



FLAGSTAFF FAMILY YMCA 2018-2019 AFTER SCHOOL ADVENTURES

Child's name _____ Birth date _____ Grade _____ Age _____
 Parent's name _____ Birth date _____ (Required for registration)
 Address _____ City _____ AZ Zip code _____
 Home # _____ Work # _____ Cell# _____
 Parent's E-mail address _____ (Required for registration)

MY CHILD'S FIRST DATE OF CARE: _____	Draft on the 1 ST of every month <small>(check plan you are registering for and circle rater)</small>	
<input type="checkbox"/> AFTER SCHOOL PLAN: 5 DAYS/WEEK	MEMBER	NON-MEMBER
After school child care from school dismissal until 6:00PM <input type="checkbox"/> St. Francisco de Asis	\$ 180	\$255
INTERESTED IN HAVING THE Y PICK UP AT YOUR SCHOOL? EMAIL: THERESA.HUNT@VOSYMCA.ORG		
One day care and break week camps available during school closures for an additional fee.		

PROGRAM CLOSED: ● Labor Day ● Veteran's Day ● Thanksgiving Day and day after ● Christmas Day
 ● New Year's Day ● Martin Luther King Day ● Presidents Day ● Good Friday ● Memorial Day
Any other days will be posted if needed

DUE AT TIME OF REGISTRATION:

\$	First month payment (if registration not received 10 days prior to the 1 st)	For office use only	
		Starfund #	
Total due today: _____		Date	Staff Initials
		Comments:	
Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD			
Credit Card #	Exp. Date		
Cardholder's Name			
Draft Begins on: / 05 /			

SESSION BILLING IS BASED ON THE FULL SCHOOL YEAR PRICE AND THEN DIVIDED INTO 10 EQUAL PAYMENTS. EACH MONTH YOU PAY 1/10TH OF YOUR TOTAL BILL, REGARDLESS OF THE NUMBER OF SCHOOL DAYS ACTUALLY OCCURRING IN THAT MONTH. THIS INCLUDES MONTHS THAT CONTAIN INTERSESSIONS & SCHOOL BREAKS. THE Y DOES NOT GIVE CREDITS FOR ILLNESSES, HOLIDAYS OR FAMILY VACATIONS TAKEN DURING SCHOOL DAYS. ALL PLANS USE THE ATS BANK DRAFT (CREDIT/DEBIT CARD) SYSTEM AND ARE WITHDRAWN ON THE 1ST OF EACH MONTH. REGISTRATIONS MUST BE RECEIVED 10 DAYS PRIOR TO THE 1ST TO BE INCLUDED ON THE DRAFT OR PRE-PAYMENT IN FULL FOR THAT MONTH IS REQUIRED.

IF YOUR PAYMENT IS RETURNED BY YOUR FINANCIAL INSTITUTIONS FOR ANY REASON, THE ITEMS WILL BE RE-PRESENTED ELECTRONICALLY AND YOU WILL BE CHARGED A \$25 PROCESSING FEE. IF YOU ARE LATE IN PICKING UP YOUR CHILD(REN) A DOLLAR PER MINUTE LATE FEE WILL BE APPLIED TO YOUR ACCOUNT. YOU MAY DISENROLL WITH A 30 DAY PRIOR WRITTEN NOTICE. THIS NOTICE MUST BE TURNED INTO THE FLAGSTAFF FAMILY YMCA.

ATS BANK DRAFT DATES: 8/1 9/1 10/1 11/1 12/1 1/1 2/1 3/1 4/1 5/1

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.
 MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE.

Parent/Guardian's Signature _____

Date _____

This program is not licensed by the State of Arizona and operates under Arizona Revised Statute 36-884.6

Registration & Refund

Policy:

Spots are limited and are available on a first-come first-serve basis. You may pay in full or place a \$25.00 non-refundable “hold my place” fee with remainder automatically drafting the 20th of the month prior to the program start date by signing the draft agreement below. All refunds must be requested at least two weeks prior to the program start date. A voucher may be issued to refund requests made one week prior to the program start date at the discretion of the Youth and Teen Coordinator. Visit the Welcome Center at the Desert Foothills Family YMCA to register. Any additional programs chosen will also be charged on the 20th of the month prior to the program start date.

Please Initial. _____



VALLEY OF THE SUN YMCA CHILD CARE AGREEMENT

Automatic Transfer System (ATS)

I understand that the information below will be used to transfer payment from my account.

CHILD'S FULL NAME (Please Print)	
ADDRESS	
CITY, STATE, ZIP & ZIP	
PHONE NUMBERS	(HOME)
	(WORK)
	(CELL)
MEMBER #	
DRAFT DAY/BEGIN DATE	
BRANCH	
DRAFT DESCRIPTION	Program code:
ACCOUNT TYPE: (circle one)	Checking Savings MC VISA AmEx Discover
ACCOUNT NUMBER:	EXP DATE:
CARD HOLDER'S NAME:	

1. I understand that this transfer will occur on the **1st of each month**.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types, or Child Care Plan in any way, I must provide the YMCA with **14 day written notice** prior to my transfer date.
3. I understand that if my payment is returned as NSF for any reason, the item(s) will be re-presented electronically and I understand I will be charged a processing fee. I am also responsible for all other recovery costs.

Authorized Bank Account Signature

Date

FAMILY INFORMATION

Check the box of the Parent/Guardian the YMCA should contact for billing and questions.

Parent/Guardian's name _____ Male Female Ethnicity _____
Home address _____ City _____ State _____ ZIP _____
Phone # _____ Home Work Cell
Birth date ____/____/____ Email _____
 Please contact this parent first in case of emergency

Parent/Guardian's name _____ Male Female Ethnicity _____
Home address _____ City _____ State _____ ZIP _____
Phone # _____ Home Work Cell
Birth date ____/____/____ Email (must be different from above Parent/Guardian email) _____
 Please contact this parent first in case of emergency

CUSTODIAL RIGHTS-If parents are separated or divorced, custodial rights are: Joint Sole
If sole custody, please designate appropriate Parent/Guardian name: _____. If relevant court order(s) exist regarding custody, provide a current signed copy of court order(s) with your application. In the case of joint custody, the Y must have written consent from each parent in order to add/delete names to Emergency Contacts. This condition may be applicable in other areas as well. Otherwise, only the parent having sole custody as identified above may make changes.

CHILD'S INFORMATION

Child's name (first/middle/last) _____ Name called _____
Address _____
City _____ State _____ ZIP _____
 Male Female Birth date ____/____/____ Grade (2018-19 school year) _____ Ethnicity _____
School _____ Can your child swim? Yes No

At the end of the program day, my child will:

Be picked up at the YMCA program by an authorized adult Independently leave the YMCA at a set time of _____

I understand that the YMCA is a youth development agency and this program operates as a "drop in center". I understand this program is not a licensed childcare facility, which means that my son/daughter can come and go at will. It is my responsibility as a parent/guardian to advise my child if he/she may or may not leave the program unsupervised. AZ Statute #ARS36-882

Check all that apply to your child or check "None" for those that don't apply:

Medication (type and schedule) _____ None
 Emotionally, behaviorally, intellectually or physically challenged (explain) _____ None
 Allergies (type) _____ None
 Special circumstances (see back page and provide additional information if necessary)/Requests _____
_____ None

CHILD'S ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK UPS

Please list the individuals other than parents/guardians who may pick up your child. Check to indicate who we may contact in the event of an emergency if parents/guardians cannot be reached. Please note that we require a written request to add/remove any names listed.

Name _____ Relationship to child _____
Phone # _____ Home Work Cell
 Name _____ Relationship to child _____
Phone # _____ Home Work Cell
 Name _____ Relationship to child _____
Phone # _____ Home Work Cell
 Name _____ Relationship to child _____
Phone # _____ Home Work Cell



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

VALLEY OF THE SUN ADVENTURE PROGRAMS LIABILITY WAIVER

RELEASE AND 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 "releasees") 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 releasees 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 releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees 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 Arizona 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.

.....
 Name Participant

.....
 Date

.....
 If Under 18, Name Parent/Guardian

.....
 Signature



BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all day camp participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **care** for ourselves and for those around us.
- **Honesty** will be the basis for all relationships and interactions.
- People are **responsible** for their actions.
- We **respect** each other and the environment.

When a camper does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, camper, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the day camp program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a camper for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the day camp program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the camper a second time before expulsion. Immediate expulsion may occur if a camper is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

Parent or caregiver's signature

Date

Camper's signature