



Schenectady YMCA Before & After-School Registration Form (2011-2012)

REGISTRATION INFORMATION

Start Date / /

Parent/Guardian: Before & after-school care at the Schenectady YMCA is a benefit for our members. To participate in our programs, you need to be a member of the Capital District YMCA. If you're not a Full Member of the Y, you need to pay \$50 for a Program Membership at the time you register. Please ask about the benefits of joining the Y today. Also, please note that tuition for our programs is charged on a monthly basis.

Please choose one: Full Time Part Time

If you choose Part Time, please select which days attending: Mon Tues Wed Thur Fri

Mohonasen School District

AM (6:30a.m.-8:30a.m.) PM (3:15p.m.-6p.m.)
Bradt Elementary AM PM

Schenectady City School District

AM (7:00a.m.-9:00a.m.) PM(3:30p.m.-6:00p.m.)
Elmer Elementary PM
~~Central Park Magnet~~ AM PM
Paige Elementary AM PM
Woodlawn Elementary AM PM
Fulton Early Childhood AM PM
Van Corlear Elementary PM

Schalmont School District

AM (7a.m.-9a.m.) PM (3:15p.m.-6p.m.)
Jefferson Elementary AM PM

Scotia School District

AM (6:30a.m.-8:30a.m.) PM(3:15p.m.-6:00p.m.)
Glendaal Elementary AM PM
Glen Worden Elementary AM PM
Lincoln Elementary AM PM
Sacandaga Elementary AM PM

Before School 5 Days: Full Member \$155 / Program Member \$175 • **Before School 3 Days:** Full Member \$120 / Program Member \$140
After School 5 Days: Full Member \$195 / Program Member \$215 • **After School 3 Days:** Full Member \$155 / Program Member \$175
Before & After School Full Time: Full Member \$350 / Program Member \$390

- The \$50 Program Membership fee is due at the time of registration.
- Please confirm the montly cost of tuition for the program you have selected: \$ _____
- One half of the monthly fee for September tuition is due August 1, 2011.

Office use only: Staff Signature _____ Receipt # _____ Copied _____ Date _____

BILLING PARTY INFORMATION

This is the person we'll contact regarding billing.

Name _____ DOB / /
Child's Name _____ DOB / /
Address _____
City _____ State _____ Zip _____
Home () _____ Work () _____ Cell () _____
E-mail _____

- Capital District YMCA **Member**
 Capital District YMCA **Employee**

BILLING INFORMATION & PAYMENT OPTIONS

Applying for Financial Assistance? Please check one:

- DSS (please attach DSS approval letter) YMCA Scholarship (please attach application) Third Party

In an effort to *go green* we **won't mail a bill** each month. All payments are due by the 5th of each month. Payments received after the 15th will receive a **\$25 late fee**. If you incur 2 late fees, you'll only have the option to pay for childcare electronically via checking or credit card. Please print your child's name in the **memo** portion of your check. Because the Capital District YMCA processes **checks** as electronic funds transfers, the check will appear as a debit on your statement, and you will not receive a cancelled check.

- Automatic Draft (Please complete Draft Form for Child Care)
 Cash. Due monthly at the Schenectady YMCA Branch (433 State St)
 Online payment.
 Check. Due monthly. If mailing payments, please send your check to:

Attn: Lori McCoy • Capital District YMCA • 465 New Karner Road • Albany NY, 12205



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ENROLLMENT INFORMATION

Parent/Guardian, please complete this form and return it with your payment.

Child's Name _____ [] Boy [] Girl
 Birth date ___/___/___ School Attending: _____ Grade in the Fall: _____
 Home Address _____
 City _____ Zip Code _____ Home Phone _____
 Sibling's Names _____ Ages _____

Parent/Guardian #1 _____ D.O.B. _____
 Address _____
 City _____ Zip Code _____ Home Phone _____
 Employer _____ Work Phone _____
 Cell Phone _____ Pager _____ E-Mail _____

Parent/Guardian #2 _____ D.O.B. _____
 Address _____
 City _____ Zip Code _____ Home Phone _____
 Employer _____ Work Phone _____
 Cell Phone _____ Pager _____ E-Mail _____

MEDICAL
 Medications child is presently taking _____
 Allergies _____
 In case of Allergic reaction, what action should be taken? _____

 Date of Child's last Tetanus shot: ___/___/___
 Does your child have any disabilities? [] Hearing [] Speech [] Vision [] Seizures [] Other
 Describe other _____
 Physical Handicaps _____
 Services received through school _____

EMERGENCY
 In an emergency, person to contact first [] Mother [] Father [] Guardian
 In the event, that I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/legal guardian(s) of the above named minor do hereby appoint the YMCA staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my/our absence for above named minor.

Parent/Guardian Signature #1 _____ Date: ___/___/___
 Parent/Guardian Signature #2 _____ Date: ___/___/___
 Child's Physician _____ Phone # _____
 Family Dentist _____ Phone # _____
 Specialist Requested _____ Phone # _____
 _____ (for pre-existing medical problems)
 Name of Insurance Company _____ Policy # _____

Local Emergency Contacts if parents can not be reached

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Parent's Marital Status [] Married [] Divorced [] Single [] Widowed

If separated or divorced who has legal custody? _____
 Is child's time divided between parents because of divorce or separation? [] Yes [] No
 How is it divided? _____

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



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CONSENT TO RELEASE INFORMATION

I give permission for my child to be released from the YMCA Child Care program with the following people. I understand that the people listed below must show identification for a child to be released. Parents, please notify YMCA staff in advance when you will not be picking up your child.

1. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____
2. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____
3. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____
4. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____

Staff: Only parents should note deletions and /or additions, and sign and date this form.

Name and Relationship to Child	Phone Numbers	Date Added
1.		
2.		

PARENTAL AGREEMENT

Please read and initial each statement, and sign at the bottom of the page.

- _____ I understand that I must adhere to the policies and procedures set forth by the childcare program.
- _____ I have read and understand the guidelines printed in the YMCA Parent Handbook.
- _____ I understand that the YMCA does not carry health and accident insurance and that I am responsible for Health/Accident incurred costs.
- _____ I understand that I must notify YMCA staff if my child is going to be absent from the program.
- _____ I understand that I must give the YMCA 2 weeks advance written notice if I choose to remove my child from the program.
- _____ I understand that I must complete and return registration forms, and ensure that information is kept updated through out the year.
- _____ I understand that I must pay fees as established in the YMCA Branch tuition/payment policy.
- _____ I understand that if my child care account is delinquent at any time, my child will be terminated from the program.
- _____ I give permission for the Capital District YMCA to take and/or use video and/or photographs of myself and/or my child(ren) for the purpose of promoting YMCA programs.

Print Name

Signature

Date

We offer **Snow Day** (9AM to 6PM) and **Vacation Fun Club** (7AM to 6PM) programs. Registration forms and dates are available at each Schenectady Childcare location as well as at the Turchi Family Center in Niskayuna. Please call Kerri DiCaprio for more information at 518.395.9750.

Please keep a copy of this form for your records. **Thank You.**