



Program Registration (Check applicable box):

- Non-Refundable Registration Fee
- Before School Care Only After School Care Only Before and After School Care
- Thanksgiving Break Camp Winter Break Camp 1 Winter Break Camp 2 Spring Break Camp

Child Information

Child's Name: _____
 Preferred Name: _____ iReady Number: _____
 School: _____ Grade: _____ Shirt Size: _____
 Date of Birth: _____ Age: _____ Gender: _____
 Ethnicity: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____

Household Information:

Please complete the following information. All information is kept confidential and will not be used individually but gr for fundraising and grant opportunities. We do not sell or share our mailing list.

Household Income: (Please use GROSS income, before taxes)
 Under \$31,893 \$31,894-\$40,181 \$40,182-\$48,469
 \$48,470-\$56,757 \$56,758-\$65,045 \$65,046-\$73,333
 \$73,334-\$81,621 Over \$81,622
 Household Size: _____

Primary Caregivers

Parent/Guardian 1 Name: _____ Date of Birth: _____ Employer: _____
 Email Address: _____ Home Address: _____
 City: _____ State: _____ Zip: _____ Home Phone Number: _____
 Cell Phone Number: _____ Work Phone Number: _____

Parent/Guardian 1 Name: _____ Date of Birth: _____ Employer: _____
 Email Address: _____ Home Address: _____
 City: _____ State: _____ Zip: _____ Home Phone Number: _____
 Cell Phone Number: _____ Work Phone Number: _____

Person or agency having legal custody: _____ Child lives with: _____



Emergency Contacts (Must list two (2) Non-Parent/Guardian Emergency Contacts)

Child will be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

- **DO NOT** put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick up your child unless otherwise noted.
- All persons authorized to pick-up children should be prepared to show identification (photo i.d.) at the time of sign-out for the child to be released to them; and must be at least 18 years old

Name: _____ Relationship to Child: _____ Age: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship to Child: _____ Age: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information

Can your child swim? Yes No If known, what is their swim level? _____

My child's picture may be taken while participating in YMCA events/activities with the knowledge that the photo may be used in media publications: Yes No

My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities, special events, and related field trips: Yes No If no, please explain: _____

I have received a copy of the parent handbook: Yes, please initial to confirm: _____

Does your child have any allergies/special dietary needs? Yes No Please list: _____

Does your child have any physical disabilities or are there activities in which they should not participate in?

Yes No Please list: _____

Does your child have any emotional/psychological/physical factors that our staff should be aware of to better serve your child?

Yes No Please list: _____

I understand the YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry medical insurance for my child. I authorize the use of available medical services and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of the facility to contact the following medical personnel or obtain emergency medical care if warranted.

Doctor's Name: _____ Phone Number: _____ Hospital Preference: _____

Dentist's Name: _____ Phone Number: _____



Release & Waiver of Liability and Indemnity Agreement:

In consideration for 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 program affiliated with the YMCA, without respect to location, 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 any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs 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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, 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 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 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**, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur 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 affiliated with the YMCA

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida 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.

- Section 402.3125 (5), FS, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CFR/PI 175-24)
- Section 65C-22.006(3)(c)2, FAC, requires that parents are notified in writing of the disciplinary practices used by the child care facility for review by the parents.
- I have received, read, and understand the parent handbook regarding the philosophy, goals, and policies including the discipline policies of the YMCA Summer Programs in which my child is enrolled.
- I understand that the YMCA reserves the right to end child care services at any time, for any reason.

Your signature below indicates that you have received and agree to the above items and that information on this enrollment form is complete and accurate.

Parent/Guardian Signature: _____ **Date:** _____



**YMCA of Southwest Florida
Tuition Payment Authorization**

Person Financially Responsible: _____ Child's Name: _____

Signature: _____

Payment (complete payment authorization below):

Weekly EFT or Credit Card Draft (payment is drafted automatically on each Friday for the following week's service)

Please check this box if you would like the non-refundable Registration Fee charged to the account

METHOD OF PAYMENT

_____(initial) ELECTRONIC FUNDS TRANSFER - Payment will be charged to the credit card provided weekly on Friday. I authorize the YMCA to charge my credit card for childcare payments. I understand that I must provide written notice of cancellation at least 14 days in advance.

Option 1:

Name on Card: _____ MasterCard VISA Discover

Card Number (last 4 digits): _____ Exp: _____

Option 2:

Name of Bank: _____

Last 4 digits of Account: _____ Checking Account Savings Account

Cancellations & Refunds

____ (initial) All cancellation requests must be made in writing at least 14 days prior to the billing date for the week of the effective date of cancellation. For example, for a cancellation taking effect on a Wednesday on a weekly billing schedule, cancellation request must be submitted 14 days prior to the FRIDAY BEFORE that final Wednesday.

____ (initial) Cancellations must be submitted in writing and emailed directly to your program director 14 days prior to the draft date. In addition, you must verbally inform your site supervisor or assistant. Failure to cancel in writing within the appropriate timeframe will result in no credits/refunds being issued. The registration fee is non-refundable and non-transferable.

____ (initial) Please Note: All payments returned as non-fundable, whether by electronic charge or check will be assessed up to a \$30.00 administrative fee per occurrence. Other charges may occur. It is the individual's responsibility to notify the YMCA of any changes to their billing information at least 15 days prior to the scheduled draft date, regardless of reason. Exceptions will not be made.

MAKE A DONATION

Together we can make a difference! When you give a gift to the Y, you are investing in community to ensure that every child, adult, and family has access to quality childcare, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial situation. We cannot do this important work alone. You have the power to help us bring meaningful, lasting change to our communities.

YES! I want to help by donating \$ _____ as a one-time payment.

By initialing below, I give The YMCA of Southwest Florida permission to charge my account for the amount checked above.

Print Name: _____ Initial: ____ Date: _____