



STATELINE FAMILY YMCA AFTERSCHOOL ENRICHMENT ENROLLMENT FORM

Child's Name (please print) _____
Last First Middle Initial

Child's Birth Date _____ Member Non-member

Parent Name (please print) _____
Last First Middle Initial

Parent Email _____ **Parent Birth Date** _____

Address _____
City State Zip Code

Contact Phone Numbers _____
Home Cell Emergency

Afterschool Enrichment Site:

_____ Rockton _____ Whitman Post _____ Shirland _____ Prairie Hill
_____ Powers _____ Robinson _____ Beloit (YMCA) _____ Roscoe (YMCA)
_____ Todd

Name of School in which your child will be bussed from to attend the After School Enrichment Program if enrolling at the Beloit or Roscoe YMCA site:

Enrollment Level:

- [] Full time PM care [] Part time PM care
[] Full time AM care [] Part time AM care
[] Full time AM & PM care [] Part time AM & PM care

Start Date _____

I understand that my account will be drafted on the first of the month for my child's monthly fee. I understand that a fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in an expulsion from the program. All drafts are non-refundable. I must let the YMCA know by the 15th of the prior month if my child is leaving the program for any reason so the draft can be stopped.

I further understand my non-refundable registration fee will be drafted from my account when my registration is processed by the Stateline Family YMCA.

_____ \$35 individual _____ \$60 family

I have read and understand the Stateline Family YMCA Afterschool Enrichment Policy

Parent/Guardian Signature _____ Date _____

Afterschool Director Signature _____ Date _____