



Childcare Registration Form

Child's Name _____ Grade (Fall 2021) _____

Program Attending GSRP Montessori YMCA Childcare Other _____

YMCA Membership Status Member Non-Member

Cost	GSRP	MONTESSORI	YMCA CHILDCARE
Before Care (6:45 AM-Start of School)	<input type="radio"/> \$13/week	<input type="radio"/> \$16/week	Weekly Rate \$ _____ <i>determined by age & times</i>
After Care (4:00-6:00 PM)	<input type="radio"/> \$20/week	<input type="radio"/> \$25/week	
Full-Day (7:00 AM-6:00 PM)	<input type="radio"/> \$40/day	<input type="radio"/> \$40/day	
Half-Day	<input type="radio"/> \$20/day	<input type="radio"/> \$20/day	

Admission Agreement *Please initial each line*

POLICIES AND PROCEDURES – I have reviewed or will access the 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 child care. It is required to have an EFT on file in order to register for the program.
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, during inclement weather, the YMCA will not refund or pro-rate the fee. We will use an app to communicate closures.
PLAYGROUND USE – I understand that this program uses the space available at our site locations, which meets the safety standards set by LARA.
MEALS – I understand that I am required to provide food, milk, or formula for my child while in YMCA care. If I do not provide these items, the center will provide them for the day, and they will notify me about the center agreement.
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 _____

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 _____

Electric Funds Transfer (EFT) Agreement

I understand and agree to: *(please initial each line)*

_____ This EFT agreement allows the YMCA of Greater Michiana to automatically charge my account on the 10th of each month, or shortly thereafter for membership, or immediately for one time fees associated with programs.

_____ I understand that the YMCA of Greater Michiana membership fees will continuously withdraw from my account each month until written cancellation is received. All cancellations are pending current months payment.

_____ Cancellation of membership must be given in writing by the primary member or account holder. I will be responsible for all balances prior to the termination date. Non-usage does not mean automatic cancellation.

_____ The YMCA of Greater Michiana has the right to increase membership fees with a 60-day written notice.

_____ Declined credit cards for membership fees will be attempted up to 3 more times through our collection department. Bank drafts/EFT returns will have a \$15 return fee. Returned checks will have a \$20 return fee. All memberships not paid by the 25th of the month will be charged a \$15 late fee and will be suspended. Memberships inactive for more than 30 days will be subject to the joiner fee.

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 _____

**OFFICE
USE ONLY**

Desk Staff _____ Member ID _____ Date _____