

## YMCA School Age Program Registration Form 2010

Child's First/Last Name \_\_\_\_\_ B/date \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Start Date \_\_\_\_\_ (Care for Kindergarteners will start August 24<sup>th</sup> after staggered start days! All others start August 20<sup>th</sup>.)

Please read the Fee schedule completely before choosing your plan! \* 10% 2<sup>nd</sup> child discount applies to these programs

### School Year Plan – January 1, 2010-May 27th, 2010

Please Circle  
the monthly  
amount next to  
the program you  
are enrolling in!  


Schedule	FullTime/Monthly (4 –5 days a week)	PartTime/Monthly (Please circle 1-3 days)
Before and After Full Days Included	*\$515/Mo (\$200 for August)	*\$420/Mo M T W R F (\$175 for August)
After School Only Full Days Included	*\$427 (\$160 for August)	*\$315 M T W R F (\$130 for August)
Before School Only Full Days not included	\$190 (\$70) for August	Not Available See Drop In Option

### Year Round Plan - August 20, 2009 – August 6, 2010

Schedule	FT School Year/Summer (4 –5 days a week)	PT School Year (Please circle 1-3 days) M T W R F
Before and After Full Days Included	*\$545	*\$440 (Part Time Sum) * \$475 (Full Time Sum)
After School Only Full Days Included	*\$472	*\$360 (Part Time Sum) *\$395 (Full Time Sum)

Drop In Plan – space availability basis – attach \$25 registration fee. Must be on Visa/MC automatic payment!

#### FAMILY INFORMATION (Responsible Parent/Guardian is responsible for payment, schedule changes, emergency contact information)

1<sup>st</sup> Parent/Guardian: \_\_\_\_\_ Bdate: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Bdate: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list your child's previous childcare experience and caregiver(s): \_\_\_\_\_

Approximate drop off time if attending before school: \_\_\_\_\_ Approximate pick up time if attending after school: \_\_\_\_\_

How did you hear about our program? Newspaper ad \_\_\_ Mailing \_\_\_ Y/Prog Guide \_\_\_ School \_\_\_ Friend \_\_\_ Other \_\_\_\_\_

**Membership Benefit:** When registering for the School Year or Year Round plan, your child automatically becomes a facility member. Your child will receive the "membership" rate when registering for any programs in the YMCA. If you are on the **YEAR ROUND plan, you will receive a free family membership.** If you are on the **SCHOOL YEAR PLAN, you are eligible for a family membership at a 50% discount** for all months you are enrolled. Please contact me about a Family Membership? \_\_\_ yes, please contact me \_\_\_ No, because: \_\_\_\_\_

**Changes:** Any consistent change in your child's schedule/plan must be submitted to your Site Director on a completed change/cancellation form 30 days in advance of the change. A \$25 change fee is charged for all changes in plans or schedules. Exceptions are made for uncontrollable issues such as life altering illnesses or non-voluntary loss of employment. Documentation is required in these situations. There are no credits or refunds for missed days and vacations.

**Cancellations:** A completed cancellation form must be submitted to your Site Director at least 30 days in advance of your child's last day. Please thoroughly fill out the form and list reasons for cancellation so that we can effectively evaluate this information. No refunds are issued for fees paid due to changes or cancellations, however, credits may be issued when appropriate.

**Core Values:** I understand that the YMCA focuses on HONESTY, RESPECT, RESPONSIBILITY, & CARING. These values are expected to be modeled in every day activities from staff, family members and children. I agree to model these values and expect my child(ren) to do so as well.

**Parent Handbook, Fee Schedule & Parent Agreement:** I agree to abide by all policies and procedures in these documents. According to state regulations, my child's records are available for review by the State of Colorado, Department of Social Services, and Licensing Division.

**Payment Option Form:** You must submit a completed payment option form with registration paperwork to sign up for Automatic Visa/MC withdrawal or manual option. Both options are provided with a monthly statement. Statements need to be looked at each month by the responsible party to ensure accuracy. No registrations are accepted without a payment option form. **First Month tuition and registration are due at time of registration.**

**CCAP Families:** If you are receiving benefits from CCAP or any other third party, you must sign a CCAP agreement upon registration and a payment option form, even if your parent fee is \$0 upon registration. Registration for CCAP can only be accepted with a current written authorization from CCAP and a YMCA CCAP agreement.

Person(s) legally responsible for payment of account \_\_\_\_\_ Relationship to child \_\_\_\_\_

Print Responsible Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Received at: Mapleton Arapahoe Mail Fax School Site at \_\_\_\_\_ Intake Name \_\_\_\_\_ Date \_\_\_\_\_ SAA \_\_\_\_\_ Billing \_\_\_\_\_