



SOUTHWEST VALLEY 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 _____
 Primary Phone (C) or (H) _____ Work _____
 Parent's E-mail address _____ (Required for registration)

Note: Parents must call 602-212-5135 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: _____	Draft on the 1 st of every month (circle rate)	
AFTER SCHOOL PLAN	MEMBER	NON-MEMBER
After school child care including transportation to YMCA site from school dismissal until 6:00 PM. Includes early release days. Transporting from: Please (✓) Archway Trivium: <input type="checkbox"/> East Campus <input type="checkbox"/> West Campus <input type="checkbox"/> Corte Sierra <input type="checkbox"/> Palm Valley Dreaming Summit <input type="checkbox"/> Litchfield <input type="checkbox"/> Mabel Padgett <input type="checkbox"/> St. Thomas <input type="checkbox"/> Rancho Santa Fe <input type="checkbox"/> Wigwam Creek (Min 3 Req.) <input type="checkbox"/> Western Sky (Min. 3 Req.)	\$ 210	\$ 300
AFTER SCHOOL PLAN / FRIDAYS ONLY	MEMBER	NON-MEMBER
After school child care including transportation to YMCA site from school dismissal until 6:00 PM. Friday Care only. Transporting from: <input type="checkbox"/> Odyssey	\$ 115	\$ 185
Break week camps available during school closures for an additional fee.		

PROGRAM CLOSED: ● Labor Day ● Veteran's Day ● Thanksgiving Day and day after ● Christmas Eve/Day
 ● New Year's Day ● Martin Luther King Day ● Presidents Day ● Good Friday ● Memorial Day
Any other days will be posted if needed-Minimum attendance required to provide full day care.

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED:

Signed registration form Completed emergency card Immunization record Best of Care form

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)	ID #	
Total due today: _____	Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> CASH <input type="checkbox"/> 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 FINANCIAL INSTITUTION FOR ANY REASON RETURNS YOUR PAYMENT, 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 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, attach a Financial Assistance form, and provide proof of income. DES participants must attach your Certificate of Authorization to this form.