



2012-2013

Youth Enrichment-Greenfield-Central

Please Print Legibly and Include Your Program Membership Fee.

For Office Use Only

- Payment information, Entered in Computer, Copied, On Rosters, CCDF G Form, Called BAS Dir., Faxed to: Center, BAS (Site 1), BAS (Site 2), BAS/K+ Site

Program Start Date \_\_\_\_\_

1st Child's Name: Check here if your child attended last year

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender M F Age \_\_\_\_\_ Race \_\_\_\_\_ Center \_\_\_\_\_ School Attending \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Attendance: 1-2 Days 3-5 Days Before-School Care After-School Care Before & After-School Care K-Plus Generation Y Schools Out Camp
The YMCA does not have my permission for this child to be photographed and/or interviewed for promotional purposes.

2nd Child's Name: Check here if your child attended last year

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender M F Age \_\_\_\_\_ Race \_\_\_\_\_ Center \_\_\_\_\_ School Attending \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Attendance: 1-2 Days 3-5 Days Before-School Care After-School Care Before & After-School Care K-Plus Generation Y Schools Out Camp
The YMCA does not have my permission for this child to be photographed and/or interviewed for promotional purposes.

3rd Child's Name: Check here if your child attended last year

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender M F Age \_\_\_\_\_ Race \_\_\_\_\_ Center \_\_\_\_\_ School Attending \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Attendance: 1-2 Days 3-5 Days Before-School Care After-School Care Before & After-School Care K-Plus Generation Y Schools Out Camp
The YMCA does not have my permission for this child to be photographed and/or interviewed for promotional purposes.

Parent(s) / Guardian(s) Information \*Information will be used for accounting questions, emergencies and pick-up verification

Parent / Guardian #1 Relationship to child Birthdate \_\_\_/\_\_\_/\_\_\_ (required)
Home Phone Mailing Address City Zip
Business Phone Business Name
Cell Phone E-Mail Address

Parent / Guardian #2 Relationship to child Birthdate \_\_\_/\_\_\_/\_\_\_ (required)
Home Phone Mailing Address City Zip
Business Phone Business Name
Cell Phone E-Mail Address

Other Information

- Check here if you have a YMCA Family Membership
Check here if your child / children is a YMCA Employee Dependent
Check here if your child / children is a School Employee Dependent
Please list school you are employed with: (verification required)
I would like to help someone less fortunate attend YMCA child care who might otherwise be unable to participate. Please indicate your tax-deductible gift amount and add it to your registration fee.
\$10 \$25 \$50 \$100 Other \$

Insurance Information

Insurance Co. Policy Number
Name of Family Physician Phone

Does your child have any physical conditions (including allergies), special needs or require any special attention that we should know about?

1st Child's Name Conditions / Needs Medications / Allergies
2nd Child's Name Conditions / Needs Medications / Allergies
3rd Child's Name Conditions / Needs Medications / Allergies

Please list additional names and phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up your child / children. Anyone picking up your child must be 18 years of age or older and a photo identification is required. Changes to this list must be done in writing and may only be done by the parent/guardian whose signature appears on this registration form. Not necessary to include parent/guardian information already listed above.

Name Relationship Phone ( ) Cell ( )

**TRANSPORTATION AGREEMENT:** Your child may be using bus transportation provided by the YMCA through the local schools. This might be for an afternoon swim, field trips, or for transportation to and from the site. By my signature below, I give permission for my child to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and that there will be at least one staff member present at all times. I agree to release the Young Men's Christian Association of Greater Indianapolis, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation on these bus trips.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

**PARENT AUTHORIZATION:** I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the YMCA. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child is amenable to behavior management and free from habits or attitudes which would make him/her unable to appropriately participate. I have studied the brochure and fees and understand the contents thereof.

In consideration of my child's participation in the activities of the Young Men's Christian Association of Greater Indianapolis (YMCA), I do hereby agree to hold free from any and all liability the YMCA and its respective officer's, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the YMCA. **I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representations and grant the authorizations contained herein.**

I understand the YMCA of Greater Indianapolis does not allow YMCA employees to provide care to enrolled children outside of the approved YMCA activities. This would include babysitting, outings or trips. I understand that all YMCA staff have been informed of this policy and have signed a statement in agreement with the policy.

**Check the boxes next to the payment option and method of payment that best meets your family's needs. Please return your registration form (and Program Registration Fee - \$30 per child or \$50 per household, unless a YMCA member) to:**

YMCA Youth Enrichment North Office  
9093 Technology Dr. Suite 101  
Fishers, IN 46038  
(317) 577-2070 or (866) 577-2070  
Fax (317) 577-2075

YMCA Youth Enrichment South Office  
7800 South Shelby Street  
Indianapolis, IN 46227  
(317) 887-8788  
Fax (317) 887-8790

YMCA Youth Enrichment West Office  
7811 West Morris Street  
Indianapolis, IN 46231  
(317) 484-9622  
Fax (317) 484-2360

The Parent or Legal Guardian listed below is responsible for the payment of fees. The YMCA office must approve any changes to this plan.

**Please note:** A Before School Program is not offered at all schools. Please contact a YMCA listed above for up-to-date information.

The YMCA is unique because your membership rates and programs fees are based on total household income. The YMCA is able to offer this sliding fee scale thanks to the generous donors whose contributions enable us to live our mission of being open and accessible to all. Please call the YMCA office listed above.

**Household Income: (Optional)**

- below \$15,000    \$15,001-\$25,000    \$25,001-\$35,000    \$35,001-\$45,000    \$45,001-\$55,000    above \$55,001

**Payment Options:** (please check the appropriate option) \*When registering more than one child, please specify which payment plan is needed for each child.

**Youth Enrichment Program Rates**

Program	1-2 Days Weekly	1-2 Days Monthly	3-5 Days Weekly	3-5 Days Monthly	*School's Out Days
After Care (PM)	<input type="checkbox"/> \$29	<input type="checkbox"/> \$113	<input type="checkbox"/> \$61	<input type="checkbox"/> \$219	Daily: Member <input type="checkbox"/> \$35 PM <input type="checkbox"/> \$40
					Weekly: Member <input type="checkbox"/> \$132 PM <input type="checkbox"/> \$167
<b>Please Note: Must remain with the weekly or monthly payment option for the entire school year. Fees for Snow Days are the same as School's Out Days. Thank you.</b>					
<b>Late Fee: Will be assessed after your "grace period" at 6:10 p.m. of \$1 per minute per child.</b>					

Payment Methods (Please check) *\*No payments are permitted at the school site.*

*\*\*Weekly payments are due the Friday prior to your child attending the program.*

- Mail in or drop off payment with payment coupons (available for all payment options at <http://www.indymca.org/centers/youth-enrichment-centers/forms-program-guide/>)
- Monthly Bank Draft\*  Online Payments
- Monthly Credit Card Draft\*  CCDF (approved voucher required prior to program participation)\*\*
- Weekly Credit Card Draft\*

\*Additional forms must be completed for these plans.

**\*\*CCDF participants may have to pay a co-pay or over market rate.**

I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representation and grant the authorization contained herein. I also understand that if I am choosing the monthly or weekly payment option, I must remain with this plan for the entire school year.

Signature of Parent or Legal Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_