



Bethlehem Area YMCA Childcare Registration

2009-2010 School Year

Office Staff Signature _____ Receipt # _____
 Use Reg. Fee: \$ _____ /First Month: \$ _____ /Last Month: \$ _____ ...TOTAL = \$ _____
 Only Credit Card ___ /Cash ___ /Check # _____ Date: _____ Copied _____

REGISTRATION INFORMATION (Check all that apply) Start Date: ___/___/___

(To be completed by Parent/Guardian and returned with payment.)

*Registration Fee (non-refundable) \$50.00

*Program Members pay payment an additional \$50 annual usage fee.

*First month fee due by June 1st.

*Last month deposit due by August 15.

(*Registrations made after August 15 must include registration fee, first month fee, and last month deposit.)

___ **Before-School Y's time Five-Day Program**...7:30 - 9:00 am...\$80/mo. (Program Members: \$160)

___ **Before-School Y's time Three-Day Program***...7:30 - 9:00 am...\$55/mo. (Program Members: \$110)

___ **After-School Y's time Five-Day Program**...3:00 to 6:00 pm...\$195/mo (Program Members: \$390)

___ **After-School Y's time Three-Day Program***...3:00 to 6:00 pm...\$125/mo. (Program Members:\$250)

*Days attending: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

BILLING PARTY INFORMATION (Please print clearly) ___ YCMA Member ___ Program Member
 (This is the person we will contact for billing concerns.) ___ Capital District YMCA Employee

Billing Name _____ Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Home () _____ Work () _____ Cell () _____

Place of Work _____

BILLING INFORMATION *Payment Options:

Payment must be received by the 1st of each month. A late fee of \$25 will be added after the 15th.

(If paying by check, please print the child's name in the "memo" portion of the check.)

___ DSS (DSS Approval Letter Required) ___ YMCA Scholarship (Attach application; available at front desk) ___ Third Party

___ Pay cash/check at the Bethlehem Area YMCA facility front desk.

___ Mail payments. Please mail to : Capital District YMCA

Attn: Child Care Billing

465 New Karner Road

Albany, NY 12205

___ Automatic Draft (Please complete draft form for child care, available at the front desk)

*Please Note: When selecting automatic draft, the registration fee and first month payment must be paid in full through another payment option (cash/check/credit card) before the automatic draft takes effect.



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ENROLLMENT INFORMATION

(To be completed in full by Parent/Guardian and returned with payment)

Child's Name _____ Male Female
 Birth date ___/___/___ School Attending: _____ Grade in the Fall: _____
 Home Address _____
 City _____ Zip Code _____ Home Phone _____
 Sibling's Names _____ Ages _____

Parent/Guardian #1 _____
 Address _____
 City _____ Zip Code _____ Home Phone _____
 Employer _____ Work Phone _____
 Cell Phone _____ Pager _____ E-Mail _____

Parent/Guardian #2 _____
 Address _____
 City _____ Zip Code _____ Home Phone _____
 Employer _____ Work Phone _____
 Cell Phone _____ Pager _____ E-Mail _____

MEDICAL

Medications child is presently taking _____
 Allergies _____
 In case of Allergic reaction, what action should be taken? _____

 Date of Child's last Tetanus shot: ___/___/___
 Does your child have any disabilities? Hearing Speech Vision Seizures Other
 Describe other _____
 Physical Handicaps _____
 Services received through school _____

EMERGENCY

In an emergency, person to contact first Mother Father Guardian
 In the event, that I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/legal guardian(s) of the above named minor do hereby appoint the YMCA staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my/our absence for above named minor.
 Parent/Guardian Signature #1 _____ Date: ___/___/___
 Parent/Guardian Signature #2 _____ Date: ___/___/___
 Child's Physician _____ Phone # _____
 Family Dentist _____ Phone # _____
 Specialist Requested _____ Phone # _____

 (for pre-existing medical problems)
 Name of Insurance Company _____ Policy # _____

Local Emergency Contacts (If Parents can not be reached)

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Parent's Marital Status Married Divorced Single Widowed

If separated or divorced who has legal custody? _____
 Is child's time divided between parents because of divorce or separation? Yes No
 How is it divided? _____

Note: Court orders are needed if a parent is denied access to the child.



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CONSENT TO RELEASE INFORMATION

I give permission for my child to be released from the YMCA Child Care program with the following people. I further understand that the people listed below must show identification for a child to be released. It is required, whenever possible, that parents notify YMCA staff in advance if someone other than themselves is picking up your child.

1. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____

2. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____

3. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____

4. Name _____ Relationship to child _____
Home# _____ Work# _____ Cell/pager _____

Staff: Parent's must cross out any deletions, sign and date. Staff should not make changes. Any additions should be added by the parent/guardian and initialed.

Name and Relationship to Child	Phone Numbers	Date Added
1.		
2.		



Bethlehem Area YMCA 900 Delaware Ave. Delmar, NY 12054
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