

SUMMER SCHOOL AFTER CARE REGISTRATION FORM

CAMPER NAME: _____ Grade Entering August 2026: _____

Gender: _____ Birthdate: _____ Age: _____ Ethnicity: _____

Home Address: _____

Parent/Guardian Name: _____ Birthdate: _____

Address: _____ City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

E-Mail: _____

DCN #: _____ (if applicable)

PARENT PICK-UP AUTHORIZATION & EMERGENCY CONTACTS - Not including parents/guardians. Please list up to TWO people who are authorized to pick up your child from camp. Children will only be released to someone listed below. They must have a photo ID on file.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please mark the weeks and days your child will be attending.

WEEK 1 MAY 26-29	ALL ABOUT ME!	PAID AT TIME OF REGISTRATION	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 2 JUNE 1-5	NO I IN TEAM	WEDNESDAY, JUNE 3	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 3 JUNE 8-12	UP IN THE SKY	WEDNESDAY, JUNE 10	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 4 JUNE 15-19	DOWN ON THE GROUND	WEDNESDAY, JUNE 17	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 5 JUNE 22-26	ROCKIN READERS	WEDNESDAY, JUNE 24	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

BANK DRAFT FORM

First Name	MI	Last Name	M/F	Birth Date
Telephone	Cell	Email		

Billing Address

Street	City	State	Zip
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Payment Terms & Conditions

■ You must provide a **ONE WEEK WRITTEN** notice for any changes to your account.
Please Initial _____

■ In order to provide for convenient Day Camp payments to the YMCA of St. Joseph, we authorize electronic funds transfer (EFT) from this specified checking/savings account, charge card or debit card. We will provide a one week written notice for any changes to our account. Please Initial _____

■ Should any EFT or charge not be honored, we understand that the Y will attempt to redraft the payment. If the EFT or charge is not honored on the redraft, we will be required provide another form of payment plus a \$10 service charge.
Please Initial _____

Payment Options

Electronic Funds Transfer (EFT): beginning (MMYY)

A. Checking Savings Bank Name: _____
Account Number

Routing Number Please attach a voided check

B. Debit/Credit Card: Visa MC Discover AMEX

Expire Date

I have read and agree to all terms of the YMCA payment terms and conditions.

Signature of Responsible Party	Date
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DOCUMENTS THAT WILL REQUIRE ELECTRONIC SIGNATURE AT TIME OF REGISTRATION

INFORMED CONSENT AGREEMENT

- I give permission for my child to participate in activities, field trips, and swimming.
- I give permission for my child to be given CPR and First Aid treatment by qualified YMCA staff as necessary until emergency personnel arrives. In the event hospitalization is required, I give consent for my child to be taken to a hospital and to be treated by a qualified physician. I agree to assume financial responsibility for such treatment.
- I give permission for my child to be transported by emergency vehicle.
- I give permission for my child's photograph/video to be printed and/or used in promotional materials such as Facebook for the YMCA.
- I've read the Parent Handbook and agree to abide by all rules and regulations stated. All information is correct and current.
- I understand that registration is not complete unless the registration fee and the payment of the first week's tuition accompanies this form.
- I understand that these agreements are subject to updates and revisions.

SCHOOL AGE CHILD CARE PROGRAM STATEMENTS OF UNDERSTANDING

- Payments are processed every **Wednesday** for the current week of care.
- The total cost of running a 9-month program is divided equally among 9 months. The tuition remains the same each week regardless of out of school breaks or the number of half-weeks, or school closings due to inclement weather.
- I will call to inform the Site Director when my child will not be attending on any day for which he or she is signed up.
- In the event that any of the work numbers, home numbers, or emergency contact numbers that are listed for my child(ren) should change, I will immediately inform the Site Director. I will also make sure that the emergency contacts I list for my child(ren) are aware that they may be called if I cannot be reached.
- In order to change my child(ren)'s schedule, I must provide 1 week written notice, using the Change Form, to the Director. I understand that my account must be at a zero balance before I can make any changes.
- In order for this registration to be processed in accordance with the Missouri State Licensing Department, all information requested on the following registration forms must be completed at this time.
- I may disenroll my child earlier than May with written notice (a minimum of one week prior to child's final attendance). I am responsible for payment through my child's last day.
- Credits or refunds will not be given for days missed due to illness, school closings due to inclement weather, (without 1 week's written notice), or suspensions from the program.
- A non-negotiable Late Pick-Up Fee of \$25 will be assessed for all incidents of late pick-up (defined as 6:01 p.m. or after). This fee will automatically be drafted from the bank account or credit card you have on file. Continuous late pick up may result in my child's dismissal from the program.
- A copy of my child's immunization record has been turned in with this packet.
- I understand and will adhere to the policies and procedures set forth in the School Age Child Care Program Policy and Procedures Parent Handbook

PAYMENT TERMS & CONDITIONS BANK DRAFT

- In order to provide for convenient School Age Child Care payments to the YMCA of St. Joseph, we authorize electronic funds transfer (EFT) from this specified checking/savings account, credit or debit card. We will provide a one week written notice for any changes to our account.

Should any EFT or charge not be honored, we understand that the Y will attempt to redraft the payment. If the EFT or charge is not honored on the redraft, we will be required provide another form of payment plus a \$10 service charge.

Failure to notify the Y a week in advance of any changes to your child's schedule or enrollment will result in the bank draft being processed on the Wednesday of the current week. No refunds will be issued.

CHILD CARE LIABILITY

- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at YMCA of St. Joseph, MO. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless YMCA of St. Joseph, MO, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, missions, or negligence of YMCA of St. Joseph, MO, its employees, agents, and representatives.
- I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
- In the event that I file a lawsuit, I agree to do so in the state where YMCA of St. Joseph, MO is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.
- If I have signed a separate general waiver of liability connected to my participation at YMCA of St. Joseph, MO, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.