



**After School Registration 2019-2020**  
**Jefferson Elementary School**

**Child's Name:** \_\_\_\_\_ Male/Female: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of School child attends: \_\_\_\_\_

Grade level child will be in during 2019-2020 school year: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: Yes or No      Authorized to Pick-up: Yes or No

**Father's Name:** \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: Yes or No      Authorized to Pick-up: Yes or No

**Emergency Contacts and/or authorized pick-ups (other than parents):**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact: Yes or No      Authorized Pick-up: Yes or No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact: Yes or No      Authorized Pick-up: Yes or No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact: Yes or No      Authorized Pick-up: Yes or No

## Enrollment Dues

**After-School Registration Fee:** \$30.00

**Full-Time/Month:** \$181.00

**Part-Time/Month:** \$111.00

**Part time is 12 days per month or less (choose days attending):** Mon, Tue, Wed, Thu, Fri.

If you choose the part-time option, we require that you are consistent with the days of the week you choose.

Once enrolled in our after-school program for the option above, your child will be enrolled and charged for the entire 2019-2020 After School Program that starts August 19, 2019 thru May 21, 2020.

Registration Fee is due at time of registration. All monthly fees are due the of the 15<sup>th</sup> of each month. A late fee of \$10 will be added to any payment made after the 15<sup>th</sup> of the month. We do have an auto-pay option for those that would like to pay monthly by credit card. Please see below.

**Cancellation Policy:** The office must receive a written cancellation by the last day of the current month. There are **NO REFUNDS** on session fees.

## **PAYMENT AUTHORIZATION** – Monthly payments ONLY

I authorize my financial institution to honor drafts drawn by the YMCA on my account below. Drafts from my account will be taken out on the 15<sup>th</sup> of the month. The amount drafted will be the amount due for enrollment each month. **It is understood that my bank draft will continue for the above checked sessions unless written notification is received at the YMCA 7 days before the amount is due.** Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The YMCA has the right to redraft any account that had non-sufficient funds. The YMCA reserves the right to charge a \$20 processing fee for non-sufficient bank drafts and/or credit card declines. The YMCA will not be responsible for any charges resulting from above erroneous debit. I understand that there are no refunds given. It is my responsibility to check my monthly statements and report any corrections within 90 days to the YMCA.

**Credit/Debit Card Payment** (CHECK ONE)  Visa  MasterCard  Discover  American Express

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I have read and understand the above payment authorization, cancellation and refund policy**

**Payee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MAGIC VALLEY YMCA AFTERSCHOOL PAYMENT POLICY**

The following terms and conditions apply for all childcare accounts. Please initial each statement after reading:

**Registration Fee**

Payment of the registration fee and 1/2 the first month’s billing must be included with the registration packet.

Parent initial here \_\_\_\_\_

**Payment Dates**

Payment cycles are monthly. All payments are due on the 15<sup>th</sup> of each month. If you anticipate having difficulty with paying your fees on time, please contact Missy Aslett, 733-4384, ext. 107.

Parent initial here \_\_\_\_\_

**Additional Charges and Termination of Services**

An NSF charge will be charged for returned items along with a late charge if applicable. Delinquent accounts will be placed on a termination list. The YMCA reserves the right to terminate care until the account balance is paid in full. If there is a wait list, your child’s place may be forfeited and given to the next child on the wait list.

Parent initial here \_\_\_\_\_

**Tuition credits**

Tuition is calculated as a monthly rate. There are no tuition credits given for holiday closures, child illness or closing due to weather or an emergency situation.

Parent initial here \_\_\_\_\_

**Collection of Fees**

The YMCA reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a \$20 processing fee will be added to the account balance.

Parent initial here \_\_\_\_\_

**After Hours Policy**

Magic Valley Afterschool ends at 6:00pm. If you pick up your child after the closing time, you will be charged \$1.00 for each minute after closing until 6:30 PM at which time Child Protective Services will be called. This charge will appear on your next invoice.

Parent initial here \_\_\_\_\_

I have read and understand the terms and conditions of the Payment Policy and agree to abide by all the above stated terms. I also understand that I, the undersigned, am the person solely responsible for payment of my account regardless of any other parties involved (i.e. co-payer, ICCP, etc.).

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Monthly tuition payments for child care can be made three different ways.**

**Pay in person** at Magic Valley YMCA, 1751 Elizabeth Blvd., Twin Falls, ID.

**Mail your payment to:** Child Development Accounting, 1751 Elizabeth Blvd., Twin Falls, ID 83301.

**Pay Online:** <https://operations.daxko.com/Online/Membership/myaccount.aspx?cid=5149>. You will need to set up an account if have not already done so.

For billing questions please call Missy at (208) 733-4384, ext. 107

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Child's name: \_\_\_\_\_

- **IMMUNIZATION:** I will provide my child's immunization records. All required immunizations and/or tuberculosis test are current.
  
- **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its works can be held responsible in the event of accident or accidental death.
  
- **RESPONSIBILITY:** I understand and acknowledge that the Magic Valley YMCA does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Currently do not have a doctor, use closest available \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Currently do not have a dentist, use closest available \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Operations/Serious Injuries: \_\_\_\_\_

Disability/Chronic/Recurring Illnesses/Allergies: \_\_\_\_\_

X \_\_\_\_\_

Signature of Parent/Guardian

Date



## **MAGIC VALLEY YMCA FINANCIAL ASSISTANCE POLICY**

The Magic Valley YMCA is practical – it helps those who cannot pay full price.

Each year through our Annual Campaign we are able to provide financial assistance to pay for memberships, child care and summer camp programs.

It is part of the Y's mission to reach out and serve people in need. We want them to be involved in the programs and services of the YMCA and nurture the spirit, mind and body.

### **How do people get assistance?**

Stop by the YMCA or go to [www.ymcatf.com](http://www.ymcatf.com) and view our financial aid application. Bring information on current income, preferably three current and consecutive pay stubs of all parties who contribute to the household income and the previous year's tax return so that the amount of assistance can be determined.

YMCA fees are based on the cost of providing each program. While participants are expected to pay their fair share the YMCA will assist any individual or family that wants to participate but cannot afford the full fee.

**This organization is an equal opportunity provider.**