



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## VALLEY OF THE SUN YMCA

# 2020/2021 AFTER SCHOOL ADVENTURES

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

RETURN COMPLETED ENROLLMENT PACKET TO: [DCASEM@VOSYMCA.ORG](mailto:DCASEM@VOSYMCA.ORG)

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 623-302-1793 by 12:00 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.

AFTER SCHOOL PLAN	Fee due on the 1 <sup>st</sup> of each month
After school program at school from dismissal until 6:00 PM (Creighton) and 6:30 PM (Biltmore Prep) Includes early release days.	\$ 200

Location: Please (✓)

- Biltmore Preparatory Academy
- Creighton Academy

**PROGRAM CLOSED:** ● Labor Day ● Veteran's Day ● Thanksgiving Day and day after ● Christmas Eve/Day  
 ● New Year's Eve/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 information

**CREIGHTON DISTRICT EMPLOYEES RECEIVE 20% DISCOUNT. ARE YOU A DISTRICT EMPLOYEE?**

- YES  NO

**FEES DUE AT TIME OF REGISTRATION:**

\$ 0	Child Care Registration Fee waived with program partnership	<b>FOR OFFICE USE ONLY:</b>
\$	First month childcare payment	Date Received: / /
\$	<b>TOTAL DUE TODAY</b>	Staff Initials:
Draft Begins on: / 01 /		

**PAYMENTS AND BILLING:**

- All plans use the ATS Bank Draft (credit/debit card) system and are withdrawn on the 1<sup>st</sup> of each month.
- Session billing is based on the full school year price and then divided into equal payments. Each month you pay 1/7<sup>th</sup> 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, absent days, holidays or family vacations taken during school days.
- Payments returned NSF for any reason will be re-posted electronically and you will be charged a \$25 processing fee.
- If you are late in picking up your child(ren) \$1.00 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 Program Director.

**DUE DATES/BANK DRAFT DATES:** 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 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.



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Scholarship form available at [valleymca.org/join-the-y/financial-assistance/](http://valleymca.org/join-the-y/financial-assistance/)

### **EMERGENCY INFORMATION**

<b>Child's Name:</b>		<b>Anticipated Start Date:</b>	
<b>Home Address/PO:</b> <b>State:</b> <b>Zip:</b>		<b>City:</b>	<b>Email:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <b>Male</b> <b>Female</b>	

<b>Mother/Guardian Name:</b>	<b>Home Address:</b>
<b>Cell Phone:</b>	<b>Business Phone:</b>

<b>Father/Guardian Name:</b>	<b>Home Address:</b>
<b>Cell Phone:</b>	<b>Business Phone:</b>

I authorize the following individuals to collect my child from the program in case of an emergency or if I cannot be contacted:

<b>Name:</b>	<b>Telephone:</b>
<b>Name:</b>	<b>Telephone:</b>
<b>Name:</b>	<b>Telephone:</b>
<b>Name:</b>	<b>Telephone:</b>

<b>In case of injury or sudden illness, I request that this individual be called first if parent/guardian is unable to be contacted</b>	<b>Name:</b>	<b>Telephone:</b>
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file:  Yes  No  N/A

### Medical Information

Is child allergic to food or other substances?  No  Yes

If yes, describe symptoms, name food or substance to be avoided, and the procedure to follow if reaction occurs.

Is child usually susceptible to infections?  No  Yes

If yes, list precautions that should be taken:

Is child subject to convulsions?  No  Yes

If yes, specify procedure if one occurs:

Is there any physical condition that we should be aware of?  No  Yes

If yes, list precautions that should be taken:

Does child take medication on a daily/weekly basis?  No  Yes

If yes, please list medication and reason:

To create a successful experience for your child, what additional information would you like to share?

The Emergency Information provided is accurate and complete, front and back, and was provided by:

(I, Parent/Guardian, will continuously update this Emergency Information form as needed)

Parent/Guardian PRINTED Name:

SIGNED Name:

Date:



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