



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA de Austin Servicios de Programas

Lista de Documentos Para el Paquete de Asistencia Económica

Nuestra oficina solo acepta solicitudes de asistencia económica si los paquetes de asistencia están completos.

Por favor use la lista en esta página para asegurar que tiene todos los documentos necesarios para devolver su paquete de asistencia económica a la YMCA de Austin.

- Forma de Ingreso Afterschool **Program Enrollment Forms*
- Forma de Asistencia *Económica*
- Carta de Explicación
- Copias de sus más recientes talones de sueldo (los dos talones más recientes que indican un mes entero de sueldo)
- Otros ingresos pertinentes (no es limitado a estos documentos):
 - Carta de Beneficios de Seguridad Social
 - Carta de Apoyo de Niños
 - Carta de Beneficios de Retiro (jubilación)
 - Carta de Información de Estampillas de Comida (Food Stamps)
 - Carta de Información de Discapacidad
 - Otra: _____

*Si tiene preguntas o necesita ayuda para completar su Formulario de Ingreso (Enrollment Forms) por favor llame a la oficina de Servicios de Programa: (512) 236-9622.

El proceso de solicitud económica necesita aproximadamente tres semanas después de que su paquete de solicitud es recibido en nuestra oficina.



**YMCA OF AUSTIN
2011-2012 AFTERSCHOOL
CHILD CARE ENROLLMENT FORM**

Check here if you
are applying for
Financial
Assistance:

All information on this form is required by Texas Department of Family and Protective Services or the YMCA to ensure the safety of your child. Please thoroughly fill out all information so that it is legible and accurate. Only completed registrations will be accepted.

Child's School: _____ **Afterschool Start Date:** _____

Does your family have a YMCA of Austin Membership? [Yes] [No] Membership ID# _____

Is either parent a school district employee? [Yes*] [No] School Name: _____

**In order to receive discount, please attach current pay check stub or copy of ID.*

PARTICIPANT INFORMATION:

Child (1) Name: _____ **Sex:** [M] [F] **Birth Date:** ____/____/____ **Grade:** _____

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions *(In order to better meet the needs of your child, please list as much information as possible):* _____

Child (2) Name: _____ **Sex:** [M] [F] **Birth Date:** ____/____/____ **Grade:** _____

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions *(In order to better meet the needs of your child, please list as much information as possible):* _____

PARENT/GUARDIAN INFORMATION:

(Person listed as Primary Guardian will be the sole person authorized to request changes to information and/or cancellation of care.)

Primary Guardian [Mother] [Father] [Other: _____]

Name: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Emergency Contact: [Yes] [No] **Authorized to Pick-up:** [Yes] [No*]

Secondary Guardian [Mother] [Father] [Other: _____]

Name: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Emergency Contact: [Yes] [No] **Authorized to Pick-up:** [Yes] [No*]

**When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration as needed.*

EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

(Must list at least one additional emergency contact. No one under the age of 18 is permitted. Address must be included.)

1.) **Name:** _____ **Primary Phone:** _____ **Other Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Emergency Contact: [Yes] [No] **Authorized to Pick-up:** [Yes] [No]

2.) **Name:** _____ **Primary Phone:** _____ **Other Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Emergency Contact: [Yes] [No] **Authorized to Pick-up:** [Yes] [No]



YMCA OF AUSTIN

2011-2012 AFTERSCHOOL

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child (1) Name: _____ Child (2) Name: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of Austin Program Staff to take my child(ren) to:

(To comply with State Licensing laws, a preferred physician and hospital must be listed.)

Physician: _____

Phone Number: _____ Address: _____

Hospital (please check one from the list below):

- _____ **Dell Children's Hospital** 4900 Mueller Blvd., 78723 (512) 324-0000
- _____ **Seton Northwest** 11113 Research Blvd., 78759 (512) 324-6000
- _____ **South Austin Hospital** 901 West Ben White Blvd., 78704 (512) 447-2211
- _____ **Seton Medical Ctr (Hays)** 6001 Kyle Parkway, Kyle, 78640 (512) 504-5000
- _____ **Other** _____

Parental Consent – Please circle yes or no for the following *(if no selection is made, it is assumed that the answer is "yes"):*

Yes	No	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child(ren) is in the care of this physician or hospital.
Yes	No	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 workers can be held responsible in the event of accident or accidental death.
Yes	No	IMMUNIZATION: I can provide the immunization records and/or the records are on file at my child's school. All required immunizations and/or tuberculosis test are current. <i>Name of child's school:</i> _____ <i>Address:</i> _____ <i>Phone:</i> _____

YMCA CHILD BEHAVIOR CONTRACT:

Good behavior is important to everyone in daily life. Certain behaviors are expected from the children involved in the YMCA Afterschool Program, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A **Behavior Contract** is the first formal step to help solve rule violations. The Behavior Contract involves parents, child, and staff, and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then a Behavior Contract will be issued. A sample contract is available at the Afterschool site. Failure to correct behavior may result in suspension or dismissal. **Not all of the steps of a Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program.*

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the YMCA location 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 Texas Law to report any suspected cases of child abuse or neglect.
- 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 a YMCA program for any of the following reasons:
 - 1) Failure to pay program fees by designated deadlines.
 - 2) Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - 3) Failure to observe any of the conditions listed in the seasonal Parent Handbook.
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Programs:
 - Swimming / Water Activities -Travel on YMCA arranged transportation -Participate in photos or vides for YMCA publications
 - View a PG-rated film -Participate in All Day Care activities (including field trips)

LARGE GROUP FORMAT:

I understand that, due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT www.austinyymca.org.

X _____
Signature of Parent/Guardian

Date



**YMCA OF AUSTIN
2011-2012 CHILD CARE
FEES AND PAYMENT GUIDELINES**

Child (1) Name: _____ Child (2) Name: _____

MONTHLY CHILD CARE RATES BY LOCATION

<u>Round Rock ISD</u> Member \$202 Non-Member \$222	<u>Villas on Sixth</u> Member \$85 Non-member \$105	<u>Hays County</u> Member \$185 Non-member \$205
<u>Austin ISD – South</u> (Cowan, Boone, Baranoff) Member \$195 Non-Member \$215	<u>Austin ISD – East</u> (Allan, Blackshear, Ridgetop, Rodriguez) Member \$50 Non-member \$50	

FEES AND PAYMENT POLICIES

REGISTRATION FEE – Non-refundable

A \$30.00/child registration fee is due for all program participants on or after May 16, 2011. Registration fees must accompany the registration packet. You may send a check or money order, or complete the "Payment Method Authorization Form", to authorize payment of the registration fee. **Register from April 13 - May 15, 2011 for an Early Registration Discount of only \$15/child!**

LATE PAYMENT FEE: A payment is considered late if it is received after the 1st of the month. A \$10 late fee will be charged for all late payments. In the case that you are unable to pay fees by the 1st of the month, call the Program Services Branch ahead of time in order to make a payment arrangement. If an overdue balance is not reconciled by the 5th of the month, the Participant will be cancelled from Afterschool.

CANCELLATION POLICY: To withdraw a Participant, the Program Services office must receive a written cancellation notice at least 30 days in advance of the effective date. Cancellation notices may be sent via mail, fax or email. A \$25 cancellation fee will be charged if notice of cancellation is received less than 30 days prior to the effective date.

NSF PAYMENTS: A \$30.00 fee is charged for all non-sufficient funds and declined credit card charges. Children will not be allowed to attend Afterschool unless payment has been received and recorded by the Program Services Branch.

PROGRAM FEES: Yearly fees are divided into nine equal payments (Sept - May) for all schools. Parents may choose to be drafted on the 1st or the 15th of the month. Drafts will be made in advance of care (i.e. September fees will be drafted on August 15th or Sept 1st).

Waiver, Release, Indemnification and Hold Harmless Agreement:

I acknowledge and understand that participation in the YMCA of Austin activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of Austin, its organizers, employees, volunteers, officers, representatives and agents, from and against any and all losses, injuries, harm, claims, and damages, including attorneys' fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated upon, or in any way resulting from participation in YMCA of Austin activities, other use or occupancy of the YMCA of Austin's facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of Austin, its organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of Austin's own negligence or gross negligence. I expressly assume all such dangers, risks and hazards to me and all minors in my care.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AND MEMBERSHIP AGREEMENT.

X _____
Signature of Parent/Guardian

Date



YMCA OF AUSTIN
2011-2012 CHILD CARE
PAYMENT METHOD AUTORIZATION

Child (1) Name: _____ Child (2) Name: _____

Name of Card/Account Holder: _____ Work/Cell Phone: _____

Email _____

Is this the primary contact for all billing concerns/questions? [Yes] [No] Other contact: _____

AUTOMATIC PAYMENT PLAN: The YMCA of Austin offers an automatic payment plan via our accounting software company called Daxko. This plan provides you the opportunity to spread the payment of camp fees. Fees are automatically charged to Bank, Credit Union, or Credit Card Company. There is no additional cost for this program.

Bank / Credit / Debit Draft Agreement:

1. I understand that Daxko has been authorized as an agent on behalf of the YMCA of Austin, Program Services Branch to initiate debit entries against my Checking/Savings Account or Credit/Debit Card. Also, I acknowledge that the origination of ACH (Automatic Clearing House) transactions to my account must comply with the provisions of United States Law.

2. I understand that Daxko, a U.S. corporation, will be processing electronic funds transfers. Debits to your account will be presented in your bank statements as "Daxko" and these funds will be electronically transferred to the YMCA of Austin, Program Services Branch and posted to your childcare account weekly.

3. The YMCA of Austin, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.

- When using the credit/debit card payment method: Should any debit not be honored by my credit card company for any reason, I understand that I am still responsible for the payment plus a \$30.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company may require.
When using the bank draft/EFT method: Should any debit not be honored by my bank/EFT account for any reason, I understand that I am still responsible for the payment, plus a service charge applied by a third-party debt collector called eCashFlow Systems. eCashFlow Systems may attempt to collect the outstanding balance up to three times. Each time they collect, or are unable to collect, another \$30.00 charge will be applied. This is in addition to any service fee my bank may require.

Option 1:
CREDIT/DEBIT CARD:

Card #: _____ Exp. Date: ____/____ Visa, M/C, Amex, Discover (Circle One)

Begins Month of: _____ Day of Debit: 1st or 15th (Circle One)

Credit Card Billing Address _____ Zip Code _____

OR...

Option 2:
BANK DRAFT/EFT*: (Account information requires 10 business days for authorization before use)

*Please include a voided check with this form

Full Name of Bank: _____

Bank Transit Number: _____ Account Number _____

Begins Month of: _____ Day of Debit: 1st or 15th (Circle One)

Authorization: I hereby authorize the YMCA of Austin to debit the above credit card/debit card/bank draft/EFT on the dates indicated for my 2011-2012 Afterschool Care payments. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur from use of this service.

X _____
Signature of Account Holder

Date



Solicitud de Asistencia Económica – Afterschool

Información del solicitante:

Apellido: _____ Nombre: _____ Teléfono: _____
 Dirección: _____ Apt # _____
 Ciudad: _____ Código Postal: _____ Celular: _____
 *Correo Electronico: _____

Indique nombres y edades de todas las personas que viven en su hogar aparte de usted:

Nombre: _____ Edad: _____ Nombre: _____ Edad: _____
 Nombre: _____ Edad: _____ Nombre: _____ Edad: _____

Información de segunda persona en su hogar que ayuda con sus gastos:

Apellido: _____ Nombre: _____ Telefono: _____
 Trabaja en: _____ Teléfono de trabajo: _____ Tiempo completo o parcial? (indique)
 Salario por hora: \$ _____ Salario Anual: \$ _____

Ingreso mensual de familia

Saldos: _____
 Workers Comp: _____
 Food Stamps: _____
 Child Support: _____
 Otros ingresos: _____
 Desempleo: _____
 Social Security o SSI: _____
 Total: _____

Gastos mensuales de familia

Alquiler/hipoteca: _____
 Alimentos: _____
 Transporte: _____
 Cuidado Infantil: _____
 Gastos Medicos: _____
 Servicios de agua/luz, etc.: _____
 Otros gastos: _____
 Total: _____

Suma que puedo pagar por este programa: \$ _____

*Indique aquellas circunstancias que Ud. considera se deben de tomar en cuenta cuando su solicitud sea evaluada: _____

Carta de Explicación

La YMCA requiere una Carta de Explicación es para obtener mas información acerca de su situación económica. Por favor responda a las preguntas en esta pagina. Si necesita ayuda completando la Carta de Explicación, por favor llame a nuestra oficina.

Por favor explique las razones porque usted esta solicitando asistencia económica.

Que pasos esta tomando para estabilizar la situación económica de su familia?

Cual es su experiencia pasada con la YMCA? Ha sido un miembro de la YMCA en el pasado?

Que significa para usted y su familia si la YMCA le da asistencia económica?

Por favor diganos cualquier otra información que nos ayude en nuestra decisión
