

2010-2011 YMCA Child Care Program Registration

CHILD INFORMATION (all sections must be completed)

Program location:		Child's start date:	School Attending:
Child's Name:		Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Caucasian	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other
Address:		City:	Zip Code: County:
YMCA member? <input type="checkbox"/> Yes <input type="checkbox"/> No	YMCA membership #		
Does your child have an Individualized Education Plan (IEP), a 504 plan, and/or a special need that we should be aware of to ensure your child's success in the program? (If yes, additional forms and conference may be required.) <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, Explain:			

PARENT/GUARDIAN INFORMATION (all sections must be completed or NA if applicable)

Parent/Guardian:	DOB:	Parent/Guardian:	DOB:
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Home Phone:	Cell:	Home Phone:	Cell:
E-mail Address:		E-mail Address:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Marital status of parents: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married			
Custodial parent child resides with (if applicable):		# of members of household family unit:	
Annual household income falls within:			
<input type="checkbox"/> \$0-\$13,999 <input type="checkbox"/> \$14,000-\$24,999 <input type="checkbox"/> \$25,000-\$39,999 <input type="checkbox"/> \$40,000-\$54,999 <input type="checkbox"/> \$55,000-\$74,999 <input type="checkbox"/> \$75,000 and up			

PROGRAM REGISTRATION (all sections must be completed)

Please indicate the program you are registering for:

Before school care only Before and after school care
 After school care only Full Day Preschool (*Hillcrest, Lakewood, West Park only*)

Please check each day your child will attend:

Monday Tuesday Wednesday Thursday Friday

PAYMENT INFORMATION (all sections must be completed)

An annual membership fee of \$25 per family required for those not currently a YMCA member or YMCA program member. A \$5.00 registration fee required for all child care participants. Membership fee and registration fee are non-refundable and non-transferable. All payments for Child Care services are made either by payment in full or pre-authorized checking account or credit card draft. Drafts will be completed on Mondays, one week prior to each week of care. Voucher co-payments will be drafted on the first service date noted on each voucher. Payments received after 5:00PM on the scheduled due date will be charged a \$25 late fee per family. Drafts that are returned due to non-payment are subject to a \$30 fee. If your draft is returned unpaid, it may be collected electronically and you will be assessed a minimum fee of \$30 (or the maximum allowed by state law). Account holder is responsible for all other collection costs. _____ (please initial)

Private Pay Voucher Co-pay Amount: _____
 Account Holder Name: _____
 Checking Savings Credit Card
 Routing # _____ Account # _____ (voided check must be attached)
 Credit Card # _____ Expiration Date: _____

I authorize the YMCA of Greater Cleveland to automatically debit my account. If necessary, adjustment or entries to correct errors are also authorized. Rates may be subject to change upon 30 day written notice. This debit is continuous and will remain in effect until all services provided are paid. I understand that if I wish to cancel this draft, I must submit in writing 10 business days prior to canceling, a signed cancellation form to the Payment Registrar Office.

Signature: _____ Date: _____

Registrations are accepted on a first-come/first serve basis. Completion of this form does not guarantee space availability.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YMCA Annual Membership Fee (<i>if applicable</i>)</td> <td style="text-align: right;">\$ 25.00</td> </tr> <tr> <td>YMCA Child Care Program Registration Fee</td> <td style="text-align: right;">\$ 5.00</td> </tr> <tr> <td>(Optional) Strong Kids Campaign Donation</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL DUE</td> <td></td> </tr> </table>	YMCA Annual Membership Fee (<i>if applicable</i>)	\$ 25.00	YMCA Child Care Program Registration Fee	\$ 5.00	(Optional) Strong Kids Campaign Donation		TOTAL DUE	
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