



We build strong kids,
strong families,
strong communities.



San Luis Obispo County YMCA



2009-2010

Kinder Care, Before & After School Programs

Registration Packet

Shell Beach Club Y

2100 Shell Beach Road, Pismo Beach, CA 93449

2009-2010 Shell Beach Club Y 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)	\$25.00	

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.sloyymca.org to view all our programs. The Program membership is valid for 12 months from your registration date.

Individual (1 child) --->	\$20.00	
Family (2+ children) --->	\$35.00	
Already YMCA Member (Membership ID# _____)	\$0.00	\$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)
Please attach a voided check or a copy of your credit card to the EFT form in the Registration Packet 20th _____
 Please initial: I have completed the EFT Registration Form 28th _____

Monthly YMCA Childcare Plans

November, December, January, April and June will be prorated due to shortened months. Fees include All-Day Care dates listed on the attached calendar.

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

Circle	Circle	Monthly
Plan A 5 days per week Before School	All	A \$130.00
Plan B 4 days per week Before School	M T W Th F	B \$105.00
Plan C 3 days per week Before School	M T W Th F	C \$90.00
Plan D 2 days per week Before School	M T W Th F	D \$70.00

PM Kinder Club - (2:00-3:00 pm)

Circle	Circle	Monthly
Plan E 5 days per week Kinder Care	All	E \$100.00
Plan F 4 days per week Kinder Care	M T W Th F	F \$90.00
Plan G 3 days per week Kinder Care	M T W Th F	G \$80.00
Plan H 2 days per week Kinder Care	M T W Th F	H \$70.00

Kinder Club - Full Day (2:00-6:00 pm)

Circle	Circle	Monthly
Plan I 5 days per week Full Day Care	All	I \$260.00
Plan J 4 days per week Full Day Care	M T W Th F	J \$230.00
Plan K 3 days per week Full Day Care	M T W Th F	K \$200.00
Plan L 2 days per week Full Day Care	M T W Th F	L \$170.00

Club Y - (After School-6:00 pm)

Circle	Circle	Monthly
Plan M 5 days per week After School	All	M \$290.00
Plan N 4 days per week After School	M T W Th F	N \$265.00
Plan O 3 days per week After School	M T W Th F	O \$230.00
Plan P 2 days per week After School	M T W Th F	P \$175.00

Total Amount Due Today

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

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.

Mimumum 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 20th or 28th 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#

1st 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 Shell Beach Club Y

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 Shell Beach Club Y

**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

*****Please detach and keep for your reference*****



SAN LUIS OBISPO COUNTY YMCA



2009-2010 CLUB Y CALENDAR

August 20	First day of school Lucia Mar (Y Open)	January 18	Martin L. King, Jr. Day—Lucia Mar, SLO Coastal, Paso Robles (Y Open)
August 24	First day of school Paso Robles (Y Open)	January 29	SLO Coastal (Y Open)
August 27	First day of school SLO Coastal (Y Open)	February 8	SLO Coastal (Y Open)
September 7	Labor Day (Y Closed)	February 12	Lucia Mar (Y Open)
October 30	SLO Coastal (Y Open)	February 15	All schools (Y Closed)
November 11	Lucia Mar, SLO Coastal, Paso Robles (Y Open)	March 29-April 9	Spring Break Camp--Paso Robles & SLO Coastal <i>Requires separate registration</i>
November 23-27	Thanksgiving Recess Lucia Mar (Y Closed 26 & 27)	April 5-9	Spring Break Camp--Lucia Mar <i>Requires separate registration</i>
November 23, 24, 25	Thanksgiving Break Camp— Lucia Mar <i>Requires separate registration</i>	May 31	Memorial Day—All schools (Y Closed)
November 25, 26, 27	Thanksgiving Recess SLO Coastal & Paso Robles (Y Closed)	June 11	Last day of school Lucia Mar (Y Closed)
December 21- January 8	Winter Recess Lucia Mar (Y Closed Dec. 24, 25, 31, Jan. 1)	June 11	Last day of school Paso Robles—min day (Y Closed)
December 21, 22, 23, 28, 29, 30, January 4-8	Winter Break Camp—Lucia Mar <i>Requires separate registration</i>	June 17	Last day of school SLO Coastal (Y Open)
December 21- January 1	Winter Recess Paso Robles & SLO Coastal (Y Closed Dec. 24, 25, 31, Jan. 1)		
December 21, 22, 23, 28, 29, 30	Winter Break Camp—Paso Robles & SLO Coastal <i>Requires separate registration</i>		

Shell Beach CLUB Y

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	
2009-2010 Cancellation/Change Administrative Fee		\$30.00	

Monthly YMCA Childcare Plans

1. Please fill in the current plan that your child is enrolled in that you are changing from: Plan _____

2. 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			
<u>Circle</u>		<u>Circle</u>	
Plan A	5 days per week Before School	All	A \$130.00
Plan B	4 days per week Before School	M T W Th F	B \$105.00
Plan C	3 days per week Before School	M T W Th F	C \$90.00
Plan D	2 days per week Before School	M T W Th F	D \$70.00

PM Kinder Club - (2:00-3:00 pm)			
<u>Circle</u>		<u>Circle</u>	
Plan E	5 days per week Kinder Care	All	E \$100.00
Plan F	4 days per week Kinder Care	M T W Th F	F \$90.00
Plan G	3 days per week Kinder Care	M T W Th F	G \$80.00
Plan H	2 days per week Kinder Care	M T W Th F	H \$70.00

Kinder Club - Full Day (2:00-6:00 pm)			
<u>Circle</u>		<u>Circle</u>	
Plan I	5 days per week Full Day Care	All	I \$260.00
Plan J	4 days per week Full Day Care	M T W Th F	J \$230.00
Plan K	3 days per week Full Day Care	M T W Th F	K \$200.00
Plan L	2 days per week Full Day Care	M T W Th F	L \$170.00

After School Adventures			
<u>Circle</u>		<u>Circle</u>	
Plan M	5 days per week After School	All	M \$290.00
Plan N	4 days per week After School	M T W Th F	N \$265.00
Plan O	3 days per week After School	M T W Th F	O \$230.00
Plan P	2 days per week After School	M T W Th F	P \$175.00

Total Amount Due Today			
		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 _____