



YMCA of Southwest Florida  
22-23 YDASH Before & After School Enrichment  
Program Registration

**Program Registration (check applicable box):**

- Braden River       Buffalo Creek       Haile       Johnson       King
- Lee       Mona Jain       Nolan       Palmview       Sugg

**Child Information:**

Child's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Care Givers:**

Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Household Information:**

Please complete the following information. All Information is kept confidential and will not be used individually but grouped for fundraising and grant writing. We do not sell or share our mailing list.

**Household Income** (Please use GROSS income, before taxes):

under \$31,893     \$31,894-\$40,181     \$40,182-\$48,469

\$48,470-\$56,757     \$56,758-\$65,045     \$65,046-\$73,333     \$73,334-\$81,621     over \$81,622

**Household Size:** \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Person or agency having legal custody: \_\_\_\_\_ Child lives with: \_\_\_\_\_

**Emergency Contacts (Must list two (2) Non-Parent Emergency Contacts):**

Child will be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

- **DO NOT** put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick up your child unless otherwise noted.
- All persons authorized to pick-up children should be prepared to show identification (photo i.d.) at the time of sign-out for the child to be released to them; and must be at least 18 years old

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional Information:

My child's picture may be taken while participating in YMCA events/activities with the knowledge that the photo may be used in media publications:  yes  no

My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities, special events, and related field trips.  yes  no If no, please

Explain \_\_\_\_\_

I have received a copy of the parent handbook:  yes  no

Does your child have any allergies/special dietary needs?  yes  no Please list \_\_\_\_\_

Does your child have any physical disabilities or are there activities in which he/she should not participate?  yes  no

Please

list \_\_\_\_\_

Does your child have any emotional/physical problems that our staff should be aware of to better serve your child?

yes  no Please list

I understand the YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry **medical insurance** for my child. I authorize the use of available medical services and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of the facility to contact the following medical personnel or obtain emergency medical care if warranted.

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:** In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

- Section 402.3125 (5), FS, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CFR/PI 175-24).
- Section 65C-22.006(3)(c)2,FAC, requires that parents are notified in writing of the disciplinary practices used by the child care facility for review by the parents.
- I have received, read, and understand the parent handbook regarding the philosophy, goals, and policies including the discipline policies of the YMCA Summer Programs in which my child is enrolled.
- I understand that the YMCA reserves the right to end child care services at any time, for any reason.

Your signature below indicates that you have received and agree to the above items and that information on this enrollment form is complete and accurate.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Security password \_\_\_\_\_

This password may be asked to verify authorized persons calling the YMCA with questions or instructions regarding your child.



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Tuition Payment Authorization

Child's Name: \_\_\_\_\_ Person Financially Responsible: \_\_\_\_\_
Relation to Child: \_\_\_\_\_

Payment Options (Select one and complete payment authorization below):

- OPTION 1 Monthly EFT draft (payment is drafted automatically, monthly on the first of the month for the following month)
OPTION 2 Monthly Manual Payment (payment is due monthly on the first of the month for the following month)
Please check this box if you would like the non-refundable Registration Fee charged to the account

METHOD OF PAYMENT

CREDIT CARD AUTHORIZATION - Payment will be charged to the credit card provided weekly on Friday or monthly on the 26th of each month. I authorize the YMCA to charge my credit card for childcare payments. I understand that I must provide written notice of cancellation. If at any time there is to be a change, deletion, or cancellation of my child's childcare enrollment, it is to be submitted in writing to the YMCA branch where childcare was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Name on Card: \_\_\_\_\_ MasterCard VISA Discover Amex Credit

Last 4 digits of Card #: \_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

BANK DRAFT AUTHORIZATION - Account will be drafted monthly on the first of the month. Voided check must be attached.

I authorize the YMCA to charge my credit card for childcare payments. I understand that I must provide written notice of cancellation. If at any time there is to be a change, deletion, or cancellation of my child's childcare enrollment, it is to be submitted in writing to the YMCA branch where childcare was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Name of Bank \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Cancellations & Refunds

All cancellation requests must be made in writing at least 14 days prior to the billing date for the week of the effective date of cancellation. For example, for a cancellation taking effect on a Wednesday on a weekly billing schedule, cancellation request must be submitted 14 days prior to the FRIDAY BEFORE that final Wednesday.

Cancellations must be submitted in writing and emailed directly to your program's director. In addition, you must verbally inform your Site Supervisor or Assistant. Failure to cancel in writing within the appropriate timeframe will result in no credits/refunds being issued. The Registration Fee is non-refundable and non-transferable.

- A full refund or credit amount (registration fee) of any prepaid fees will be issued if a written cancellation is received within the timeframe indicated.
If a written cancellation is received with less than the notice requested above, no refunds or credits will be issued.

MAKE A DONATION

Together we can make a difference! When you give a gift to the Y, you are investing in community to ensure that every child, adult, and family has access to quality childcare, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial situation. We cannot do this important work alone. You have the power to help us bring meaningful, lasting change to our communities.

YES! I want to help by donating \$\_\_\_\_\_ as a one-time payment.

By initialing below, I give The YMCA of Southwest Florida permission to charge my account for the amount checked above.

Print Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

We all need each other. When our communities are strong, our impact is greater, and the future is brighter for ALL.