



STATELINE FAMILY YMCA - BEFORE & AFTER SCHOOL CARE 2024/2025 ENROLLMENT

CHILDS INFORMATION

NAME (Please Print) _____
First Last Middle Initial

BIRTH DATE _____ [] Stateline Family YMCA Member [] Non Member

PARENT/GUARDIAN INFOMATION

Name (Please Print) _____
First Last Middle Initial

BIRTH DATE _____ EMAIL _____

ADDRESS _____
City State Zip Code

PHONE # _____
Home/Cell Work Emergency

BEFORE/AFTER SCHOOL SITE

- [] Prairie Hill School [] Rockton Grade School [] Roscoe- Ledgewood [] Roscoe- YMCA
- [] Whitman Post Elementary

ENROLLMENT OPTION (AM Care only available at Prairie Hill and Roscoe- Ledgewood)
* 10% Discount for AM+PM Enrollment, \$10 Discount for each additional child per month.

AM CARE	YMCA Member	General Public	PM CARE	YMCA Member	General Public
[] AM 2-Day (T/TH)	\$80	\$97	[] PM 2-Day (T/TH)	\$98	\$114
[] AM 3-Day (M/W/F)	\$108	\$133	[] PM 3-Day (M/W/F)	\$134	\$159
[] AM 5-Day (M-F)	\$159	\$200	[] PM 5-Day (M-F)	\$202	\$243

START DATE _____

If you are enrolling at the Roscoe YMCA site please provide: _____
Name of School Child Will Be Bussed To/From

PLEASE CHECK & SIGN BELOW

[] I understand that the non-refundable \$50 registration fee will be drafted at time of registration. This fee must be paid a minimum of 48 hours prior to starting program.

[] I understand that the fees listed are monthly fees and that they will draft automatically on the 1st of each month from September-May. The August fee will draft on August 12, 2024 and will be pro-rated.

[] I understand that all schedule changes must be made by the 15th of the month prior to the month the change is needed.

[] 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 form the program.

[] I understand all drafts are non-refundable and that I must inform Tonia Mason (tmason@statelineymca.org) at the YMCA by the 15th of the prior month if my child is leaving the program for any reason so the draft can be stopped.

Parent/Guardian Signature _____

Date _____



STATELINE FAMILY YMCA CHILDCARE BANK DRAFT AUTHORIZATION

NAME _____
(Please Print) First Last Middle Initial

ADDRESS _____
City State Zip Code

PROGRAM CHILDS NAME _____
<input type="checkbox"/> BEFORE/AFTER SCHOOL CARE (Monthly draft occurs on the 1st of the month)
<input type="checkbox"/> GROWING TREE PRESCHOOL (Monthly draft occurs on the 1st of the month)
<input type="checkbox"/> GROWING TREE DAYCARE (Weekly draft occurs every Monday)

DRAFT OPTIONS

Use Account On File _____
Last 4 Digits of Account

Bank Account Name of Bank _____
Account # _____ Routing # _____

Credit Card Name on card _____
Account # _____ Card Type _____
Expiration Date _____ CVC # _____

State Assistance Co-Pay Amount _____

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.
- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable
- 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 expulsion from the program.

I authorize the Stateline Family YMCA to draft the above named bank or credit card account for payment of membership or program fees. Any change in fees may constitute a change in the draft amount. I understand that the Stateline Family YMCA may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Parent/Guardian Signature Date



STATELINE FAMILY YMCA SAC ENROLLMENT INFORMATION

CHILD INFORMATION

First Name

MI

Last Name

Address

City

Zip Code

Birthdate

Grade

If child has any of the following, please explain:

Medical Problems:

Physical Handicaps:

Restrictions for Play- Outdoors:

Restriction for Play- Indoors:

Allergies:

Fears:

Does Child Regularly Take Medication: [] Yes [] No

If Yes, What Kind of Medication and Directions:

Other Information That May Help in Caring for Child:

PARENT/GUARDIAN INFORMATION

First Name MI Last Name

Home Address

Relation to Child Phone Number

Place of Employment Phone Number Typical Hours

First Name MI Last Name

Home Address

Relation to Child Phone Number

Place of Employment Phone Number Typical Hours

OTHER PERSON(S) TO NOTIFY

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Parent/Guardian Signature

Date