



## YMCA Summer Y-Care Kids 2023

Welcome to the YMCA Summer Y-Care program for elementary aged children. We are excited for your child to join us this year. Please complete the attached packet (all forms must be filled out and signed by the legal guardian.) Immunization forms must be completed one time a year. The doctor can either sign this paper, or you can obtain a copy of immunizations from the doctor and turn in with form.

There is a non-refundable registration fee of \$20 that must be paid at enrollment.

We provide lunch (typically 11:30-12:00), and an afternoon snack, but children may pack a breakfast/lunch meal if you choose.

Once all forms are complete/uploaded and fees are paid your child is ready to start!

Summer Care runs from Wednesday, June 5, 2023 – Friday, July 28, 2023.

Hours of operation are 8:00am – 5:30pm.

\*This institution is an equal opportunity provider\*

\*\*\*\*\* For Staff Use \*\*\*\*\*

- Application form – complete and signed
- Y-Care Permission Form – completed online
- Discipline Form- completed online
- Medical forms – completed online
- Immunization records uploaded
- Registration fee paid

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ School \_\_\_\_\_

Parents(s) or Guardian(s) with whom child lives: \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

The following individuals may pick up my child or be contacted in case of an emergency. (Please make sure all spaces are filled in.) Children will be released only to those names listed **YOU MUST LIST PERSONS WHO WILL BE AVAILABLE TO BE REACHED BY PHONE.** They should be prepared to show picture ID when picking up your child.

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

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

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

The following individuals may **NOT** pick up my child.

Name \_\_\_\_\_ Name \_\_\_\_\_



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Please indicate which session your child will be attending by checking the appropriate lines below**

**Registration**

\$20.00 child / \$30.00 per Family

Full Time: 4+ Days

\_\_\_ Member- \$75.00

\_\_\_ Non-Member- \$80.00

Part Time: 1-3 Days

\_\_\_ Member- \$65.00

\_\_\_ Non-Member- \$70.00

**Weeks Attending**

June 5-9 \_\_\_\_\_

June 12-16 \_\_\_\_\_

June 19-23 \_\_\_\_\_

June 26-30 \_\_\_\_\_

July 3-7 \_\_\_\_\_

July 10-14 \_\_\_\_\_

July 17-21 \_\_\_\_\_

July 24-28 \_\_\_\_\_



# RICHMOND FAMILY YMCA YCARE APPLICATION FOR ELECTRONIC FUNDS TRANSFER

## What is the YMCA - YCARE electronic transfer plan?

The program provides a way to budget your annual YMCA - YCARE fees on a weekly basis. With your authorization, the YCARE fees are deducted weekly from an account of your choosing.

## What are the benefits of such a program?

**Convenience:** You save time and costs. With our automatic electronic transfer, there are no checks to write, or cash to remember every week.

**Continuous Care Use:** Your childcare will not be interrupted unless you decide to discontinue your participation.

**No additional fees:** There is no extra charge for using the YMCA's electronic fund transfer payment plan and you will never be charged a late fee.

## Authorization Agreement (Please Print)

I hereby authorize the Richmond Family YMCA to initiate electronic fund entries to my:

- Checking**
- Savings**
- Credit Card (Visa, Mastercard)**
- Debit Card (Visa, Mastercard)**
- Other:** \_\_\_\_\_

as indicated, and I authorize the financial institution named below to debit my account.

### Checking/Savings Information

**Financial Institution:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_  
**Routing Number:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Name on Account:** \_\_\_\_\_

### Credit/Debit Card Information

**Type of Card:** \_\_\_\_\_  
**Card Number:** \_\_\_\_\_  
**Expiration:** \_\_\_\_\_  
**Name on Card:** \_\_\_\_\_

This authorization remains in effect until the Richmond Family YMCA has received a minimum of 14 days notification of my desire to discontinue my care or make other payment arrangements.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Terms & Conditions

1. I understand that debits will be initiated for posting on Monday of each week, or on the subsequent business day if a holiday occurs.

**Initial:** \_\_\_\_

2. I understand that if I wish to terminate my YCARE or change my care payment, I must give a YMCA a minimum 14-day notice.

**Initial:** \_\_\_\_

3. Should any YCARE fee deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$15 applied by the YMCA. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.

**Initial:** \_\_\_\_

### For Office Use Only

**YCARE Student Name:**

\_\_\_\_\_

**Beginning Draft Date:**

\_\_\_\_\_