STATELINE FAMILY YMCA - BEFORE & AFTER SCHOOL CARE 2022/2023 ENROLLMENT

CHILDS INFORMATION

NAME
(Please Print)   First   Last   Middle Initial

BIRTH DATE   _____   [ ] Stateline Family YMCA Member   [ ] Non Member
                                    [ ] Rock River Valley YMCA 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 YMCA   [ ] Whitman Post Elementary

ENROLLMENT OPTION (AM Care only available at Prairie Hill and Roscoe YMCA)
* 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)	$76	$92	[ ] PM 2-Day (T/TH)	$92	$108
[ ] AM 3-Day (M/W/F)	$102	$126	[ ] PM 3-Day (M/W/F)	$126	$150
[ ] AM 5-Day (M-F)	$150	$190	[ ] PM 5-Day (M-F)	$190	$230

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 15, 2022 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

the Y

STATELINE FAMILY YMCA
CHILDCARE BANK DRAFT AUTHORIZATION

NAME. _____
(Please Print) First   Last   Middle Initial

ADDRESS _____
                                      City   State   Zip Code

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PROGRAM
CHILDS NAME _____

[ ] BEFORE/AFTER SCHOOL CARE (Monthly draft occurs on the 1st of the month)
[ ] GROWING TREE PRESCHOOL (Monthly draft occurs on the 1st of the month)
[ ] 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 EMERGENCY CARD

General Information

Student's Name: _____ D.O.B.: _____

Home Address: _____ Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Student's Medical Information

Allergies: _____ Current Medication: _____

Preferred Hospital (if needed): _____

Physician & Phone: _____

Parent/Guardian Signature Authorizing Emergency Care:

_____ Date: _____

In addition to the mother and father listed on the front of this card, the following people have permission to pick up my child:

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

4) _____ Phone _____

5) _____ Phone _____

6) _____ Phone _____

Parent/Guardian Signature: _____ Date: _____

Other Information that may be helpful: