



STATELINE FAMILY YMCA

AFTERSCHOOL ENRICHMENT ENROLLMENT FORM

Child's Name (please print) _____

Last

First

Middle Initial

Child's Birth Date _____

Stateline Family YMCA Member

Rock River Valley YMCA 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 ____ Roscoe YMCA ____ Prairie Hill

Enrollment Level:

Please Select All That Apply. Please Note That Enrollment Is Limited.

(AM Care Available at Prairie Hill and Roscoe YMCA Only)

Full Time PM Care

Full Time AM Care

M/W/F PM Care

M/W/F AM Care

T/TH PM Care

T/TH AM Care

Start Date _____

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

I understand that before my child can attend I must pay my registration fee 48 hours before my child can attend. I further 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

After School Director Signature Date

Program Specialist Signature Date

For Office Use:



STATELINE FAMILY YMCA
BANK OR CREDIT CARD DRAFT AUTHORIZATION

Name (please print) _____
Last First Middle Initial

Address _____
City State Zip Code

Program:
Before/Afterschool Enrichment Program Child's Name _____
(Monthly draft occurs on the first of the Month)

Draft Options

[] Checking Account Bank Name _____
Account # _____ Bank Routing # _____

[] Savings Account Bank Name _____
Account # _____ Bank Routing # _____

[] Credit Card Name on Card _____
Account # _____ Card Type _____
(Mastercard or Visa)
Expiration Date _____ CID# _____

[] Account on File Account Ending in _____
(Last 4 Digits)

- 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.

Authorized 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: _____
