



TIME TO EXPLORE SEE YOU THERE!

ANCHORAGE COMMUNITY YMCA SCHOOL AGE CHILD DEVELOPMENT PROGRAM 2018-19

Child's Name: _____ Male Female Date of Birth: _____

Has IEP? Yes No School Site: _____ When Starting: _____ Grade _____

Mandatory YMCA Membership: Youth Single Parent Family

Registering Parent: _____ Military: YES NO

Registering Parent's Mailing Address: _____ Zip: _____

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

AM/PM cost \$425.00 AM ONLY: cost \$275.00 PM ONLY: cost \$375.00

Fees will be paid by the following:

REGISTERING PARENT OPEN DOORS SCHOLARSHIP PROGRAM (Y-FA)

DCAP JOBS CITC OCS DFS OTHER

Need payment at time of registration. (Must attach copy of assistance authorization or parent is responsible for childcare payment until we receive it.)

We must have the following items on file for your child to be able to attend.

Check Sheet

Information Sheet

Emergency Child Record and IEP (if there is one)

Automatic payment withdraw form for membership (mandatory)

Automatic payment withdraw form for childcare (optional)

Current Shot Record or Legal Exemption

Current Physical

Please read the following statements:

- I understand that fees must be paid by the 1st of the current month before 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 in it.
- 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 YMCA to use photographs of my child taken at the program for publicity and promotions.

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

ANCHORAGE COMMUNITY 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="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> 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:
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My child has **NO** ongoing health concerns, including allergies or ongoing medications

- OR -

My child has the following chronic health concerns:

allergies (list all):

Asthma Diabetes Seizures or epilepsy Other (list):

My child takes the following ongoing medications:

PREFERRED MEDICAL FACILITY INFORMATION

Physician's Name:	Physician's Phone (recommended):
Preferred Hospital: <input type="checkbox"/> Providence <input type="checkbox"/> Regional <input type="checkbox"/> ANMC <input type="checkbox"/> JBER <input type="checkbox"/> 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

**ANCHORAGE COMMUNITY 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 # _____

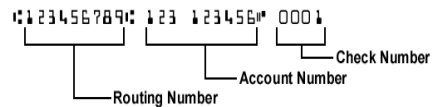
CVS (3digit code from back of card) _____

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 # _____

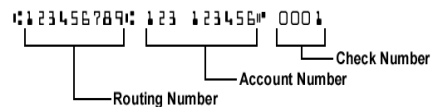
CVS (3digit code from back of card) _____

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 **ANCORAGE COMMUNITY 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: _____