 – 2021
BEFORE & AFTER SCHOOL ENRICHMENT
REGISTRATION FOR:
CARENCRO HEIGHTS & TRUMAN EARLY CHILDHOOD**

Start Date: _____

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

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

PROGRAM ATTENDING - PLEASE CHECK:

<input type="checkbox"/> Carencro Heights After School Please List Weekdays (M-F) Attending School: _____	<input type="checkbox"/> Truman Early Childhood <input type="checkbox"/> Before School <input type="checkbox"/> After School Please List Weekdays (M-F) Attending School: _____
<input type="checkbox"/> YMCA School Day Camp Please List Weekdays (M-F) Attending Camp: _____	

PLEASE LIST ALL PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |
| 4. _____ | Phone: _____ |
| 5. _____ | Phone: _____ |
| 6. _____ | Phone: _____ |

OFFICE USE ONLY
 DEPOSIT CHECK # _____ \$ _____

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 camp 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 Lafayette Police Department to carry out this procedure.

PRICES

Registration Fee:

\$50.00 for each child (\$30.00 for each additional)

Note:

Registration covers both Afterschool Enrichment Registration and YMCA School Day Registration. Once registered for Afterschool Enrichment, your child may also attend YMCA School Day at our main campus located at 800 East Farrel Lafayette, LA 70508

Hybrid Learning Before/After School Enrichment Price:

Before School Enrichment: \$5.00 per day/child UNTIL RETURN TO TRADITIONAL 5 DAY SCHOOL WEEKS

After School Enrichment: \$20.00 per week/child UNTIL RETURN TO TRADITIONAL 5 DAY SCHOOL WEEKS

YMCA School Day Camp Price:

\$30.00 per day/per child.

Traditional 5-Day School Week After School Enrichment Prices:

\$28.00 Weekly fee per child

Before Care Prices

\$15.00 per week [Truman Only]

**** All Payments are Nonrefundable ****

POLICIES AND PROCEDURES

1. I understand that my registration fee is due each school year for the Before and After School Enrichment Programs.
2. I agree that all **PAYMENTS ARE DUE ON MONDAY, the week of service. If payments are not current, service will be terminated.**
3. I agree to submit a Tuition Express Authorization Form providing my debit/banking information. This will be charged automatically if my child's account is delinquent.
4. I agree to pay a \$25.00 fee for all returned checks.
5. I understand the YMCA does not carry medical insurance and this coverage is my responsibility.
6. 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.
IF YOUR CHILD IS PICKED UP LATE 3 TIMES, THEY WILL BE RELEASED FROM THE PROGRAM.
7. 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 <input type="checkbox"/>	Savings <input type="checkbox"/>
Authorized Signature _____		Date <input type="checkbox"/>	<input type="checkbox"/>

For Official Use Only

Date Received _____

Employee Signature _____



A service of



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