



Tri-County YMCA AfterSchool Registration Form 2018-2019

PLEASE INDICATE AFTERSCHOOL LOCATION ATTENDING: Holy Trinity____ 5th St.____

Ferdinand____ Pine Ridge____

PLEASE CHECK IF THE CHILD IS A: ____ YMCA Household Membership OR ____ Program Participant

CHILD 1:

First _____ Last _____

Birthdate ___/___/___ Age _____

2018-2019 Grade _____ Gender _____

School Attending _____

Special Conditions/Needs/Medications _____

Allergies _____

CHILD 2:

First _____ Last _____

Birthdate ___/___/___ Age _____

2018-2019 Grade _____ Gender _____

School Attending _____

Special Conditions/Needs/Medications _____

Allergies _____

Parent/Guardian Information:

1. Parent Name _____

Relationship _____ D.O.B. ___/___/___

Address _____

City _____ St _____ Zip _____

Primary Phone _____

Alternate Phone _____

Place of Employment _____

Email Address _____

2. Parent Name _____

Relationship _____ D.O.B. ___/___/___

Address _____

City _____ St _____ Zip _____

Primary Phone _____

Alternate Phone _____

Place of Employment _____

Email Address _____

Child Pick-up information:

Parent/Guardian(s) listed at the left are authorized to pick up child(ren), unless otherwise noted. You may also authorize the people named below to pick up your child(ren). For your child's safety, he/she will be released ONLY to those listed on the page. Changes to this list must be made in writing and may only be done by the parent or legal guardian.

1. Name _____

Address _____

Primary Phone _____

Alternate Phone _____

Relationship _____

2. Name _____

Address _____

Primary Phone _____

Alternate Phone _____

Relationship _____

3. Name _____

Address _____

Primary Phone _____

Alternate Phone _____

Relationship _____

Staff use: Daxco _____ Copy _____
Payment Sheet _____ Email _____

TALENT RELEASE FOR PHOTOGRAPHY, VIDEOTAPE, AND AUDIO PRODUCTIONS

I hereby release the Tri-County YMCA from any forms of remuneration involving the current or future use of photographs, videotapes, or audio recordings for which I have performed. This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, video, or audio tapes will be freely used by the Tri-County YMCA for public display in either printed or electronic material for the purpose of furthering the business of the Tri-County YMCA.

Signature _____ **Date** _____

PAYMENT POLICY

Please read and initial the following:

____ I, _____, (Parent(s) responsible for payment) hereby agree to accept full responsibility for all fees required for my child(ren) to attend the Tri-County YMCA AfterSchool Program.

____ Payment is due the Friday of the week your child(ren) attends the AfterSchool Program.

____ If the payment is not received within 7 calendar days, an invoice will be sent to the parent(s) indicated above.

____ If the payment is not received within 14 calendar days, this will result in suspension from the program. A child can be reinstated after the payment is received and approved by the AfterSchool Coordinator.

____ Parents arriving after 6:00 p.m. to pick up their child(ren) will be charged a late fee of \$1.00 per minute, per child. This fee will automatically be charged to the account.

** Credit card payment is available upon request. Please contact the AfterSchool Coordinator for paperwork.*

Signature: _____ **Date:** _____

AFTERSCHOOL FEES

With the generous support of local donors during our Annual, Campaign, the Tri-County YMCA is able to provide a pricing structure based on financial need. This structure will follow the free/reduced school lunch program. Please indicate which category applies to you:

Regular Lunch at School: _____ Reduced Lunch at School: _____ Free Lunch at School: _____

Registration Fee:

Regular Lunch at School: The cost for one child is \$25.00. If registering siblings, the registration fee is \$40.00 for the family.

Reduced Lunch at School: The cost for one child is \$15.00. If registering siblings, the registration fee is \$25.00 for the family.

Free Lunch at School: The cost for one child is \$10.00. If registering siblings, the registration fee is \$15.00 for the family.

Please visit our website for the list of daily/weekly prices.

I, _____, hereby give the Tri-County YMCA authorization to contact my child's school to verify the type of financial assistance I receive. I also give permission to the school corporation to release the information to the Tri-County YMCA.

Signature: _____ **Date:** _____

Attendance:

On average, how many days will your child(ren) be attending AfterSchool:

1-2 Days a Week ____ 3-4 Days a Week ____ 5 Days a Week ____ Sporadically ____

Comments: _____

Signature: _____ **Date:** _____

Please return completed registration form and registration fee to:

Tri-County YMCA
Attn: AfterSchool Program
131 E 16th St
Ferdinand, IN 47532

Please contact
Jami Ferguson at
jami@tricityymca.org with any
questions.