FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENROLLMENT AGREEMENT
School Age/ Day Camp

Child's Name _____ Gender _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent/ Guardian _____

Home Telephone _____ Cell Phone _____

Allergies _____ Restrictions _____

Parent/ Guardian's Name: Mother _____ Father _____

Marital Status _____ Child living with _____

Email Address _____

Email Address _____

Weekly Schedule

Please fill in days/times (start and end) needed:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

START DATE _____

Weekly Tuition Rate

Child One	$ _____		$ _____
Child Two	$ _____	10% discount	$ _____
Child Three	$ _____	10% discount	$ _____
Scholarship/ Third Party Payments Attach award letters (DHHS, YMCA FA, etc.) to this form.	$ _____		
		TOTAL TUITION DUE WEEKLY (After scholarships/ third party payment deductions.)	$ _____

I agree:

1. I have received a copy of the Parent Handbook. I have read and agree to all of the policies and procedures outlined in the Parent Handbook.
2. I will sign my child/ren in and out daily.
3. I understand that this agreement may be changed or cancelled with 2 full weeks written notice.
4. I understand that tuition rates may change with 2 full weeks written notice.
5. I agree to pay $ _____ weekly.
6. I agree to adhere to the YMCA's bank draft policy and understand the payment plan.
7. I am aware that the program maintains a licensing notebook that contains reports from all licensing inspections, renewal inspections, special investigations, and corrective action plans and I may review this material at any time. In addition, I may find this information on the licensing website at www.michigan.gov.

I am the parent or legal guardian of the child/ren I am enrolling and understand that it is my responsibility to keep all information, authorization, required forms, and health records pertaining to my child/ren, current and up to date.

Parent/ Guardian's Name (please print) _____

Parent/ Guardian's Signature _____ **Date** _____

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ALLERGY/ RESTRICTION/ MEDICAL CONDITION ALERT
School Age/ Day Camp

Child's Name _____

Date of Birth _____

Parent/ Guardians' Names _____

☐ My child has no health conditions or concerns at this time.

MEDICATIONS BEING TAKEN

All medication will be administered to the child only after the medication permission form is completed by the parent. Medication will only be given as directed in the parent handbook. Please list all medications (including over-the-counter or prescription drugs) taken routinely.

☐ Child takes no medication ☐ Child takes routine medication during the school year

The person takes the following medications:

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Allergy/ Restriction/ Medical Condition: _____

Reactions: _____

_____

_____

Instruction for care: _____

_____

_____

Please submit emergency action plan from a health physician with enrollment materials.

I, the undersigned, give consent to post information about my child's allergy, restriction, and/or medical condition throughout the program for safety purposes. ☐ Yes ☐ No

_____

Parent/ Guardian Signature Date

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AUTHORIZATION FORMS
School Age/ Day Camp

Child's Name _____
(First Name, Last Name)

GENERAL LIABILITY RELEASE

Liability:
I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids and Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

PHOTO RELEASE

I give permission to the YMCA of Greater Grand Rapids and Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my child's image or voice for purposes of promoting or interpreting YMCA programs. Please check a box below to detail how and when the YMCA of Greater Grand Rapids has permission to use photographs, film footage, tape recordings or other media that may include your child's image or voice.

☐ I give permission for photographs, film footage, tape recordings or other media that may include my child's image or voice to be used in promotional material for the YMCA of Greater Grand Rapids in advance notifications and approval of event.

☐ I DO NOT give permission for photographs, film footage, tape recordings or other media that may include my child's image or voice to be used in promotional material for the YMCA of Greater Grand Rapids.

SKIN CARE PRODUCT AUTHORIZATION

I give the YMCA authorization to use the following skin care products on my child, _____
(Child First, Last Name)

Check all that apply:

☐ My child has permission to apply insect repellent if going outdoors.

☐ My child has permission to apply sunscreen if going outdoors.

All products must be supplied by parents or guardians and labeled with the child's name.

_____ _____
Parent/ Guardian Signature Date

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AUTHORIZATION FORMS (continued)
School Age/ Day Camp

TRANSPORTATION AUTHORIZATION

My child _____ , has my permission to be transported in the YMCA of Greater Grand Rapids' bus or contracted transportation service to and from any field trips scheduled. I understand that a notice will be sent home in advance of any field trip. If the YMCA is providing transportation, record of each child riding in the bus will be on site. All busses are checked annually by the Michigan State Police, and carry a first aid kit for emergencies.

Child first, last name

HEALTH AUTHORIZATION

Child's Name _____

This is to certify that the child above is in good health and may participate in scheduled YMCA activities except as stated in the restrictions above (if any). As the child's parent/guardian, I will assume full responsibility for the child's health while the child is enrolled at the YMCA Day Camp or School Age program site. This means that I will keep my child home when he/she become ill while in the program.

My child's immunizations are up to date and a copy is on file at my child's school.

_____ _____
Participant Name (please print) Signature (if minor, parent/ guardian signature)

_____ _____
Date Date

SWIM PROGRAM

Child's Name _____
The child listed above has my permission to participate in the YMCA Swimming Program.

_____
Parent/ Guardian Signature Date

Please list on lines below, any previous experience your child has had with water or swim programs.

_____

_____

_____

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PAYMENT OPTIONS AND TERMS
School Age/ Day Camp

Primary Account Holder's Name (please print): _____
First M.I. Last Date of Birth

Individual authorized to make account changes: _____
First M.I. Last

NAME OF CHILD: _____

☐ **Weekly EFT – Mondays only (bank charges may take up to 14 days)**

I hereby authorize the YMCA of Greater Grand Rapids to debit my account indicated above. I understand that the debit will be initiated on the due date shown below. This authority agreement is to remain in effect on a continuous basis, unless the parent wished to terminate child care services. The YMCA of Greater Grand Rapids will continue debiting my account on a week-to-week basis. **If I wish to discontinue my child care with the YMCA, I must notify the YMCA in writting 14 days before my next draft date.** Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of $25 applied by the YMCA. This is in addition to any fees or penalties I may incur by my bank or financial institution. I understand that this is my responsibility to notify the YMCA in writing should I change financial institutions, get a new credit card, and/or make changes to my account at any time.

_____ _____ _____
Parent/ Guardian Signature Date Staff Initials

Please read the following:

1. The YMCA of Greater Grand Rapids Child Care Financial Agreement is a continuous payment plan. I understand that this payment plan will remain in effect for as long as I have my child enrolled in the YMCA Child Care Program, or until the ACH/ credit card is cancelled or the authorization granted to the YMCA has been revoked.
2. Failure to keep your account current will result in suspension of **all YMCA services** until the balance is paid.
3. Full weekly tuition is due regardless of absence.
4. Your child care account will accrue a $1.00 late fee per minute after the program closes and your child is still with us.
5. There is a **$25.00** service charge for all returns. The YMCA has the option to request cash payment.
6. **In the case of a withdrawal from the program, written notice is required two weeks (14 days) prior.**
7. The YMCA can discontinue child care services at any time without prior notice.
8. In the event that a balance is due, the YMCA has the right to charge the bank account or credit card that is on file.

PAYMENT TERMS

Begins on _____ / _____ / _____

$ _____ Weekly Tuition

$ _____ **Total Weekly EFT**

My child care tuition will be granted as continuous until the time that I decide to terminate. I agree if for any reason I wish to change the status of my tuition, I must give the YMCA written notice 14 days in advance of my EFT date. I understand that the YMCA reserves the right to adjust tuition rates as necessary, which I agree to pay upon at least 14 days advance written notice. I also understand that the YMCA will take necessary steps to collect the tuition fees if necessary, including potentially sending my account to collection.

☐ **Credit/Debit Card** ☐ **Checking** ☐ **Savings** ☐ **Voided Check**

Name on card _____ Name on Account _____

Credit Card Type _____ Exp. _____ CID # _____ Bank _____

Credit Card # | | | | | | | | | | | | | | | | Transit / Route # _____

Account # | | | | | | | | | | | |