



AHWATUKEE FOOTHILLS FAMILY YMCA 2019/2020 CHILDCARE REGISTRATION FORM

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)

Note: Parents must call 480-759-6762 by 10:00am, when the child will be absent from the Child Care Program, or a \$5 fee will be assessed towards your next month draft for each occurrence.

MY CHILD'S FIRST DATE OF CARE: _____		<i>CHOOSE ALL PLANS OF CARE NEEDED</i>		Draft on the 1ST of every month <small>(check plan you are registering for and circle rater)</small>	
<input type="checkbox"/> AFTER SCHOOL PLAN				MEMBER	
After school child care including transportation to YMCA site from school dismissal until 6:30 PM. Includes early release days from Kyrene School District. Transporting from: Please (✓) <input type="checkbox"/> Cerritos <input type="checkbox"/> Estrella <input type="checkbox"/> Keystone <input type="checkbox"/> Lagos <input type="checkbox"/> Milenio <input type="checkbox"/> Monte Vista <input type="checkbox"/> Sierra				\$ 235	
				\$ 295	
One day care and break week camps available during school closures for an additional fee.					

YMCA Facility (walked over) _____ (Sierra/Keystone) YMCA Facility (bussed from school) _____

PROGRAM CLOSED: ● Labor Day ● Veteran's Day ● Thanksgiving Day and day after ● Christmas Day
 ● New Year's Day ● Martin Luther King Day ● Presidents Day ● Good Friday ● Memorial Day
 Any other days will be posted if needed

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED:

Signed registration form Completed emergency card Immunization record Best of Care form Bank draft form & credit debit number

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)	Date	Staff Initials
Total due today: _____		Comments:	
Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD			
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.

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

Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies

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.

DES participants must attach your Certificate of Authorization to this form.