FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AHWATUKEE FOOTHILLS FAMILY YMCA
2019/2020 TEEN AFTER SCHOOL TRANSPORTATION

ADVENTURES is not licensed by the state of Arizona

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 1:00 PM, 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: _____ *CHOOSE ALL PLANS OF CARE NEEDED*	**Draft on the 1st of every month** (check plan you are registering for and circle rater)	
☐ **AFTER SCHOOL PLAN**	**MEMBER**	**NON- MEMBER**
After school child care including transportation to YMCA site from school dismissal until 6:30 PM **Includes early release days.** ☐ Altadena Middle ☐ Akimel A-al Middle	**$ 55**	**$ 85**

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 1st)	Starfund #
Total due today: _____	**Paid by:** ☐ Check # _____ ☐ CASH ☐ CREDIT CARD	Date Staff Initials
Cardholder's Name		Comments:
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 ALL PLANS USE THE ATS BANK DRAFT (CREDIT/DEBIT CARD) SYSTEM AND ARE WITHDRAWN ON THE 1ST OF EACH MONTH.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

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.