

## Payment Information– MUST BE COMPLETE AND ON FILE

Primary account holder information: (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_

Bank Transit # \_\_\_\_\_

Bank Account # \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_

Credit Card Type: Visa \_\_\_ Discover \_\_\_ MC \_\_\_

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

I hereby authorize the Kosciusko Community YMCA to electronically draft my weekly Kids' Club fee on or after the Wednesday following the week my child attends from the account I have provided. Payments cover Monday through Friday. I must keep the YMCA informed of any changes in address or account information. Changes must be made in writing before the 1st day of the week or will be treated as a returned draft. All returned drafts are automatically sent through a second time. The YMCA charges a \$25 return fee on all unpaid drafts. I will be responsible for any fees charged by the YMCA and my bank.

Signature \_\_\_\_\_

### Please initial in the blanks that you have read and agree with the following:

\_\_\_ I understand the activity fee is non-transferable and non-refundable.

\_\_\_ I understand that KCYMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating in Kids' Club, I hereby voluntarily release and discharge KCYMCA, its agents, contract services, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

\_\_\_ In the event that I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by KCYMCA to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. I understand that no accident or medical insurance is carried on program participants.

\_\_\_ While KCYMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy Kids' Club programs. Any of the above will be grounds for dismissal. A parent/guardian must discuss special conditions or circumstances involving their child with the director prior to registration so that a determination of reasonable accommodations can be made.

\_\_\_ I hereby give permission to KCYMCA without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

\_\_\_ I give KCYMCA permission for my child to leave the school, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program. I understand that field trips will be scheduled in advance and parents will be notified of the details prior to departure.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information and sign below.

I understand that:

- 1. Children may not be dropped off at the Kids' Club site unless YMCA staff are available to receive and supervise.**
2. Children are released from Kids' Club to authorized individuals only. An authorized individual must be listed on the registration form, be 18 years of age, and present photo identification. Siblings under 18 can pick-up his/her sibling as long as they are listed on the registration form as an authorized person to pick-up. Changes in authorization must be provided to the director one week prior to implementation.
3. To ensure your child's safety please take an active interest in his or her YMCA experience. Ask your child specific questions about program activities and staff relationships.
4. YMCA staff are prohibited from babysitting or transporting children at any time outside of the Kids' Club program.
5. The YMCA staff do not accept tips and should not provide gifts to children.
6. For the safety of children and staff, the police will be contacted immediately if a person arriving to pick up a child appears to be under the influence of drugs or alcohol or in possession of a weapon.
7. By law the YMCA must report any suspected cases of child abuse or neglect to the appropriate authorities.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# YMCA KIDS' CLUB BEFORE & AFTER SCHOOL REGISTRATION FORM 2011-12

## CHILD INFORMATION

Registration Date \_\_\_\_\_ Do you receive financial assistance? \_\_\_\_\_ %  
 School Name \_\_\_\_\_ Do you receive a staff/volunteer discount \_\_\_\_\_ %  
 Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
 Second Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Please indicate possible days and times your child will be attending:

Start Date _____	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Arrival Time					
Afternoon Pick-up Time					

My child will use Kids' Club at the YMCA during school breaks and snow days ( ) Y ( ) N

## FAMILY INFORMATION

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address Same as Child ( ) \_\_\_\_\_ City \_\_\_\_\_  
 State/Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Place of Business \_\_\_\_\_  
 Emergency Contact's Name \_\_\_\_\_ Authorized to pick up child ( ) Y ( ) N  
 Address Same as Child ( ) \_\_\_\_\_ City \_\_\_\_\_  
 State/Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Place of Business \_\_\_\_\_

## AUTHORIZED

NOTE: Children will not be released to anyone other than authorized persons with proper identification.

Other person(s) authorized to pick up child or to call in an emergency (please list all that apply):

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Other \_\_\_\_\_ Sibling ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Other \_\_\_\_\_ Sibling ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Other \_\_\_\_\_ Sibling ( ) \_\_\_\_\_  
 Does your child receive free or reduced lunches through the WCS? ( ) Y ( ) N

## HEALTH HISTORY

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Allergies (list all food, medication, and other allergies) \_\_\_\_\_  
 Emotionally, behaviorally, intellectually, or physically challenged? (explain) \_\_\_\_\_  
 Other special needs \_\_\_\_\_  
 Is your child currently under a doctor's care? ( ) Y ( ) N  
 Does your child have any fears? \_\_\_\_\_  
 Is there any medication your child is taking on a regular basis to maintain good health? \_\_\_\_\_  
 Is there anything else we should know about your child that will make their experience better? (habits, mannerisms, activities, etc.) \_\_\_\_\_

How did you hear about Kids' Club? \_\_\_\_\_