

2011-2012 YMCA Child Care Registration Form
 Complete and return by fax to 216-344-0571 or email to: childcarereg@clevelandy.org

YMCA Chagrin Falls Before and After Care Program Location (check one): **Gurney Elementary**

Child's Information	Child's Start Date in the YMCA Program: ___/___/___ Name of School Attending: _____ Child's Name: _____ Birth Date: ___/___/___ <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____ City: _____ Zip Code: _____ County: _____ 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 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 conferences may be required. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____								
Parent/Guardian Information	Parent/Guardian: _____ DOB: ___/___/___ Address: _____ City/State/Zip: _____ Home Phone: _____ Cell: _____ Employer: _____ Work Phone: _____ E-Mail Address: _____	Parent/Guardian: _____ DOB: ___/___/___ Address: _____ City/State/Zip: _____ Home Phone: _____ Cell: _____ Employer: _____ Work Phone: _____ E-Mail Address: _____							
Parent/Guardian Information	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 in 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	Please check the program you are registering your child for: <input type="radio"/> Before school care only <input type="radio"/> After school care only <input type="radio"/> Both Before and After school care Please indicate if you are registering your child for: <input type="radio"/> Full-time care (4-5 days per week) or <input type="radio"/> Part-time care (1-3 days per week) Please check each day your child will attend: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday								
Payment Information	An annual membership fee of \$25 per family is required for those not currently a YMCA member or YMCA program member. Membership fees are non-refundable and non-transferable. All payment for Child Care services are made by either 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. _____ <i>(please initial--</i> ----- Please indicate: <input type="checkbox"/> Private Pay <input type="checkbox"/> Voucher/Co-Pay Amount _____ <input type="checkbox"/> Placement Letter <i>(attached)</i> <input type="checkbox"/> Scholarship (attach application) Account Holder Name: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card Routing # _____ Account # _____ <i>(voided check must be attached)</i> Credit Card # _____ Expiration Date: ___/___/___ I authorize the YMCA of Greater Cleveland to automatically debit my account. If necessary, adjustments or entries to correct errors are also authorized. Rates may be subject to change upon 30 day written notice. (All additional fees will be debited from your account). 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: _____								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">YMCA annual membership fee (if applicable)</td> <td style="width: 15%; text-align: center;">\$25.00</td> <td rowspan="3" style="width: 45%; vertical-align: top;"> Note: Registrations are accepted on a first-come first serve basis. All registrations will be time-stamped in the order they are received. Completion of this form does not guarantee space availability. You will receive an email confirmation when your registration is processed. Please provide a valid email address in the space indicated above. </td> </tr> <tr> <td>YMCA Strong Kids Campaign Donation (optional)</td> <td></td> </tr> <tr> <td style="text-align: right;">Total Due</td> <td></td> </tr> </table>	YMCA annual membership fee (if applicable)	\$25.00	Note: Registrations are accepted on a first-come first serve basis. All registrations will be time-stamped in the order they are received. Completion of this form does not guarantee space availability. You will receive an email confirmation when your registration is processed. Please provide a valid email address in the space indicated above.	YMCA Strong Kids Campaign Donation (optional)		Total Due	
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For Payment Registrar Office Use Only - Date received: _____