

**San Luis Obispo County YMCA – Paso Robles Preschool 2017–2018, 600 Nickerson, Paso Robles**

**1<sup>st</sup> CHILD INFORMATION**

Child's Name (Last, First)		Date of Birth	Resides With
Grade Entering	Age	Sex	School Attending
Allergies		Medications (Circle: At home / In Program) Please list:	
Behavioral Issues		Medical Problems / Conditions	
I authorize my child to participate in the following activities while enrolled in YMCA Programs (please check the boxes): <input type="checkbox"/> Travel on YMCA arranged transportation <input type="checkbox"/> Swimming/Water Activities <input type="checkbox"/> Participate in photos or videos for YMCA publications <input type="checkbox"/> View a PG rated film			

**2<sup>nd</sup> CHILD INFORMATION**

Child's Name (Last, First)		Date of Birth	Resides With
Grade Entering	Age	Sex	School Attending
Allergies		Medications (Circle: At home / In Program) Please list:	
Behavioral Issues		Medical Problems / Conditions	
I authorize my child to participate in the following activities while enrolled in YMCA Programs (please check the boxes): <input type="checkbox"/> Travel on YMCA arranged transportation <input type="checkbox"/> Swimming/Water Activities <input type="checkbox"/> Participate in photos or videos for YMCA publications <input type="checkbox"/> View a PG rated film			

**PARENT/GUARDIAN INFORMATION**

1 <sup>st</sup> Parent/Guardian Name (First & Last)		Date of Birth	Relationship to Child
Home Street Address, City, State, Zip			Driver License # and State
Best Contact Phone	Other Contact Phone	Email Address (Used for program updates, and account statements)	
Employer		Work Phone	

**2<sup>nd</sup> PARENT/GUARDIAN INFORMATION (If in the same household)**

2 <sup>nd</sup> Parent/Guardian Name (First & Last)		Date of Birth	Relationship to Child
Best Contact Phone	Other Contact Phone	Email Address (Used for program updates, and account statements)	
Employer		Work Phone	

**EMERGENCY CONTACT INFORMATION**

List additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are authorized to pick up your child(ren) from the program.

Name	Relationship to child(ren)	Best Contact Phone
Name	Relationship to child(ren)	Best Contact Phone

Parents and guardians and emergency contacts listed on enrollment forms are authorized to pick up your child. Individuals authorized to pick up your child(ren) from the program must be at least 18 years of age. **A license or other proof of identification must be shown at to pick-up.** If you wish to change any of these authorizations, you must do so in writing.

Parent/Guardian Signature:	Date:
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FOR STAFF USE: Entered in DAXKO by: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Mission is to develop the total person, spirit, mind and body, through values-based programs that build strong kids, strong families, strong communities.**

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<b>Registration Fee (per child)</b>	<b>Fee</b>	<b>Due Today</b>
	\$50.00 per child	\$
<b>12 Month YMCA Program Membership</b>		
The SLO County YMCA requires each participant to have an active membership. YMCA membership includes enrollment in other YMCA programs such as Sports, Camps, and family programs (please note: registration fees per program are separate from membership fees). Please refer to our website, <a href="http://www.sloymca.org">www.sloymca.org</a> to view all of our programs. If your membership expires before the program is up, it will automatically be renewed and the fees charged to the payment method on file.		
	Annual Program Membership	\$25.00 per family, per year
Already a YMCA Member (Membership must not expire before the end of your child’s enrollment)	\$0.00	\$

<b>CCRC Clients</b>	
<input type="checkbox"/>	Check here if you are a CCRC Client. Circle the fees below corresponding with your child’s attendance so we can enroll them accordingly.

Yearly fees are divided into 12 equal monthly payments (September–August). Preschool operates from September 1<sup>st</sup>, 2017 to August 31<sup>st</sup>, 2018.

1st Child’s Name: \_\_\_\_\_

	5 Days	4 Days	3 Days	2 Days	Circle the days you wish to attend	Due Monthly
Full-Day 7:00am-6:00pm	\$615	\$520	\$415	\$300	M T W T H F	\$

2nd Child’s Name: \_\_\_\_\_

	5 Days	4 Days	3 Days	2 Days	Circle the days you wish to attend	Due Monthly
Full-Day 7:00am-6:00pm	\$615	\$520	\$415	\$300	M T W T H F	\$

First Day of Enrollment: \_\_\_\_\_

Parent/Guardian Signature: _____	Date: _____
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Circle one:	<b>CONSENT AND AUTHORIZATION FOR TREATMENT:</b> I give my permission for YMCA staff members to administer necessary medical treatment, in the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program. Y staff may also admit my child to the nearest hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.	
Yes	No	
Hospital Preferred: _____		City: _____
_____	_____	_____
Signature of Parent/Guardian	Print Parent/Legal Guardian Name	Date

**CHILD BEHAVIOR**

Disciplinary problems may require a time-out period. Parents may be called to pick-up a child who does not behave. A Behavior Contract is the first formal step to help resolve repeated rule violations. The contract involves parents, child, and staff, and requires participation of all three parties. A sample contract is available at your child’s program location. A suspension may be necessary, at the Program Director’s discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely. Refunds will not be given for children removed for disciplinary reasons.

**PARENT/STAFF COMMUNICATION**

YMCA staff will make an effort to communicate with you regarding your child’s day as much as needed to ensure his/her positive YMCA experience. Exchange of information between parents and staff provides insight for both parties. The format may be formal or informal. It is vital that you inform us of changes happening in your family. To promote safety, comfort and the overall wellbeing of all, the YMCA asks all persons to demonstrate positive behavior while at the YMCA facilities.

**ADMINISTERING MEDICATIONS**

It is our policy not to administer any substances other than standard “over-the-counter” medications and/or prescription drugs, if supplied by parents, and only with signed Parent Consent for Administration of Medications” form. We will not issue any product that is not in its original container and clearly marked by the manufacturer or pharmacy.

**LARGE GROUP FORMAT**

I understand that, due to the large group format of our program, the San Luis Obispo County YMCA is unable to provide one-on-one care and makes no claim to do so for any child except on an intermittent basis, at the discretion of program staff. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to all children.

**PARENT HANDBOOK**

A copy of the Parent Handbook will be available on [www.sloymca.org](http://www.sloymca.org) before the first day of the child care program.

**DEPARTMENT OF SOCIAL SERVICES**

As we are licensed by the Department of Social Services, the Department claims the following:

The Department has the authority to interview children or staff without prior consent.

The licensee shall ensure that provisions are made for private interviews with any children or staff members

The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 101217(c) and 101221(d).

The licensee shall ensure that provisions are made for the examination of all records relating to the operation of the child care center.

The Department has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect or inappropriate placement.

_____	_____	_____
Signature of Parent/Guardian	Print Parent/Legal Guardian Name	Date

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**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.

I, THE UNDERSIGNED, HAVE 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.

I, the undersigned, acknowledge that the San Luis Obispo County YMCA sponsors the above-named activity and realize that NO MEDICAL INSURANCE IS PROVIDED.

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.  
(Please sign both areas below, one for self and one for minor)**

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

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

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

**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.**

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

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

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

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

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

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

Child’s 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: \_\_\_\_\_

Revised 2.2012



**PHYSICIAN'S REPORT—CHILD CARE CENTERS  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)  
\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_ : \_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

**IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)**

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

**SCREENING OF TB RISK FACTORS (listing on reverse side)**

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_ Communicable TB disease not present.

**PERSONAL RIGHTS**

**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licesning - Central Coast Regional Office

ADDRESS

6500 Hollister Avenue, Suite 200, MS 29-09

CITY

Goleta

ZIP CODE

93117

AREA CODE/TELEPHONE NUMBER

805 562-0400

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)





# San Luis Obispo County YMCA – Paso Robles Preschool 2017–2018, 600 Nickerson, Paso Robles

## PARENTAL/FINANCIAL AGREEMENT

The following information is important for your understanding of our Program Policies. If you are unclear on any of these policies, please ask the YMCA Program Enrollment Team at (805) 543-8235 so we can clarify any concerns that you might have.

- Any outstanding balances due to the San Luis Obispo County YMCA must be paid in full prior to program enrollment.
- I understand that there is a \$25 registration fee due per child that must be paid in order to attend the program.
- I understand each child must be a San Luis Obispo County YMCA Family or Program Member throughout their enrollment. Program Membership fees will be billed for all participants without an active membership.
- Any payment received after their designated due date will be charged a late fee of \$20 per occurrence.
- I understand the YMCA is not responsible for billing errors over 90 days old.
- I understand that balances over 90 days old may be turned over to a collections/credit reporting agency.
- I understand that my child/ren may not be allowed to attend if my account does not have a zero balance due.
- I understand there is a \$30 service charge for any check or automated payment that is denied, and my child will not be able to attend until my account has a zero balance.
- I understand that if my child is not picked up by the time their enrolled program ends, I will be billed \$1.00/minute for every minute after my child's registered program has ended.
- I understand that my child must be signed IN and OUT daily by an authorized adult listed on the front of this enrollment packet.
- I give permission for my child to attend and participate in all Y activities and field trips.
- I understand that no refunds will be given for bill segments that have already started or if my child is removed from the program for disciplinary reasons.
- I understand all program fees must be set up on automatic payments by entering payment information below.
- I understand the Y bills based on enrollment, and not on attendance. Program fees are broken up into 12 monthly installments.
- I understand the Y charges a \$20 processing fee for any change of enrollment. This fee is waived when additional days/times are added.
- This program runs over the course of the entire school year. The YMCA requires a written two week change or cancellation notice submitted to the Program Enrollment Team. You will be charged per your enrollment for those two weeks. A Change of Enrollment/Cancellation form is available on our website, [www.sloymca.org](http://www.sloymca.org), 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.

\_\_\_\_\_ (CCRC clients initial here) Regarding clients the Child Care Resource Connection (CCRC): I understand that if I have a CCRC contract to cover my child's Y tuition, I am responsible for signing my child's CCRC attendance record **daily** with the exact time **NO ROUNDING OFF**. This ensures payment of my child's tuition by CCRC. I must sign the absence verification excuse on the back of the CCRC attendance record form for any enrolled day my child does not attend. If CCRC does not cover any portion of the YMCA tuition, I am responsible for the remaining balance. If my CCRC sheet is not present at site to sign, it is my responsibility to contact the Program Enrollment Administration. If my child does not attend a day he/she is signed up for, I will be responsible for the fees associated with that day.

I have read, understand, and agree to the above mentioned policies.

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

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

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

\_\_\_\_\_  
Date

### Electronic Funds Transfer (EFT)

**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. You must notify the Program Enrollment Team immediately if any of your contact information or billing information has changed. Authorization for EFT is to remain in effect until the YMCA receives **written notification** of its **termination** from the undersigned party. I understand that it is my responsibility to notify the YMCA **14 days** prior to my billing date. It is also my responsibility to assure the YMCA has received my written notice. **If the YMCA does not receive this information within the 14 days, I will be accountable for all related charges and fees.**

**BILLING INFORMATION:** Name of Card/Account Holder: \_\_\_\_\_ Best contact phone number: \_\_\_\_\_

### CREDIT/DEBIT CARD:

Card #: \_\_\_\_\_ Exp. Date/ \_\_\_\_\_ Visa, MasterCard, American Express (Circle one)

Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above account on the first of the month and in the amount of: \$ \_\_\_\_\_.

X \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

### BANK DRAFT (A Voided Check **must** be attached to this form):

Full Name of Bank: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above account on the first of the month and in the amount of: \$ \_\_\_\_\_.

X \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

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