

The Richmond Family YMCA Summer Care 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

\$65 - Non Members \$55 - 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)



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:
