



2011-2012 Campus International School @ Downtown YMCA Out of School Time Registration
 Return registration form by fax to: 216-344-0571 or by email to: childcarereg@clevelandy.org

Child's Name: _____		Birth Date: ___/___/___ M or F	
Address: _____		City State, Zip Code: _____	
Parent/Guardian: _____	DOB / /	Parent/Guardian: _____	DOB / /
Address: _____		Address: _____	
Home Phone: _____	Cell #: _____	Home Phone: _____	Cell #: _____
Employer's Name: _____		Employer's Name: _____	
Work #: _____		Work #: _____	
E-Mail: _____		E-Mail: _____	

Out of School Time Registration (check each day your child will attend)

<input checked="" type="checkbox"/>	Date	Daily Fee	<input checked="" type="checkbox"/>	Date	Daily Fee	<input checked="" type="checkbox"/>	Date	Daily Fee
<input type="checkbox"/>	November 8, 2011	\$25	<input type="checkbox"/>	January 2, 2012	\$25	<input type="checkbox"/>	February 20, 2012	\$25
<input type="checkbox"/>	November 11, 2011	\$25	<input type="checkbox"/>	January 3, 2012	\$25	<input type="checkbox"/>	April 5, 2012	\$25
<input type="checkbox"/>	November 23, 2011	\$25	<input type="checkbox"/>	January 4, 2012	\$25	<input type="checkbox"/>	April 9, 2012	\$25
<input type="checkbox"/>	December 27, 2012	\$25	<input type="checkbox"/>	January 5, 2012	\$25	<input type="checkbox"/>	April 10, 2012	\$25
<input type="checkbox"/>	December 28, 2012	\$25	<input type="checkbox"/>	January 6, 2012	\$25	<input type="checkbox"/>	April 11, 2012	\$25
<input type="checkbox"/>	December 29, 2012	\$25	<input type="checkbox"/>	January 16, 2012	\$25	<input type="checkbox"/>	April 12, 2012	\$25
<input type="checkbox"/>	December 30, 2012	\$25	<input type="checkbox"/>	February 17, 2012	\$25	<input type="checkbox"/>	April 13, 2012	\$25

Please note: All YMCA Child Care programs will be closed on the following dates: 9/5; 11/24; 11/25; 12/23; 12/26; 4/6; 5/28
Vouchers NOT accepted for Out of School Time Care

Out of School Time Payment Information

Out of School Time payments will be drafted from your account one week prior to the designated date of service.

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, adjustments or entries to correct errors are also authorized. This debt 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: _____

Note: Enrollment is based on program space availability and registrations are on a first come first serve basis. Registrations are due no later than seven days prior to the date of service. If registrations are received after the due date or capacity has been met; you will be placed on a waiting list and notified if and when a spot becomes available. We reserve the right to cancel registrations due to a lack of enrollment. You will be notified one week prior to service.

For Payment Registrar Office Use Only - Date received: _____