



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 15th of each month. A late fee of \$10 will be added to any payment made after the 15th 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 15th 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 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 ½ 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 15th 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

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the YMCA unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Idaho Law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick up my child on time.
- I understand that YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from YMCA for any of the following reasons:
 - Failure to pay program fees by designated deadlines.
 - Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - Failure to observe any of the conditions listed in the After School Handbook.

X _____
Signature of Parent/Guardian Date

YMCA CHILD BEHAVIOR INTERVENTION PLAN

A **Behavior Intervention** is the first formal step to help solve repeated rule violations. The plan involves parent child and staff. It requires participation of all parties. A suspension may be necessary, at the Program Director’s discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

Participation and Sunscreen Authorization:

- I authorize YMCA staff to administer Sunscreen on my child when required.
- I authorize YMCA staff to administer Insect Repellent on my child when required.
- I authorize my child to participate in the following activities while enrolled in YMCA programs.
- Swimming/Water activities
 - View a PG rated film
 - Travel on YMCA arranged transportation
 - Participate in Camp activities—including field trips
 - Participate in photos or videos for YMCA publications.

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 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.