



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2019 – 2020 Four-Year Old Program at the YMCA

Enrollment Packet



YMCA Childcare Programs offer:

A safe, productive environment

Swimming

Lunch and snacks

Arts and Crafts

Character Development

Convenient hours

Scholarship opportunities

Caring, experienced staff

Field Trips

Age-appropriate activities

Physical and Education activities

We are licensed by the State of Kansas, we are proud to be a United Way Agency and in partnership with JCPenney's and accept SRS and St. Francis contracts.



The following packet outlines the details for the 2018-2019 enrollment year. For more information, please contact the Family Director Steven Lynch at 620. 275.1199 or slynch@ymcaswkansas.org



Registration Form

The following information MUST BE COMPLETELY FILLED OUT.

Child's Name _____

School Attending _____

Grade _____ Teacher's Name _____

Does your child currently have a YMCA membership? Yes No

(Please note that your child must have a membership to receive the member rates)

Prices and Times for Programs

Please note that these are the MEMBER rates. If your child does NOT have a membership, your prices will double.

HELPING HANDS SCHOLARSHIPS ARE AVAILABLE!

Year Round Rates:

Equipment Fee: \$40

EFT Payments: \$100/week

All equipment fees, first week of payment and paperwork must be completed and turned in prior to the child attending. Payments are due on scheduled draft day or the week before for the following week. Pay arrangements are available and must be set up with the Family Director, Steven Lynch.



YMCA Childcare

Child/Program Information

To help us better serve your child we would like to know the specific times your child will be attending our program. We would also like to make sure that your child is picked up and dropped off in a timely manner. Please give us any details that will help us in providing the best daily routine possible.

Approximate time(s) your child will arrive at the YMCA: _____

Approximate time your child will be picked up from the YMCA: _____

Days your child will attend the YMCA program: M___T___W___TH___F___

School your child attends: _____

Time your child's school begins: _____

Time your child's school ends: _____

Transportation: Bus___ YMCA Van___ Other___

Is there anything else we need to know about your child's daily schedule?

Cell Phone Number _____ Cell Provider _____

Email Address _____

Parent Signature: _____ Date: _____

YMCA Childcare Authorization and Agreement

Please read the following statements, initial by each one, and sign and date at the bottom.

1. ____ My child has my permission to use all the **play equipment and participate in all the activities** while attending and participating in any YMCA program.
2. ____ My child has my permission to swim in the Garden City Family YMCA's swimming pool during child care program activities.
3. ____ Payments for child care will be made in a timely manner. **I understand that if payments are not paid on time, my child will lose his/her spot in the program and my balance due will be sent to collections.**
4. ____ I understand weekly payments will be automatically drafted from a checking/savings or credit card account.
5. ____ All enrollment procedures will be completed before my child may enter the program.
6. ____ Emergency first aid treatment can be administered to my child by YMCA personnel/volunteers, if needed.
7. ____ I understand that there are inherent risks in participating in any activity and I will not hold the Garden City Family YMCA responsible for any accident or injury that may occur during program hours.
8. ____ I give my permission to the YMCA, without obligation to me, to take and use any photographs, film footage, and tape recordings, which may include myself or any member of my family's image or voice for purposes of promoting or interpreting YMCA programs.
9. ____ YMCA hours are **6:15a.m.-6:15p.m.**
10. ____ I understand that a late fee will be applied to my account if I am late picking up my child. Each late fee will be \$10 for every five minutes I am late.
11. ____ I give my permission for my child to ride USD#457 buses and Garden City Family YMCA vehicles to and from their schools and the YMCA and for all field trips.
12. ____ I understand if my child is fevered, sick or throwing up that they may not attend the program for 48 hours. In addition, if they develop a fever, get sick or throw up while attending, they **MUST** go home and cannot return for 48 hours.
13. ____ I understand that if my child has been suspended from school at ANY time during the day, that they will also be suspended from YMCA programs beginning the day of school suspension and during the suspension period.

Parent/Guardian Signature: _____ Date: _____

Child Information

Does your child have any specific food or medicine allergies that we need to be aware of?
Please explain. _____

Does your child have any specific fears, problems, or dislikes that we need to be aware of?
Please explain. _____

Does your child have any chronic or special needs that we need to be aware of or monitor?
Please explain. _____

Does your child require any daily medications? Please explain and state time and days
medication is needed. You will also need to fill out a Medication Authorization Form.

How would you rate your child's ability to swim? Has he/she participated in progressive
swim lessons? _____

Please list any and all other services provided within the community for your child?
(Example: TFI Family Services, Inc., St. Francis, Area Mental Health, Boy Scouts, Girl Scouts,
Salvation Army, Big Brothers/Big Sisters, etc.)

Names of individuals specifically unauthorized to visit or pick up children:				
Name	Relation	Restraining Order:	Yes	No
Name	Relation	Restraining Order:	Yes	No
Name	Relation	Restraining Order:	Yes	No
Name	Relation	Restraining Order:	Yes	No

BANK DRAFT & CREDIT CARD DRAFT POLICY

1. I authorize the Garden City Family YMCA to withdraw my child care dues from the account provided below each week or monthly.
2. In order to cancel my child care, I need to fill out the YMCA's cancellation form two weeks prior to the date of draft. If not, I understand my child care dues will be drafted from my account once more before being cancelled____. **(Initial here)**
3. To make any account changes towards child care dues, I understand that I must notify the Family Director at least two weeks prior to my next draft date.
4. The Garden City Family YMCA charges \$30 service fee on all insufficient drafts. If my draft is returned unpaid, the YMCA will automatically redraft it and the \$30 service charge as many times as deemed necessary until all monies are collected. If my draft is returned two consecutive times and the first draft has yet to be collected, your child will no longer be allowed to attend YMCA child care program. If my child care draft is denied because of a stop payment or a closed account, the YMCA may cancel my child care, but I will still owe the dues plus \$30 service charge.
5. Child care rates are based on the programs that you are enrolled in. We do not prorate if your child does not attend. Child care rates are based on the membership type and the school that the child attends. If your enrollment type changes for any reason, you will be notified via telephone or e-mail and your draft amount will automatically be adjusted to the appropriate child care rate
6. Bank drafts and credit card drafts can be deducted from an account in the following ways: (please circle)

- One Time Payment on _____
- Monthly Payments on Day _____
- Weekly Payments on M TU W TH FRI (circle one)
- Semimonthly Payments on Day _____ & _____

7. Garden City Family YMCA reserves the right to cancel child care services at any time for any behavior that goes against the YMCA mission. Our MISSION is: **To put Christian principles into practice through programs that build healthy spirit, mind and body for all.**
8. The YMCA does not give cash refunds. All refund requests must go through Finance Committee and all decisions made by the Finance Committee are final.

***By signing below, you are giving the Garden City Family YMCA authorization to draft your monthly child care dues directly from your bank or credit card account, in accordance to the terms and conditions listed above.**

Date: _____ Name of Financial Institution: _____

Account# or Credit Card #: _____ Checking Savings Credit Card

Routing # or Expiration Date: _____

Account Holder's name (Please Print): _____

Account Holder's signature: _____

Office Use Only:

Child Care Service: _____ Rate according to time of draft: _____