



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NORTHWEST VALLEY FAMILY YMCA 2018-19 BEFORE & AFTER SCHOOL PROGRAM

This program is not licensed by the State of Arizona and operates under Arizona Revised Statute 36-884.6

Child's name _____ Birth date _____ Grade _____ Age _____
 Parent's name _____ Birth date _____ (Required for registration)
 Address _____ City _____ AZ Zip code _____
 Home # _____ Work # _____ Cell# _____
 Parent's E-mail address _____ (Required for registration)

| | | |
|--|--|----------------------------------|
| MY CHILD'S FIRST DATE OF TRANSPORTATION: _____ | Draft on the 1 ST of every month (check plan you are registering for and circle rater) | |
| <input type="checkbox"/> AFTER SCHOOL PLAN | MEMBER | NON-MEMBER |
| After school transportation & program to the Northwest Valley Family YMCA for Y Programs. Includes early release days. Please select your child's school: <input type="checkbox"/> ACA Academy <input type="checkbox"/> Dysart <input type="checkbox"/> El Mirage <input type="checkbox"/> Luke <input type="checkbox"/> Marley Park <input type="checkbox"/> Riverview | \$ 180 | MUST BE A YMCA MEMBER |
| <input type="checkbox"/> BEFORE SCHOOL PLAN | MEMBER | NON-MEMBER |
| Before school program & transportation from the Northwest Valley Family YMCA. Includes early release days. Please select your child's school: <input type="checkbox"/> ACA Academy <input type="checkbox"/> Dysart <input type="checkbox"/> El Mirage <input type="checkbox"/> Luke <input type="checkbox"/> Marley Park <input type="checkbox"/> Riverview | \$ 50 | MUST BE A YMCA MEMBER |

YMCA PROGRAMS ARE AVAILABLE ON OUT-OF-SCHOOL DAYS AT AN ADDITIONAL COST, PLEASE SEE FRONT DESK FOR DETAILS

DUE AT TIME OF REGISTRATION:

| | | |
|--|--|---------------------|
| \$35 or 0 | Child Care Registration Fee/per child or waived with Family Membership | For office use only |
| \$ | First month childcare payment (if registration not received 10 days prior to the 1 st) | Starfund # |
| Total due today: _____ | | Date |
| Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD | | Staff Initials |
| Credit Card # | Exp. Date | Comments: |
| Cardholder's Name | | |
| Draft Begins on: / 01 / | | |

SESSION BILLING IS BASED ON THE FULL SCHOOL YEAR PRICE AND THEN DIVIDED INTO 10 EQUAL PAYMENTS. EACH MONTH YOU PAY 1/10TH OF YOUR TOTAL BILL, REGARDLESS OF THE NUMBER OF SCHOOL DAYS ACTUALLY OCCURRING IN THAT MONTH. THIS INCLUDES MONTHS THAT CONTAIN INTERSESSIONS & SCHOOL BREAKS. THE Y DOES NOT GIVE CREDITS FOR ILLNESSES, HOLIDAYS OR FAMILY VACATIONS TAKEN DURING SCHOOL DAYS. ALL PLANS USE THE ATS BANK DRAFT (CREDIT/DEBIT CARD) SYSTEM AND ARE WITHDRAWN ON THE 1ST OF EACH MONTH. REGISTRATIONS MUST BE RECEIVED 10 DAYS PRIOR TO THE 1ST TO BE INCLUDED ON THE DRAFT OR PRE-PAYMENT IN FULL FOR THAT MONTH IS REQUIRED.

IF YOUR PAYMENT IS RETURNED BY YOUR FINANCIAL INSTITUTIONS FOR ANY REASON, THE ITEMS WILL BE RE-PRESENTED ELECTRONICALLY AND YOU WILL BE CHARGED A \$25 PROCESSING FEE. IF YOU ARE LATE IN PICKING UP YOUR CHILD(REN) A DOLLAR PER MINUTE LATE FEE WILL BE APPLIED TO YOUR ACCOUNT. YOU MAY DISENROLL WITH A 30 DAY PRIOR WRITTEN NOTICE. THIS NOTICE MUST BE TURNED INTO THE AHWATUKEE FOOTHILLS FAMILY YMCA.

ATS BANK DRAFT DATES: 8/1 9/1 10/1 11/1 12/1 1/1 2/1 3/1 4/1 5/1

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE.

Parent/Guardian's Signature _____ Date _____

Financial Assistance is available upon request. You must fill out and attach a Financial Assistance Form and provide proof of income