



Mat-Su YMCA Before/After School Program 21/22

Child's Name: _____ Male/Female DOB: _____

Registering Parent: _____ Military: Yes/No

Registering Parent Mailing Address: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Before/After School Cost: \$450 per month. Fees will be paid by the following:

Registering Parent	Open Doors Scholarship Program	DCAP		
JOBS	CITC	OCS	DFS	Other

Payment required at time of registration. (Must attached copy of assistance authorization or parent is responsible for child care payment until we receive it.) Following items must be on file for each child to attend before and after school program:

- Registration Form
- Information Sheet
- Emergency Record Card (and IEP if necessary)
- Automatic Withdrawal Form for Childcare (optional)
- Current Shot Record or Legal Exemption
Current Physical

Please read the following statements and sign below:

- I understand that fees must be paid by the first of the month prior to attendance.
- If on assistance my portion of the bill must be paid by this date also.
- I have received a Parent Packet and agree to abide by all policies and procedures.
- I understand that there are no refunds for non-attendance.

- A two-week notice is required to change enrollment.
- I understand that I am responsible for keeping my assistance authorizations current as I am ultimately responsible for all payments.
- Permission is granted to the Mat-Su YMCA to use photographs of my child taken at the program for publicity and promotions.

Parents Signature: _____ Date: _____

Staff Signature: _____ Date: _____

MAT-SU YMCA
FAMILY INFORMATION SHEET

1. Child's full name: _____
2. Nickname: _____
3. Does your child have an IEP? If so, why? _____
4. Number of brothers _____; number of sisters _____
5. Any siblings enrolled in the School Age Program? _____
6. Who lives in the home? _____
7. Has your child been in a childcare setting before this? _____
8. How does your child feel about joining the School Age Program? _____

9. Does your child swim? _____
10. What does your child like to do during free time? _____
11. What type of discipline works best for your child? _____
12. What is your child's primary language? _____
13. Which of the following races best describes your child?

OPTIONAL FOR GRANT INFO:

White Black Native Asian Hispanic Pacific Islander Other

Please circle your family's annual income:

- \$0 - \$25,000 \$25,001 - \$35,000 \$35,001 - \$45,000 \$45,001 - \$55,000;
 \$55,001 - \$65,000 \$65,001 - \$75,000 More than \$75,001



EMERGENCY RECORD CARD



CHILD'S INFORMATION

Last Name:	Date of Birth:
First Name:	First Day in Care:
Siblings enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Custody Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

NAMES OF PARENT(S) OR LEGAL GUARDIAN(S) CONTACT INFORMATION

Name:	Relationship:	Name:	Relationship:
Place of Employment / Other:		Place of Employment / Other:	
Phone:		Phone:	
Physical Home Address:		Physical Home Address:	
Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:	Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:
E-mail Address:		E-mail Address:	

PERSONS AUTHORIZED TO PICK-UP CHILD – Emergency / Routine

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations only or at other routine times. Individuals cannot be under the age of 16.

Name:	Daytime Phone:	Cell:	<input type="radio"/> Emergency <input type="radio"/> Routine
Name:	Daytime Phone:	Cell:	<input type="radio"/> Emergency <input type="radio"/> Routine
Name:	Daytime Phone:	Cell:	<input type="radio"/> Emergency <input type="radio"/> Routine
Name:	Daytime Phone:	Cell:	<input type="radio"/> Emergency <input type="radio"/> Routine

****Signature of Parent or Legal Guardian and periodic updates required below****

MEDICAL INFORMATION and RELEASE FOR MEDICAL CARE

Child's Name:	Child Care Facility:
<input type="radio"/> My child has NO ongoing health concerns, including allergies or ongoing medications	
- OR -	
<input type="radio"/> My child has the following chronic health concerns:	
<input type="radio"/> allergies (list all): <input type="radio"/> Asthma <input type="radio"/> Diabetes <input type="radio"/> Seizures or epilepsy <input type="radio"/> Other (list): <input type="radio"/> My child takes the following ongoing medications:	
PREFERRED MEDICAL FACILITY INFORMATION	
Physician's Name:	Physician's Phone (recommended):
Preferred Hospital: <input type="radio"/> Providence <input type="radio"/> Regional <input type="radio"/> ANMC <input type="radio"/> JBER <input type="radio"/> Other:	

I, the parent or legal guardian of _____, am verifying that this medical information is correct and complete. I hereby give the above named facility permission to seek emergency medical treatment, including necessary emergency paramedic transport for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care and any related medical transportation costs.

Signature of Parent or Legal Guardian _____

Date Signed _____

Information on this Emergency Record Card must be Reviewed and Updated Semi-annually

Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial

Mat-Su YMCA
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Name on Bank Account (please print) _____

Address _____ City _____ State _____ Zip _____

Please debit my ongoing MEMBERSHIP from my (check one):

Checking Account

Debit Card

Card # _____

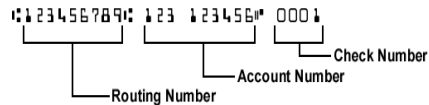
CVS (3digit code from back of card) _____

Expiration date _____

Routing Number _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



Please debit my ongoing CHILDCARE FEE from my (check one):

Checking Account

Debit Card

Card # _____

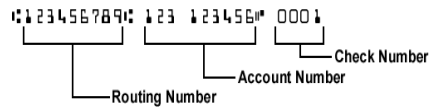
CVS (3digit code from back of card) _____

Expiration date _____

Routing Number _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



CONTRIBUTION INFORMATION

Your contributions to the YMCA will help provide a scholarship for lower income children to participate in this program

(Please indicate your contribution amount and frequency):

\$ _____

Weekly

Semimonthly - Debited on the 1st and the 15th

Monthly

Please make my ongoing contribution effective From: _____ To: _____

I authorize the MAT-SU YMCA to process debit entries from my account according to the:

MEMBERSHIP withdraw information above.

CHILDCARE withdraw information above.

I understand that this authorization will remain in effect until I provide notification of its termination.

Authorized Signature: _____ Date: _____