



We build strong kids,  
strong families,  
strong communities.



## San Luis Obispo County YMCA



# 2009-2010

# Before School Care

## Enrollment Packet

# Fairgrove Elementary

2101 The Pike, Grover Beach, CA 93433

# 2009-2010 Fairgrove Before School & Bright Futures Registration

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Sex: M F Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

### Parent / Gaurdian Information

**Primary Guardian Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
 Relation to child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Secondary Guardian Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
 Relation to child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Enrollment Fee Information

#### CCRC (Formerly EOC) Clients

Please check here if you are an CCRC Client

Registration Fee	Fee	Due Today
2009-2010 Registration Fee ( per child )	<b>\$25.00</b>	

#### 12 Month YMCA Program Membership

The San Luis Obispo County YMCA requires each participant to be a YMCA member. YMCA members may enroll in other YMCA programs such as Youth Sports, Camps, Y-Guides & Princesses, etc. Please refer to our website, [www.sloymca.org](http://www.sloymca.org) to view all our programs. The Program membership is valid for 12 months from your registration date.

Individual (1 child) ---> Family (2+ children) --->  Already YMCA Member (Membership ID# _____)	<b>\$20.00</b>	
	<b>\$35.00</b>	
	<b>\$0.00</b>	\$0.00

#### Monthly Electronic Funds Transfer (EFT)

**Please select either:** Credit Card Draft  Bank Draft   
 All payments must be made via automated Electronic Funds Transfer EFT system. Please select either the 20th or 28th for account deduction (check one)

<b>Please attach a voided check or a copy of your credit card to the EFT form in the Registration I</b>	<b>20th</b>	
<b>Please initial:</b> <input type="checkbox"/> <i>I have completed the EFT Registration Form</i>	<b>28th</b>	

#### Monthly YMCA Childcare Plans

August, November, December, January, April, and June will be prorated due to shortened months.

#### Before School - (7:00 am-start of school)

Circle	Circle	Monthly
<b>Plan A</b> 5 days per week Before School	All	<b>A</b> \$55.00
<b>Plan B</b> 4 days per week Before School	M T W Th F	<b>B</b> \$45.00
<b>Plan C</b> 3 days per week Before School	M T W Th F	<b>C</b> \$35.00
<b>Plan D</b> 2 days per week Before School	M T W Th F	<b>D</b> \$25.00
<b>Plan E</b> 1 day per week Before School	M T W Th F	<b>E</b> \$15.00

#### Total Amount Due Today

**Total Fees (First month's tuition, YMCA membership fee & registration fee)** \_\_\_\_\_

#### Office Use Only:

Child's start date: \_\_\_\_\_ Reg form copy made by (staff initials): \_\_\_\_\_

Site Director's Signature \_\_\_\_\_ Date Reg. Packet Received \_\_\_\_\_

# San Luis Obispo County YMCA - 2009-10 Child Care Parent Understanding of YMCA Policies

Please read and initial the following YMCA policies then sign and date below:

Parents will be given a 30-day written notice prior to any change in policy or fee schedule.

All payments must be made via our automated Electronic Funds Transfer (EFT) system.  
Please refer to the EFT Agreement for more information. The YMCA only accepts pre-printed checks.

Payments are due prior to the 1st of each month. If payment is not received by the 1st, you will be issued a Pink Slip, stating that the day issued is the last day your child is eligible to attend YMCA programs until your account is current. A \$15 late fee will also be added to your account.

Uncollected account balances more than 60 days past due may be turned over to a collection agency.

All payments are non-refundable and non-transferable.

The YMCA requires a written two week change or cancellation notice. You will be charged, per your enrollment for those two weeks. There will be a \$30.00 processing fee added for any enrollment changes or cancellations. We have included a Change of Enrollment/Cancellation form in this packet for your convenience.

The YMCA reserves the right to terminate childcare services if behavior issues become uncontrollable or problematic, or if our enrollment falls lower than 10 total students per day.

Past Due account payments can be made at the After School YMCA site or the SLO County YMCA with a personal check, money order, credit card or cashiers check. Cash is ONLY accepted at the SLO County YMCA (1020 Southwood Drive, SLO).

Failure to comply with these policies will result in program ineligibility.

I understand that if my payment is returned from the bank unpaid, I will be charged a \$30 fee and my child will not be able to participate in any YMCA Programs until my account has a zero balance.

Mimum School Days are included in the tuition if your child(ren) is previously enrolled for that specific day of the week. If they are not enrolled, you may choose to enroll for that day with an additional charge.

All children must be picked up by 6:00 pm. If you are late, you will be charged \$1.00 per minute until you arrive. Late payment is due immediately upon arrival.

## CCRC (formerly EOC) Clients

If you are an CCRC client, you are held responsible for all payments not made by CCRC. You are responsible for the completion of all absence verification forms on the reverse side of your monthly contract. If absent three (3) or more consecutive days, a doctor's note must be provided. It is your responsibility to completely fill out Attendance Records (AR) with the exact times in/out, and full signatures.

I understand that the CCRC is a Third Party Subsidy Agency. 100% payment by CCRC for childcare services rendered is not guaranteed. Any amount not covered by the CCRC will then be my responsibility.

Print Parent/Guardian Name

Date

Child's Name

Child's School



SAN LUIS OBISPO COUNTY YMCA



# ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT & AUTHORIZATION

**PLEASE READ CAREFULLY:**

In order to initiate your automatic EFT Payments for YMCA Childcare services, we need the following:

- First month tuition payment and any applicable enrollment or membership fees
- Signed EFT Authorization & Agreement (this form signed)
- A pre-printed voided check or credit card number and expiration date

**MONTHLY PAYMENTS**

Monthly tuition fees will be automatically debited on the 20<sup>th</sup>  or 28<sup>th</sup>  of each month. If your selected EFT date falls on a weekend or holiday, your fees will be transferred on the first subsequent business day. It is your responsibility to check your monthly bank statement to ensure that the proper transaction has taken place. In case of an error, we must be notified immediately. The YMCA will not be responsible for errors over 90 days.

**CHANGES IN ACCOUNTS**

In the event you change your bank, branch or account, you must notify us immediately. We will need:

- One-month fees paid to keep your account current
- A new signed EFT Authorization & Agreement Form
- A pre-printed voided check from your new account or credit card number and expiration date

**DRAFTS THAT ARE RETURNED TO US UNPAID (NSF)**

If our attempt to draft your account for your fees is unsuccessful, our system will automatically continue to attempt to collect fees for 7 days. If no payment is collected a \$30 service charge will be added to your account and you will be sent an invoice/statement of account in the mail. If your account balances are not paid within 15 days of the date of returned payment, your child(ren) will be ineligible to participate in any YMCA programs. Continued non-payment of your account balance (30+ days past due) will result in a re-evaluation of your EFT Agreement and may result in termination of YMCA services.

**CANCELLATIONS**

You may cancel this automatic draft to your account by submitting a Cancellation Form to the Program Enrollment Team. We must receive Cancellation Forms two weeks prior to your scheduled draft date in order to cancel the debit to your account. This cancellation must be made with the Program Enrollment Team **ONLY!** It is solely the responsibility of the parent/legal guardian to validate monthly bank statements to ensure drafts have been discontinued. The YMCA will not refund monthly fees beyond the effective date of cancellation.

**ADDITIONAL EFT INFORMATION**

Your fees will be deducted from your account automatically. Your account will be charged whether your child has attended the YMCA or not. The YMCA is not responsible for errors over 90 days old. You must notify the Program Enrollment Team immediately if any of your contact information, including your phone numbers, home address or work address has changed.

**THE SAN LUIS OBISPO COUNTY YMCA WILL NOT GIVE REFUNDS FOR SCHEDULED DEBITS THAT TAKE PLACE.**

I have read and understand the Electronic Funds Authorization & Agreement and agree to the policies contained herein.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Today's Date

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

\_\_\_\_\_  
YMCA ID#

\_\_\_\_\_  
1<sup>st</sup> Draft Date

**Credit Card Draft Only:** \_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
CC Expiration Date

**\*\*\*Credit Cards Accepted: VISA, MasterCard, American Express\*\*\***



SAN LUIS OBISPO COUNTY YMCA



# 2009-2010 EMERGENCY CONTACT INFORMATION

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex M F School \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_ Email Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Business Phone# \_\_\_\_\_

Second Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_ Email Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Business Phone# \_\_\_\_\_

Responsible for payment: Mother Father Both Other (specify) \_\_\_\_\_

### EMERGENCY CONTACTS AND PEOPLE AUTHORIZED TO PICK UP YOUR CHILD

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

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

Do you carry family medical/hospital insurance?  Yes  No Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

Has your child had the necessary vaccinations required by school?  Yes  No

Has your child had any of the following? If so, please explain. (if more space is needed please attach a separate page).

Operations or serious injuries? \_\_\_\_\_

Chronic or recurring illness? \_\_\_\_\_

Allergies or dietary restrictions? \_\_\_\_\_

Is your child taking medications?  Yes  No Will your child need medication administered during the camp day?  Yes  No

If you answered yes, please see your site staff for the Authorization to administer medication form.

List medication(s) and dosage. \_\_\_\_\_

Provide a brief description of your child's condition(s). \_\_\_\_\_

Status of child's vision, hearing, and speech? \_\_\_\_\_

Any specific activities to avoid?  Yes  No If so, what and why \_\_\_\_\_

Are there any behaviors/concerns that YMCA staff should be aware of? \_\_\_\_\_

Does your child have a communicable disease or condition, which may prove to be a risk to others?  Yes  No

If yes, please comment \_\_\_\_\_

Other significant information about your child that would be helpful to know? \_\_\_\_\_

### Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program, I give my permission for YMCA staff members to administer necessary medical treatment. YMCA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred \_\_\_\_\_ City \_\_\_\_\_

I hereby give consent to the San Luis Obispo County YMCA and its designated leaders to transport my child (named above) by means of walking, public transportation, private bus companies, and YMCA vehicles on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child. Parents will be notified in advance of off-site field trips/special events. I give permission for YMCA staff to apply  sunscreen  bug repellent (please check boxes) as needed for my child.

Signature of Parent or Guardian \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



SAN LUIS OBISPO COUNTY YMCA



# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of 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 sports activity or off-site program affiliated with the YMCA, 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 facilities or equipment thereon and such affiliated program 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, 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 or her 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 in whole or in part 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.

2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and cost of suit 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, sport, or activity affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California 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.

For valuable consideration, I hereby give the San Luis Obispo County YMCA its successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child; (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name herewith.

I hereby release and discharge the San Luis Obispo County YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, motion pictures and the negatives thereof, and recordings, shall constitute your (YMCA) sole property, with full right of disposition whatsoever. I have read this release and agree to these terms.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

**FOR PARTICIPANTS OF MINORITY AGE** (under age 18 at the time of registration):  
THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND HOLD HARMLESS. THE UNDERSIGNED FURTHER AGREES TO THE RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Minor's Name

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



SAN LUIS OBISPO COUNTY YMCA



# 2009-2010 Fairgrove Before School & Bright Futures

## HEALTH HISTORY

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

Health History -- Check, giving approximate dates

Diseases	No	Yes	Date	Diseases	No	Yes	Date	Allergies	No	Yes	Date	Immunizations	No	Yes	Date
Ear Infection	___	___	___	Mononucleosis	___	___	___	Hay Fever	___	___	___	MMR (Measles	___	___	___
Rheumatic Fever	___	___	___	Chicken Pox	___	___	___	Poison Ivy	___	___	___	Mumps, Rubella)	___	___	___
Heart Defects/ Diseases	___	___	___	Measles	___	___	___	Insect Sting	___	___	___	DT(a)P Series	___	___	___
Convulsions	___	___	___	German Measles	___	___	___	Penicillin	___	___	___	Polio OPV (Sabin)	___	___	___
Diabetes	___	___	___	Mumps	___	___	___	Other Drugs	___	___	___	Tetanus	___	___	___
Hypertension	___	___	___	Asthma	___	___	___					Others (list)	___	___	___
Sleepwalking	___	___	___	Bleeding & Clotting Disorder	___	___	___					_____	___	___	___
Bedwetting	___	___	___									_____	___	___	___
												_____	___	___	___

Operations or serious injuries (please provide dates) \_\_\_\_\_

Disability or illness \_\_\_\_\_

Any food dislikes or dietary modifications \_\_\_\_\_

Any other considerations: \_\_\_\_\_

FOR FEMALE: Has she menstruated? Yes No If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No Special considerations: \_\_\_\_\_

It is our policy not to administer any substances other than standard "over-the-counter" medications and/or prescription drugs if supplied by parents. We will not issue any product that is not in its original container and clearly marked by the manufacturer or pharmacy.

Parent/Guardian Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**SAN LUIS OBISPO COUNTY YMCA  
PHOTO AND VIDEO/AUDIO RECORDING RELEASE**



I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the San Luis Obispo County YMCA, I hereby give my permission and consent, now and for all time, to the San Luis Obispo County YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with San Luis Obispo County YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, I authorize, according to this Release, shall belong to the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA;
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA; and
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA as described herein.

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

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

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

**Signature of Mother/Father/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



SAN LUIS OBISPO COUNTY YMCA



# 2009-2010 Fairgrove Before School & Bright Futures

## Permission for Walking Trips, Travel Excursions, and Use of Public Park Facilities

I hereby give consent to the San Luis Obispo County YMCA and its designated leaders to take my child, \_\_\_\_\_, on walking trips, trips utilizing public transportation, YMCA Vans for special excursions to places of interest, with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child. This authorization is valid for the 2009-2010 school year.

\_\_\_\_\_  
**Child's Name** *(Please print)*

\_\_\_\_\_  
**School/Site**

\_\_\_\_\_  
**Child's Age**

\_\_\_\_\_  
**Parent/Guardian Name** *(Please print)*

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

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

### Special Needs

The San Luis Obispo County YMCA strives to meet each child's needs in fun, challenging and positive group settings. In order to meet your child's individual needs in the most effective manner possible, please inform your site director of any condition, situation or special needs your child may have. With this information, our directors will be better prepared for any situation that may arise. This will assist us in assuring that every child's experience is a positive one.

Although we maintain a low student/teacher ratio, we are not able to provide children with one-on-one supervision. If your child should require direct supervision, we will contact you and work with you to find a solution. We will work with families and other agencies to find other resources, so that all children have a positive experience. However, our program may not be suitable for all children.

*Parents Helping Parents*  
*Family Services*  
*EOC*  
*Hotline*

*543-7969*  
*549-8148*  
*541-2272*  
*549-8989*

# Fairgrove

## YMCA 2009-2010 Enrollment Cancellation/Change Form

Current Site \_\_\_\_\_ New Site \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Primary Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

Effective Date of Enrollment Changes \_\_\_\_\_

Parent Signature \_\_\_\_\_

The San Luis Obispo County YMCA must receive cancellations/changes 14 days before your enrollment change date in order to adjust your EFT amount. If we receive your Cancellation/Change Form 14 days prior to effective change date, you will not be charged the Cancellation/Change Fee. If you make a change in the middle of the month, we pro-rate the tuition for you.

Please check here if you would like to cancel your child's enrollment.		
	Fee	Due Today
<b>2009-2010 Cancellation/Change Administrative Fee</b>	\$30.00	

### Monthly YMCA Childcare Plans

- Please fill in the current plan that your child is enrolled in that you are changing from: Plan \_\_\_\_\_
- Please circle the new plan that you would like to enroll your child in.  
(These are your tuition fees for each month from September through June.)

Before School Adventures		Circle	Circle		
Plan A	5 days per week Before School	All	A	\$55.00	
Plan B	4 days per week Before School	M T W Th F	B	\$45.00	
Plan C	3 days per week Before School	M T W Th F	C	\$35.00	
Plan D	2 days per week Before School	M T W Th F	D	\$25.00	
Plan E	1 day per week Before School	M T W Th F	E	\$15.00	

<b>Total Amount Due Today</b>	
Total Fees (+ Change of Enrollment Fee)	

**Office Use Only:**

Child's start date: \_\_\_\_\_ Reg form copy made by (staff initials): \_\_\_\_\_

Site Director's Signature \_\_\_\_\_ Date Change/Cancellation Form Received \_\_\_\_\_