### Y-CLUB MIDDLE SCHOOL CHILD ENROLLMENT 2021-2022

This form must be COMPLETED FULLY in order to enroll your child in Y-Club. Incomplete forms will be put on hold. If your form is put on hold, you may lose your spot in Y-Club. Please double-check before submitting to the YMCA.

CHILD'S NAME:					
DOB:					
GENDER:					
School (circle one):	THOMAS JEFFERSON	LEWIS	& CLARK		
Grade:				_	
circle all that apply:	Y MEMBER	NONMEMBER	OUTREACH SC	HOLARSHIP	
	JCSD EMPLOYEE	BLAIR OAKS	EMPLOYEE	Y EMPLOYEE	
Child's Street Address:					
City & Zip:					
PARENT/GUARDIAN					
NAME: STREET ADDRESS:			DOB (required):		
CITY/ZIP:					
HOME & CELL PHONE:					
EMAIL ADDRESS:					
EMPLOYER:					
EMPLOYER STREET ADD	RESS:				
EMPLOYER CITY & ZIP (	CODE:				
WORK SHIFT:					
WORK PHONE:					
NAME:			DOB (required):		
STREET ADDRESS:					
CITY/ZIP:					
HOME & CELL PHONE:					
EMAIL ADDRESS:					
EMPLOYER:					
EMPLOYER STREET ADD					
EMPLOYER CITY & ZIP ( WORK SHIFT:	LODE:				
WORK PHONE:					
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EMERGENCY CONTACT OTHER THAN PARENTS

NAME:	
STREET ADDRESS:	
CITY/ZIP:	
PHONE:	
RELATIONSHIP:	

AUTHORIZED PICK UP: PLEASE LIST OTHER PEOPLE WHOM YOU AUTHORIZE TO PICK UP YOUR CHILD:

### AUTHORIZATION FOR MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for

medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary

arrangements, or in a critical emergency requiring medical care, I authorize YMCA to contact the following:

DOCTOR:	PHONE NUMBER:	
HOSPITAL (circle one):	SSM ST MARY'S 681-3000	CAPITAL REGION 632-5000

### PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

My child is in good health, is able to participate in group care, and has no special health or medical requirements. If my child is able to participate in group care but has special health or medical requirements, I have listed them here. PLEASE LIST ANY SPECIAL HEALTH OR MEDICAL CONDITIONS, including chronic health problems (Asthma, seizures), behavioral disorders, special needs, etc:

An **INDIVIDUALIZED CARE PLAN FORM** is **REQUIRED** for any child with a condition as listed above. Falsification of records is grounds for expulsion from the program.

PARENT SIGNATURE:

DATE:

#### LIABILITY RELEASE

I, the undersigned, request permission for \_\_\_\_\_\_to enter the Jefferson City Area YMCA

(hereinafter the YMCA) school age programs and to participate in the YMCA activities associated with the program. I know and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises. In consideration of demands, damage actions and cause of action (present or future, whether known or unknown,

anticpated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA premises and participation in any YMCA activity. I certify that I am 18 years of age and that my participation in the YMCA activities are voluntary. I give consent for my child to be photographed, videotaped or to appear in local newspaper articles or other local media.

PARENT SIGNATURE:

DATE:

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#### ACKNOWLEDGEMENTS

I have received a copy of the Parent Handbook, which contains policies regarding admission, care and discharge of children (Available online at www.jcymca.org. Printed copies by request).

I have been informed that a copy of the licensing rules for child care centers is available at this facility for review.

The YMCA and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

When my child is ill, I understand and agree that s/he may not be accepted for or remain in care.

I give the YMCA permission to transport my child if necessary. I understand that the YMCA does not participate in field trips.

I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations, or exemptions from immunizations.

I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immuniztion exemption has been filed.

### **PARENT SIGNATURE:**

DATE:

#### AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR YMCA & AFFILIATE PAYMENTS

DAY OF WITHDRAWAL - MONTHLY 1st

NAME OF CUSTOMER	
MAILING ADDRESS OF CUST	OMER (STREET CITY STATE & ZIP CODE)
MEMBERSHIP/PROGRAM	MONTHLY PAYMENT
I HAVE GIVEN AUTHORITY T	01
FULL NAME OF BANK/CRED	T CARD
ADDRESS, CITY, STATE AND	ZIP
	s drawn by you on my account for membership/program payments as
indicated above, It is understo becomes due shall constitute the bank honors the check by payment, Should any preauth is understood that the payme	s drawn by you on my account for membership/program payments as od that your sending of a preauthorized check to the bank as a payment valid notice of such payment due on this membership/program, When changing my account, such check shall constitute my receipt for the prized check not be honored by said bank when received by them, then it nt is to be made by me in the amount of said payment,
indicated above, It is understo becomes due shall constitute the bank honors the check by payment, Should any preauth	nod that your sending of a preauthorized check to the bank as a payment valid notice of such payment due on this membership/program, When charging my account, such check shall constitute my receipt for the orized check not be honored by said bank when received by them, then it when the second secon
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indicated above, It is understo becomes due shall constitute the bank honors the check by payment, Should any preauth is understood that the payme ACCOUNT NO, BANK TRANSIT NO, Please attach a voided check	ord that your sending of a preauthorized check to the bank as a payment valid notice of such payment due on this membership/program, When charging my account, such check shall constitute my receipt for the orized check not be honored by said bank when received by them, then it nt is to be made by me in the amount of said payment, or a letter from your bank stating the routing and account numbers. ngs Credit Card / Exp. Date

Date

Member Signature

### YMCA MEMBER & AFFILIATE AGREEMENT 1. I understand:

this is a continuous membership and I am committing to maintain it for at least one year. Should I cancel my membership before making 12 monthly payments, I will pay either the joining fee or the balance of the year's membership dues. <u>This final payment will be drafted</u> from my account.

at this time I am paying the joining fee designated for my

- 2. Membership dues are neither refundable or transferable.
- 3. It is to my complete understanding that if I wish to terminate or change my membership/program in any way, I must give written notice in person. <u>Bank drafts for membership dues</u> <u>and/or program fees must be cancelled in writing by the</u> <u>25th day of the calendar month to be effective for the forthcoming month</u>. Drafted amounts are not refundable except in the case of double drafts or incorrect amounts.
- 4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership/ program. I understand that I will receive at least 30 days written notice prior to any such change.
- 5. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.

Staff Signature

Autodraft is required for registration. Parents who are current Y patrons with an electronic payment method on file with the YMCA may indicate that account above by providing the last 4 digits of the card or bank account. Otherwise, complete the form above in full.