

Which program would you like to enroll your child in? **(check one)**

- New Paltz (AM/PM)
- Edson (AM/PM)
- E.R. Crosby (AM/PM)
- Chambers School (AM/PM)
- Highland (AM/PM)
- Marbletown (AM/PM)
- Marlboro (AM/PM)
- No School Today Only

My child will be attending on the following days* **(check below):**

	Mon	Tues	Wed	Thur	Fri
AM					
PM					
AM & PM					

**Unused days cannot be used on another day or credit given. Additional days attended other than the ones noted below will be billed accordingly.*

Program Payment Policy:

- A **\$50 non-refundable deposit** is required at enrollment. If the child remains in the program through June, it will be credited to the June tuition.
- Monthly tuition is due the **25th of the month prior** to attendance.
- A **\$25 late fee** will be charged to all open balances as of the 1st of the month.
- Consistently late accounts will be required to pay on credit card draft.
- A primary billing contact must be listed on the account.
- Draft payment by debit or credit card on the 22nd is required unless on DSS or prior billing arrangements have been made with the YMCA
- \$10 will be discounted from your monthly tuition when a **Draft Form** is completed

OFFICE USE ONLY

Reg Form Rec'd: _____

Entered Into Daxko: _____

Child's Information

First Name _____ Last Name _____

DOB _____ / _____ / _____ Male Female

School _____ Grade _____

Primary Billing Party Information

all correspondence will be delivered to this party

As Primary Billing Contact, I understand that I will be the only one contacted if there is an open balance or billing question on the above listed child's account. I understand that it is my responsibility to collect money due on the account from parties other than myself and ensure it is received by the YMCA in a timely fashion.

Relationship to Child _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Email _____ @ _____

Primary Billing Contact Signature

Date _____

Custody Information

Parent's Marital Status:

- Married Divorced Separated Single Widowed

If divorced or separated, who has legal custody?

Note: Court orders are needed if a parent is denied access to the child

We accept DSS funding!

If you are eligible, please attach your DSS award letter that lists the "YMCA" as the child's primary child care.

Please check here if your child receives free or reduced meals through your school: _____

This is for our billing purposes with the district food services only



YMCA School's Out Draft Form

\$10 will be discounted from your monthly tuition when a Draft Form is completed

Full Name: (as it appears on credit card) _____

Member ID: _____ Program Type: _____ Monthly Program Fee: \$ _____

Billing Address: (as it appears on statement) _____

Phone Number: _____ E-Mail: _____

I wish to make the following change to my YMCA account auto draft:

New Account: First Draft Date _____

Change my account as noted: _____

Change my credit card/bank information on file to new information noted below

Terminate My Draft: Last Draft Date _____

****All Changes and Terminations Require 30 days advance written notice to be processed.***

I, _____ (print name), authorize the YMCA of Kingston and Ulster County to keep my signature on file and charge my **Credit Card** on an ongoing basis for the amount I owe (list above under monthly fee) plus any drop in days and additional fees accrued on my account.

I understand that this authorization is a continuous program plan and is automatically renewed each month. I understand that all changes and terminations to this plan can only be processed by the YMCA with 30 days advance written notice.

I understand that is in my responsibility to contact the YMCA in writing if there is any change to my Credit Card. **My account will be charged \$10 for any returned/bounced payment.** Forms for such changes can be located in the Registrar's Office.

Signature

Date

Credit Card Draft

Draft Date: 22nd

Circle Credit Card Type: Visa MC AMEX Disc

Credit Card Number: _____

Expiration Date: _____ CV Code: _____

Office Use Only:

Staff Name: _____ Date Received: _____ Heartland Updated _____

Please check what program your child is attending:

New Paltz Highland E.R. Crosby Edson Chambers Marlboro Marbletown No School Today

Child's Enrollment Information

First Name _____ Last Name _____

School _____ Grade _____ Teacher _____

DOB ____ / ____ / ____ Male Female

Childs Primary Street Address: _____

City _____ State _____ Zip _____

Parent/Guardian #1

First Name _____ Last Name _____

Relationship to Child _____

Contact Information:

Primary Contact (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Email _____ @ _____

Parent/Guardian #2

First Name _____ Last Name _____

Relationship to Child _____

Contact Information:

Primary Contact (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Email _____ @ _____

Medical Information

Medications Child Is Currently Taking*: _____

***Only EpiPens, Inhalers, Benedryl and Nebulizers can be stored and administered at program. An Individual Health Care form must be completed for these medications.**

Allergies: _____

Please describe any major injuries or illnesses your child has had in the past (include approximate dates):

Primary Care Physician _____ Phone Number: (_____) _____ - _____

Getting To Know You:

Likes and Hobbies: _____

Dislikes and Fears: _____

Special Needs: _____

If your child requires any special consideration, such as a disability, special needs or any other circumstances that you wish to bring to the program's attention, please check this box and proceed to fill out the "Getting To Know You Form" found at www.ymcaulster.org on the Dedicated School's Out Program webpage. This form can be emailed at the parent/guardian's request.

The following is optional and used only for demographic reports to funders. No names or addresses are used.

Ethnicity: (circle any that apply) Asian/ Hispanic/Latino/ African American/Caucasian/Native American/Other _____

Consent to Release/Emergency Contact Information **OTHER THAN PARENTS/GUARDIANS**

In the event of an emergency, the following names will be called in listed order **after** parent/guardians are contacted.

1. First Name _____ Last Name _____
Relationship _____
Address _____
City _____ State _____ ZIP _____

Contact Information:

Main (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____

2. First Name _____ Last Name _____
Relationship _____
Address _____
City _____ State _____ ZIP _____

Contact Information:

Main (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____

3. First Name _____ Last Name _____
Relationship _____
Address _____
City _____ State _____ ZIP _____

Contact Information:

Main (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____

Other Authorized Adult Pick Ups* (**Everyone must present a photo ID**):

**If there is anyone specifically not allowed to pick up your child, please inform the Site Director and the Office Staff immediately.*

Pick Up Procedure: A Parent/Guardian must pick up the child at the YMCA program by 6:00pm. Only authorized persons noted above may pick up the child. Please communicate to the Program Director ahead of time if someone else will be picking up the above listed child. Children must be signed out daily. A **\$1 per minute fee** will be charged for late pick up. The fee must be paid in cash to the Y staff at time of pick up or within 24 hours. Failure to pay this fee will result in termination of registration.

School Opening Delays and Early Dismissals:

- 2 hour delays will result in the program beginning 2 hours late
- 1 hour delays will result in the program beginning 1 hour late.
- *No breakfast is served where there is a School Opening Delay*
- Early dismissal will result in **NO** program on that day

Holidays & Snow Days:

- Full Day Childcare Programs are available as the No School Today Program at the YMCA facility, for a schedule of planned days to be offered and cost please visit www.ymcaulster.org

Half Days:

- Half Day care will be available on site when program is permitted by school, for additional fees please check rate card.

Submit Completed Applications by:

- Registering in person at Kingston YMCA located at 507 Broadway in Kingston, NY
- Register by mail by completing the application, Youth Program Behavior Policy and Parent/Guardian Contract and mailing it back with deposit to 507 Broadway, Kingston, NY 12401
- Faxing application to 845-338-0423 and call Kristyn at 845-338-3810 x115 to give a credit or debit card payment over the phone
- Register by sending forms via email to Laura or Kristyn at contact listed below.

Make Checks Payable to YMCA

Registrar: Kristyn Keller – 845-338-3810 x 115 or kkeller@ymcaulster.org

Youth Development Director: Laura Nordstrom – 845-338-3810 x 110 or lnordstrom@ymcaulster.org

Parental Agreement

Please read and initial each statement, then provide your signature at the bottom of the page.

_____ I understand that the YMCA School's Out Parent/Guardian Handbook is available at www.ymcaulster.org and agree to all policies set forth in the handbook.

_____ I have reviewed payment schedule and will make payment on the 25th of the month prior to attendance, and understand that a \$25.00 late fee will be assessed for late payments received after the 27th. I understand that if I am late in payment, I will be required to pay through bank or credit card draft. I understand that the YMCA reserves the right to refuse applicants or terminate enrollment of any child based upon lack of payment.

_____ I understand that the YMCA reserves the right to refuse applicants or terminate enrollment of any child based upon disciplinary difficulties.

_____ I give permission for above-named child to be photographed for the sole purpose of promotional materials distributed by the YMCA. These photographs will not be distributed without my consent, and I will not expect any payment or compensation.

_____ I give permission for the above-named child to be transported by YMCA staff vehicle or bus in the event of a field trip or unavoidable emergency.

_____ I give permission for the above-named child to receive emergency medical treatment in the event of injury while attending School's Out.

_____ I will take full responsibility for any consequences of this medical treatment. I give the YMCA permission to approve, choose and secure medical treatment if I cannot be reached in case of any emergency. I realize that YMCA program participants participate at their own risk. Any insurance claims must be submitted to my insurance carrier.

_____ I understand that YMCA staff and volunteers are not allowed to transport children at any time outside of the YMCA Program. The YMCA is not responsible for any contact between its staff and program campers outside of the YMCA program hours.

_____ I understand that I am not to leave my child at the YMCA program site unless a YMCA staff person is there to receive and supervise my child.

_____ I give permission for my child to be released from YMCA care with the individuals listed on the prior page. I understand that the people listed are required to present photo identification for a child to be released. I also agree to notify YMCA staff in advance when I will not be picking up my child.

_____ I understand that should any person who arrives to pick up my child that appears to be under the influence of drugs or alcohol, staff may choose to not release the child and to call the police for assistance.

_____ I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I understand that if I am late in picking up my child and cannot make other arrangements for another authorized adult to pick them up, **I will be subject to a late fee.** I also understand that if lateness occurs more than three times, the YMCA can suspend my child's registration until other suitable arrangements are made.

_____ I understand that it is my responsibility to read the Parent/Guardian Post-Registration Packet and other publications sent home for basic program information.

_____ I understand that it is my responsibility to know the YMCA emergency contact numbers and procedures as stated in the Post-Registration Packet.

_____ I understand that if I have a concern or comment regarding YMCA programs, I agree to maintain a courteous and civil manner when addressing staff, and that the YMCA Staff will do the same.

_____ I understand that the YMCA has the right to terminate a child's enrollment for parents/guardians who disregard these statements.

_____ I have provided the YMCA Staff with complete and correct information so that they may best provide a safe, happy environment for my child.

_____ I understand that the above statements pertain to any authorized individuals who may drop off or pick up my child.

_____ I, the legal guardian/parent of the enrolled child, give the YMCA of Kingston and Ulster County personal permission to speak with school personnel regarding my child.

Parent/Guardian Signature (I have read and understand each of the above statements)

Date

Registrar: Kristyn Keller – 845-338-3810 x 115 or kkeller@ymcaulster.org
Youth Development Director: Laura Nordstrom – 845-338-3810 x 110 or lnordstrom@ymcaulster.org