



2020-21 Y-Club Registration

Child's Name _____ Grade (Fall 2020) _____

School Attending ☐ GSRP at Northside Connections School

Membership Status ☐ Member ☐ Non-Member

Ethnicity ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian or Pacific Islander ☐ Other

Price & Cancellation Policy

Before Care - \$13/week

Participants must register for each week needing care. Fees will be drafted the Friday before the week of care.

Admission Agreement *Please initial each line*

	POLICIES AND PROCEDURES – I have reviewed or will access the Y-Club Parent Handbook online, including the discipline policy, and understand all policies and procedures therein. I further understand that the center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours. Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare .
	PAYMENTS – I understand that payments that are more than one draft behind will result in your child being removed from Y-Club. It is required to have an EFT on file in order to register for the program.
	MEDICAL INFORMATION – I certify that my child is in good health with activity restrictions noted and the documentation of physical examination and immunizations are up-to-date and in accordance with the public schools health requirements are on file at my child's school.
	MEDICATIONS – I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I further understand that we allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
	CUSTODY – YMCA requires a legal document or court decree, otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
	PHOTO RELEASE – The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes
	YMCA PROGRAM CLOSURES – I understand that Y-Club Program only operates on normal school days based on your child's Public School's schedule. Extended Day & Kids Day Off options are available to select sites at the Y for scheduled half and full days off. I further understand, during inclement weather, the YMCA will not refund or pro-rate the monthly fee.
	PLAYGROUND USE – I understand that this program uses the playground available at our school site locations, which meets the safety standards set by the State of Michigan for public schools.
	COVID-19 – I understand it is my responsibility to provide a mask for my child to comply with the state requirements according to the Governor's office and state reopening plan. I also understand the health risks.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the Policies and Procedures listed in the parent handbook and stated within this agreement. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Parent/Guardian Signature _____ Date _____

GSRP/Y-Club Before School Care Registration

Price & Cancellation Policy

Before Care (6:45 AM–Start of School) - \$13/week

Participants must register for each week needing care. Fees will be drafted the Friday before the week of care.

Week of Care	Before Care Initial for yes
September 21	
September 28	
October 5	
October12	
October 19	
October 26	
November 2	
November 9	
November 16	
November 23	
November 30	
December 7	
December 14	
December 21	
December 28	
January 4	
January 11	
January 18	
January 25	

February 1	
February 8	
February 15	
February 22	
March 1	
March 8	
March 15	
March 22	
March 29	
April 5	
April 12	
April 19	
April 26	
May 3	
May 10	
May 17	
May 24	
May 31	
June 7	
June 14 & 15	

Billing Information

Bank Draft - Voided Check or Bank Verification Needed

☐ Checking ☐ Savings

Account Holder(s) _____

Routing Number _____

Last 4 digits of account number _____

Credit/Debit

☐ Visa ☐ Master Card ☐ Discover

Card Holder _____

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

Amount per draft \$ _____ Day _____ Date _____ (on or around)

Draft Schedule ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Billing Contact if different from primary member

Name _____ Phone _____

Electronic Funds Transfer Agreement (please initial each line)

By initialing each paragraph and signing this EFT Agreement I/we are allowing the YMCA of Greater Michiana ("YMCA") to electronically withdraw or otherwise electronically access and obtain funds to pay recurring membership charges using the payment method(s) and source(s) selected above. I/we understand and agree that the YMCA will electronically withdraw or otherwise electronically access and obtain funds for recurring charges on the 10th day of each month, or shortly thereafter, and immediately for one-time charges for programs fees.

_____ I/we represent and warrant that the billing information provided above is accurate. I/we understand and agree that I/we shall hold harmless and indemnify the YMCA for any liability imposed upon or expense incurred by the YMCA for breach of this representation and warranty.

_____ I/we are responsible to provide written cancellation or change requests for my/our membership charges prior to the first day of the month it is to take effect. The YMCA will not automatically terminate membership or refund membership charges because of non-use of the YMCA facilities or services.

_____ I/we are responsible for payment of all amounts incurred for membership charges or program fees while my our membership is active or if my/our cancellation request is provided after the 1st of the month.

_____ The YMCA has the right to adjust my/our membership charges after providing 60-day written notice.

_____ The YMCA will attempt to collect declined membership charges from a credit/debit card up to 3 times. A \$15 late fee will be applied and your membership will be suspended if not paid by the end of the month for which the charges are incurred.

_____ Non-sufficient funds available from electronically accessed checking/savings accounts will have a \$15 NSF fee added and returned checks will have a \$20 NSF fee. In either case, your membership will be suspended if not paid by the end of the month for which the charges are incurred

_____ If my/our membership is inactive for more than 30 days, I/we may be subject to pay a join fee when reactivating.

I agree to the above terms and authorize the YMCA of Greater Michiana to use the account listed for my membership, program fees, and donations.

Signature _____ Date _____

Signature _____ Date _____