



# 2018-2019 YMCA OF AUSTIN-AFTERSCHOOL REGISTRATION FORM

## General and Emergency Pickup Information

To comply with State Licensing laws, all sections of this form must be completed before we can accept any child for care.

\*\*\*PLEASE PRINT\*\*\*

For registration questions, please contact Program Services at: 512-236-9622 or [programservices@austinyymca.org](mailto:programservices@austinyymca.org)

Workforce CCS

Financial Assistance

YMCA Member

For Office Use Only:

### AFTERSCHOOL REGISTRATION CHECKLIST

- General and Emergency Pickup Information
- Authorization for Emergency Medical Care
- Fees & Payment Guidelines & Waivers
- Payment Method Authorization Form

### CHILD 1 INFORMATION:

School Name: \_\_\_\_\_ Afterschool Start Date: \_\_\_\_\_

Child (1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Circle One: BOY GIRL Prefer not to answer Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade (2018-2019): \_\_\_\_\_  
Child (1) Ethnicity HISPANIC OTHER CHILD (1) Race WHITE BLACK ASIAN AMERICAN INDIAN HAWAIIAN/PACIFIC ISLANDER

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:  Check Box if child has NO SPECIAL NEEDS or ILLNESSES

**FOOD ALLERGIES:** All children with a Food Allergy are required by licensing to have a Food Allergy Emergency Plan on file. If your child has a food allergy, please note that we require the plan to be emailed to us at [ProgramServices@austinyymca.org](mailto:ProgramServices@austinyymca.org) PRIOR to accepting your registration as complete. Plans must be created by a health care professional and signed and dated, as well as signed and dated by the parent/guardian. The plan must include specific foods your child is allergic to and any reactions that they may have to each of these foods. DOES YOUR CHILD HAVE FOOD ALLERGIES  YES  NO

### CHILD 2 INFORMATION:

Child (2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Circle One: BOY GIRL Prefer not to answer Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade (2018-2019): \_\_\_\_\_  
Child (2) Ethnicity HISPANIC OTHER CHILD (2) Race WHITE BLACK ASIAN AMERICAN INDIAN HAWAIIAN/PACIFIC ISLANDER

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:  Check Box if child has NO SPECIAL NEEDS or ILLNESSES

**FOOD ALLERGIES:** All children with a Food Allergy are required by licensing to have a Food Allergy Emergency Plan on file. If your child has a food allergy, please note that we require the plan to be emailed to us at [ProgramServices@austinyymca.org](mailto:ProgramServices@austinyymca.org) PRIOR to accepting your registration as complete. Plans must be created by a health care professional and signed and dated, as well as signed and dated by the parent/guardian. The plan must include specific foods your child is allergic to and any reactions that they may have to each of these foods. DOES YOUR CHILD HAVE FOOD ALLERGIES  YES  NO

### PRIMARY 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 Parent/Guardian:  Mother  Father  Other  
Primary Parent Date of Birth: \_\_\_/\_\_\_/\_\_\_

Authorized to Pick up: {Yes} {No}

Parent/Guardian First Name: \_\_\_\_\_  
Parent/Guardian Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Opt-In to receive text message for emergency updates.

### SECONDARY PARENT/GUARDIAN INFORMATION

Please check box if secondary parent is authorized to make changes to childcare account

Secondary Parent/Guardian:  Mother  Father  Other  
Secondary Parent Date of Birth: \_\_\_/\_\_\_/\_\_\_

Authorized to Pick up: {Yes} {No}

Parent/Guardian First Name: \_\_\_\_\_  
Parent/Guardian Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Opt-In to receive text message for emergency updates.



# 2018-2019 YMCA OF AUSTIN-AFTERSCHOOL REGISTRATION FORM-PAGE 2

## Participant Emergency Information

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

### EMERGENCY CONTACT/AUTHORIZED PICK-UPS

**\*\*MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN THE PARENTS LISTED ON PAGE 1\*\***

**LOCAL PERSON OTHER THAN THOSE LISTED ON PAGE 1 TO CONTACT IN CASE OF EMERGENCY IF PARENT/LEGAL GUARDIAN CANNOT BE**

**REACHED:** (The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.)

TO ADD ADDITIONAL EMERGENCY CONTACT/AUTHORIZED PICK-UPS PLEASE EMAIL PROGRAMSERVICES@AUSTINYMCA.ORG

#### Emergency Contact (1)

First and Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

#### Emergency Contact (2)

First and Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

#### PHYSICIAN INFORMATION:

Physician Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

To comply with State Licensing laws, a preferred physician and hospital must be listed. In the event that the parent/guardian cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of Austin, Program Staff to take my child and/or children to:

- Dell Children's Hospital      4900 Mueller Blvd., 78723      (512) 324-0000
- Seton Northwest      11113 Research Blvd., 78759      (512) 324-6000
- St. David's NAMC      12221 Mopac Blvd., 78758      (512) 901-1000
- 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 (Please provide name and full address of hospital) \_\_\_\_\_

#### PARENTAL CONSENT **\*\*Please provide your initials acknowledging each item below\*\***

\_\_\_\_\_  
(initials) **CONSENT FOR TREATMENT:** I give consent for any and all necessary treatment when my child(ren) is in the care of his/her physician or hospital.

\_\_\_\_\_  
(initials) **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.

\_\_\_\_\_  
(initials) **IMMUNIZATION:** I can provide the immunization record and/or records are on file at my child's school. If not, please provide a copy of your child's immunization upon registration. All required immunizations and/or immunizations and/or tuberculosis tests are current.

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_



# 2018-2019 YMCA OF AUSTIN-AFTERSCHOOL REGISTRATION FORM-PAGE 3

## Waiver, Release, Indemnification and Hold Harmless Agreement

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

### WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:

**Waiver, Release, Indemnification and Hold Harmless Agreement:** I understand that YMCA activities have inherent risks and in consideration for membership at the YMCA and participation in YMCA programs I hereby assume all risks and hazards incident to my participation in all YMCA activities, due to the negligence of the YMCA or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA, including volunteer service. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property or participation in programs.

**Large Group Format:** I understand that, due to the large group format of our program, the YMCA is 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 COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT [AustinYMCA.org](http://AustinYMCA.org).

**PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLES AGREEMENT:**

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_  
Date

### PARENT AND PARTICIPATION 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 state issued photo ID's and who are over the age of 16 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 the 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. Inappropriate behavior towards YMCA staff
  4. Failure to observe any of the conditions listed in the seasonal Parent Handbook
  5. Custodial issues which cannot be resolved by parents or legal guardians
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Program:
  1. Swimming/Water Activities
  2. View PG rated film
  3. Participate in Afterschool Activities including Field Trips
  4. Travel on YMCA arranged transportation
  5. Participate in photos or videos for YMCA publications

**Behavior Policy:** 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. Please note that 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 the YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program.

**PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE YMCA OF AUSTIN'S PARENT AND PARTICIPANT STATEMENT OF AGREEMENT AND AGREE TO THE TERMS LISTED ABOVE:**

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_  
Date



**2018-2019 YMCA OF AUSTIN-AFTERSCHOOL  
REGISTRATION FORM-PAGE 4**  
Fees and Payment Policies and Bank Draft Agreement

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**FEES AND PAYMENT POLICIES**

**REGISTRATION FEE-Non-refundable/Non-transferable**

- \$15 Registration fee is applied from April 16-April 30
- \$30 Registration fee is applied from May 1-May 31
- \$50 Registration fee is applied from June 1, 2018 – June 1, 2019
- You may send a check or money order, or complete the "Payment Method Authorization Form", to authorize payment of the registration fee.

**Register between April 16-April 30 and pay a registration fee of only \$15/child! Registration fee will increase on May 1 and on June 1, 2018.**

**LATE PAYMENT FEE:** A payment is considered late if it is received after the 1st of the month. A \$15 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. **If cancelled from afterschool program due to non-payment, a re-registration fee of \$30 will be due if you choose to re-enroll your participant.**

**CANCELLATION POLICY:** After initial enrollment, no refunds or credits will be given for registration fee. All changes to a child's enrollment or cancellations must be received by the Program Services Branch, by submitting the 2018 online cancellation form two weeks or 14 calendar days in advance of the effective cancellation date. A \$25 cancellation fee will be charged if notice of cancellation is received less than two (2) weeks or 14 calendar 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. After two or more NSF payments, we will ask that the parent/guardian provide another form of payment.

**PROGRAM FEES:** Yearly fees are divided into nine equal payments (Sept - May) for all schools but Altamira Academy (10 months-Aug-May). 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. Sept fees will be drafted on August 15th or Sept 1st).

**BANK/CREDIT/DEBIT DRAFT AGREEMENT:**

1. I understand that Daxko has been authorized as an agent on behalf of 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. Debit 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 \$30.00 service charge applied by the YMCA. This is in addition to any service fee my bank company may require.

**PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE YMCA OF AUSTIN'S FEES AND PAYMENT POLICIES AND ADHERE TO THE BANK/CREDIT/DRAFT Agreement.**

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_  
Date



2018-2019 YMCA OF AUSTIN-AFTERSCHOOL REGISTRATION FORM-PAGE 5

Payment Method Authorization Form

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

MONTHLY CHILD CARE RATES BY LOCATION

Table with 4 columns: Round Rock ISD, Austin ISD South, Hays CISD, Manor ISD. Rows include Y of Austin Family Member and Program Participant rates.

Automatic Payment/Draft Options

Automatic Payment Plan: The YMCA of Austin offers an automatic payment plan via our accounting software company called DAXKO.

PLEASE SELECT DRAFT DATE: [ ] 1st [ ] 15th (Please note, if you choose the 15th payment will be drafted on the 15th prior to the due date.)

OPTION 1: CREDIT/DEBIT CARD:

YOUR SECURITY MATTERS: \*If this credit card is on file, the Y will automatically set up your monthly payments. If this credit card is NOT on file, a Program Services YMCA staff person will call you to manually enter your credit card number into your YMCA account.

(Please select one)

- [ ] Visa [ ] American Express [ ] Mastercard [ ] Discover

Name of Card/Account Holder: \_\_\_\_\_ Cell/Work Phone: (\_\_\_\_) \_\_\_\_\_

\*Last four digits of Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this the primary contact for all billing concerns/questions? CIRCLE ONE YES NO

OPTION 2: BANK DRAFT/EFT:

\*\*Please include a voided check with this form\*\* (This needs 10 business days to authorize before we could use this account. Please note that the EFT/Check account cannot be used as a form of payment after the payment due date.)

Name of Account Holder: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

ANNUAL CAMPAIGN:

The YMCA of Austin believes that every child deserves the opportunity to participate in safe, fun, and enriching afterschool programming. Your donation will give another child that opportunity.

I would like to donate to the Annual Campaign so that a child in need can attend Y Afterschool.

Please charge me an additional: [ ] \$20 [ ] \$50 [ ] \$100 [ ] Please add \$10 to my child's monthly fee

Authorization: I hereby authorize the YMCA of Austin to debit the above credit card/bank draft/EFT on the dates indicated for my 2018-2019 Afterschool Care payments in the amount of \_\_\_\_\_.

X \_\_\_\_\_ Signature of Parent/Guardian

X \_\_\_\_\_ Date