

2017-2018 YMCA SACC REGISTRATION FORM

PARTICIPANT'S NAME _____

ID# _____

Must present **in person** at any YMCA location, not at SACC sites.

ONE FORM PER CHILD EACH SCHOOL YEAR.

Additional forms available at any YMCA location or online at ymcawichita.org.

SCHOOL DAY OUT FUN CLUB PARTICIPANT ONLY
(See page 14 or SDO flyer for additional information)

SCHEDULE OF SERVICE										2017-2018 Weekly Fees			
Start Date:		Anticipated Times		SACC Site: UNLESS OTHERWISE NOTED, CHILDREN MUST ATTEND THE SCHOOL IN WHICH THE PROGRAM IS LOCATED. Max age is 12					1-3 days/wk		4-5 days/wk		
				M	Tu	W	Th	F	M	CP	M	CP	
SACC Session	Before School (Breakfast served)	Arrival:							\$40	\$45	\$45	\$50	
		Departure: School Starts											
	After School (Snack served)	Arrival: School Ends							\$40	\$45	\$45	\$50	
		Departure:											
	Before AND After School (Breakfast & snack served)	Arrival:							\$55	\$60	\$65	\$70	
		Departure:											

Total Weekly Payment (due each **Monday** for the week of service, payable by: Bankdraft Check Money Order MasterCard Visa) \$ _____

I have been awarded financial assistance from the Child Care and Camp Branch of the YMCA.

PAYMENT DUE AT REGISTRATION		2017-2018 SACC/SDO	
Enrollment Fee (A \$30 enrollment fee is due per child each school year. This fee is NONREFUNDABLE and NONTRANSFERABLE.)		\$ _____	
First week of tuition payment is due upon enrollment (cannot be bankdraft)		\$ _____	
SDO payment (fee is NONREFUNDABLE)		\$ _____	
TOTAL PAYMENT & FEES due at registration , payable today by: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		\$ _____	

IMPORTANT: Please retain a copy of this form & payment receipt. Weekly fees are based on the above schedule. Fees will not be prorated for absences, in-service days, conferences, holidays or school cancellations. (See complete SACC billing information, payment methods and policies on pages 6-7, 13.)

TERMS OF AGREEMENT (Your signature confirms your agreement with the following terms):

- I/We understand that a minimum \$10 late pick-up fee will be charged for each child picked up after the scheduled closing time, and an additional \$1 per minute fee will be assessed after the first ten minutes. This late pick up fee must be paid before the child(ren) can return to the program. If a child is not picked up by 7:00pm and no attempt has been made by the parent/guardian to contact the site director or YMCA, 911 will be called. Chronic late pick up is grounds for dismissal from the SACC program.
- I/We understand that written notice of intent to exit the program must be given to the SACC Site Director a MINIMUM OF TWO WEEKS IN ADVANCE. If adequate notice is not given, I/we understand that two weeks of full payment will be billed to my/our account even though my/our child is not in attendance. If I/we choose to return to the program, I/we understand availability is not guaranteed.
- I/We the below signed person/parent(s) having legal custody/legal guardianship of said minor, give permission for said minor to attend any YMCA program activities supervised by authorized YMCA staff. Said minor is physically able and mentally prepared to participate in all activities, including nutrition and wellness curriculum.
- I release the Greater Wichita YMCA, its staff, and participating school districts from all claims of injury which may be sustained by enrolled child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care.
- I/We do hereby authorize the YMCA and YMCA staff to transport said minor in YMCA bus, van, car, staff car or other vehicle to/from the site for daily transportation and/or field trips, emergency care, etc.
- I/We do hereby grant permission for photos and/or videos of my/our child to be used by the YMCA for promotional purposes. I/We understand that I/we will receive no compensation for such use.
- I/We understand fully and will abide by the YMCA's policy concerning drop-off and pick-up of children. I/We shall be prepared DAILY to present photo ID to on-site staff to determine my/our identity as authorized persons to pick up my/our child. Further, I/We shall inform others who are authorized to call for our child to present photo ID when picking up my/our child.
- I/We understand that in the event of withdrawal from the program, my/our child's records are available to me/us upon my/our request.
- I/We have read and understand all SACC program policies and procedures set forth by the YMCA in its SACC Enrollment Handbook. I/We shall abide by said policies/procedures and will review these with my/our child. I/We support the YMCA in its enforcement of these policies/procedures. I/We understand that the YMCA reserves the right to dismiss any participant who fails to adhere to YMCA SACC Rules and Regulations.
- I/We agree to pay the above stated weekly fees by each Monday during my/our child's enrollment in the SACC program. Failure to make timely payments may result in dismissal from the program. A \$10 late payment fee will be applied for each week that a payment is late. All returned drafts/checks will be assessed a \$10 return item charge, in addition to applicable late/bank fees. A money order may be required for future payments. I/We understand that accounts must be current to participate in School Day Out Fun Clubs.

PROGRAM BANKDRAFT PLAN

The weekly program draft amount indicated above will be deducted from my (check one)

Checking Account
 Savings Account
for the YMCA SACC Program.

The bankdraft payment plan is a continuous program, however is not designed to exceed the program's end date of _____.

If I wish to exit the SACC program and/or discontinue the weekly draft before the above date, I understand that the YMCA must be NOTIFIED IN WRITING TWO (2) WEEKS PRIOR TO THE FINAL DRAFT.
Initials: _____
Send notice to childcare@ymcawichita.org

- Program rates are subject to change and you will be notified in writing prior to any program adjustments.
- I will notify the YMCA of any change in my bank, account, phone number or home address.
- I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fees assessed by the YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the SACC program until the balance due is paid.
- A voided check is attached for bank information.

Accept my signature below as authorization to begin drafting the indicated account.

Check One:
 Parent
 Legal Guardian
 Person w/ legal custody

Parent/Guardian Signature _____

Date _____

For Office Use Only:

Date rec'd: _____

Time rec'd: _____

Staff Initials: _____

Special Instructions:

Pull this form for registration of your child and return to any YMCA LOCATION.

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