

# The Richmond Family YMCA

## Y-Care Fall/Winter/Spring Break

### Registration Form

Y Member

Non Member

E-mail: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Home Phone \_\_\_\_\_

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

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Grade (entering) \_\_\_\_ School \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_

                  Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_

The following individuals MAY pick up my child or be contacted in case of an emergency (Please fill in completely) Children will be released ONLY to those names listed. YOU MUST LIST PEOPLE WHO WILL BE AVAILABLE VIA PHONE. They should be prepared to show ID when picking up the child. Additions MUST BE MADE IN WRITING to the Director.

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

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

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

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent/Guardian Signature** **Date**

### Child Care Rates

**\_\_\_\_\_ Flat Rate for the week**

\$80 - Non Member \$70 - Y Members

\*Sibling Discounts available\*

\*Scholarships in effect and valid will be honored\*

By signing your child up for care, you are agreeing to pay for care, regardless of attendance. This is to protect us as a Y, and cover operational costs

\*An Electronic Funds Transfer Form (EFT) **MUST** be filled out in order to attend the program. You will be invoiced on Friday's for you to review, and then charged on Monday, unless a holiday, then it will be done the next business day.

### Allergies & Restrictions

Medication Allergies

\_\_\_\_\_

\_\_\_\_\_

Food Allergies

\_\_\_\_\_

\_\_\_\_\_

Restrictions (Details & Process)

\_\_\_\_\_

\_\_\_\_\_