



2011 YMCA SCHOOL AGE CHILD CARE PROGRAM - CLARK & FLOYD COUNTY REGISTRATION FORM

2012 Please print legibly and include your registration fee. Register Online at www.ymcasi.org or at either branch.

Program Start Date _____

1st Child

First Name _____ Middle _____ Last _____ Date of Birth ___/___/___ Gender: M F Age ____
Race: African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Hispanic Native American Other
Does this child have an IEP? Yes No May watch PG movies. Yes No May be photographed/interviewed for promotional purposes Yes No
School Age Childcare Program Site _____ School Attending _____ Grade in School (2011/12) _____
Need to know: _____

2nd Child

First Name _____ Middle _____ Last _____ Date of Birth ___/___/___ Gender: M F Age ____
Race: African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Hispanic Native American Other
Does this child have an IEP? Yes No May watch PG movies. Yes No May be photographed/interviewed for promotional purposes Yes No
School Age Childcare Program Site _____ School Attending _____ Grade in School (2011/12) _____
Need to know: _____

3rd Child

First Name _____ Middle _____ Last _____ Date of Birth ___/___/___ Gender: M F Age ____
Race: African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Hispanic Native American Other
Does this child have an IEP? Yes No May watch PG movies. Yes No May be photographed/interviewed for promotional purposes Yes No
School Age Childcare Program Site _____ School Attending _____ Grade in School (2011/12) _____
Need to know: _____

1st Parent/Guardian Name _____ Relationship to Child _____ Date of Birth ___/___/___
Mailing Address _____ City _____ State _____ Zip _____
Home Phone _____ Email _____ Work Phone _____ Cell Phone _____

2nd Parent/Guardian Name _____ Relationship to Child _____ Date of Birth ___/___/___
Mailing Address _____ City _____ State _____ Zip _____
Home Phone _____ Email _____ Work Phone _____ Cell Phone _____

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 _____
Name _____ Relationship _____ Phone _____ Cell _____

Check here if either parent is: NA/FC School Partnership Employee or Clarksville Community School Employee Y Employee
 Y Family Facility Member I currently receive a Strong Kids discount and my application/contract is on file.
 Yes, I would like to make a donation to the Strong Kids Campaign: \$10 \$25 \$50 \$100 Other/please contact me

Please fill out remaining form on back and sign.

BEFORE & AFTER-SCHOOL PROGRAM RATES

PROGRAM	1-2 DAYS 1 CHILD	1-2 DAYS ADDL CHILD	3-5 DAYS 1 CHILD	3-5 DAYS 2ND CHILD	3-5 DAYS ADDL CHILD
Before Care (a.m.)	\$20	\$10	\$40	\$25	\$10
After Care (p.m.)	\$25	\$15	\$55	\$40	\$25
Before & After	\$35	\$25	\$65	\$50	\$35

Y Family Members take \$15 off total 3-5 day rate.

Full & Half days require an additional fee added to weekly rate or join us just before that day at \$25 per day/1st child and \$20 per day for additional children.

You must choose one of the three options below in order to process your registration. Drafts will occur the following Monday for the week prior unless otherwise scheduled through our main office.

I am authorizing a bank draft from my checking account and I have attached a voided check.

I am authorizing a credit card draft and I have provided all the information below:

Visa MasterCard Discover

Name as it appears on card _____

Card Number _____ Expiration Date _____

Billing Street Address _____ Billing Zip _____

I have the legal authority to sign up my child/children named on this form. I understand that this is an application and the named child's/children's participation is contingent upon space being available in this program. I also understand that once my application is confirmed, I must complete payment by the deadline. I understand that the Y prohibits staff members from being alone with children they meet in Y programs outside of the Y. This includes but is not limited to baby sitting, tutoring, sleep-over's, etc. This health history is correct as far as I know and the child/children herein described have my permission to be transported by bus, engage in all activities and field trips except as noted by me. Failure to comply with the above could result in the loss of child care space. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for my child/children as named above. Medical and accident insurance is the responsibility of the parent or guardian. By signing this form I am giving the Y permission to communicate and exchange information with school personnel for the purposes of providing and enhancing services to my child/children. I understand this specific release may be revoked by me at any time by written request. To the best of my knowledge, the information on this form is complete and accurate. I have read and agree to these terms and conditions.

Signature _____ Date Signed _____

Register now – programs fill up quickly!

Fast and easy online registration is available.

Also for more information and to view the Parent Packet log-on: www.ymcasi.org

Schools being served: Clarksville Elementary, Floyds Knobs Elementary, Georgetown, Grant Line, Greenville, Green Valley, Jonathan Jennings, Fairmont, Mt. Tabor, Slate Run, S. Ellen Jones, Hazelwood, Highland Hills, Pleasant Ridge, Silver Creek Elementary (new this year), Northaven, Parkwood, Thomas Jefferson, Utica (new this year), and Wilson