



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Member/Program Number: _____

PETAL Afterschool 2022-23

School _____ Grade _____

PLEASE NOTE: Registration fee & 1st MONTH'S Payment MUST accompany this form.

CHILD'S INFORMATION – PLEASE PRINT

LAST: _____ FIRST: _____ MIDDLE: _____ SEX: MALE FEMALE

NAME THE CHILD IS CALLED: _____ DATE OF BIRTH: _____ AGE: _____

HOME ADDRESS: _____ CURRENT SCHOOL GRADE: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

Ethnicity: Asian African/American Hispanic Native American Caucasian Other _____

PARENT(S)/GUARDIAN(S) INFORMATION:

GUARDIAN 1 FULL NAME: _____ PLACE OF BUSINESS: _____

HOME ADDRESS: _____ W Ph: _____ D.O.B _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

Ethnicity: Asian African/American Hispanic Native American Caucasian Other _____

GUARDIAN 2 FULL NAME: _____ PLACE OF BUSINESS: _____

HOME ADDRESS: _____ W Ph: _____ D.O.B _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

Ethnicity: Asian African/American Hispanic Native American Caucasian Other _____

CONTACTS IN CASE OF AN EMERGENCY IF PARENT CANNOT BE LOCATED

NAME: _____ PHONE: _____ RELATIONSHIP: _____

1. _____

2. _____

PARENTS PLUS OTHERS AUTHORIZED TO PICK UP/BRING YOUR CHILD TO CAMP:

Must be prepared to show picture ID. See Handbook, page 4, Section 5.

NAME: _____ PHONE: _____ RELATIONSHIP: _____

1. _____

2. _____

3. _____

4. _____

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

Please indicate any medical or behavioral conditions that we should be aware of, including any allergies

PARENT or GUARDIAN'S SIGNATURE: _____ Date: _____

COMPLETE, SIGN AND DATE EACH OF THE SECTIONS THAT FOLLOW:

Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability: Member agrees to cooperate with others in the accomplishment of the YMCA's accepted purpose. Member assumes all risks of the injury arising out of his or her presence on or about the premises or at another location, use of or intended use of equipment and facilities, or his or her participation in the activities of The Family YMCA, a not for profit corporation, and does hereby for himself, heirs, executors and administrators, **waive release and agree to hold free from all claims for damages** The Family YMCA, its branches, respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity or promotions. I declare myself/household to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my household to the policies and procedures of The Family YMCA.

Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT

PLEASE NOTE: In case of emergency, if your child is transported to a medical facility, The Family Y/Petal Family Y will not assume responsibility for medical costs incurred. You will be responsible for these costs. We expect you to have personal medical insurance to respond to your child's sickness or injury. If you are unable to afford personal insurance, you will be expected to carry "CHIP" Children's Health Insurance Program, from the State of Mississippi. Insurance carried by The Family Y/Petal Family Y is designed to be secondary to personal insurance. In the event the secondary insurance from The Family Y/Petal Family Y is utilized, you will be responsible for the \$100 deductible per injury.

The Family Y has permission to obtain emergency medical treatment for my child.

CHILD'S NAME: _____ DATE: _____

CHILD'S PHYSICIAN: _____ ADDRESS: _____

PHYSICIAN'S PHONE #: _____ LIST ALLERGIES YOUR CHILD MAY HAVE: _____

SIGNATURE: _____ WITNESS: _____

INSURANCE COMPANY: _____ POLICY ID#: _____

I RECEIVED A CHIPS APPLICATION: SIGNATURE _____ WITNESS: _____

PHOTOGRAPHY/VIDEO PERMISSION

I DO DO NOT give my permission for my child to be photographed or videotaped at the Petal Family YMCA and use the resulting photographs for any purpose The Family Y deems proper, and I relinquish all rights, title, and interest in the finished photographs and negatives.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ DATE: _____

FIELD TRIP/TRANSPORTATION PERMISSION

My child DOES DOES NOT have permission to participate in field trips and special activities at the Petal Family Y. I understand that I will receive additional information before each individual trip/activity and will make arrangements with the center if I do not wish for my child to participate.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ DATE: _____

PARENT/GUARDIAN AGREEMENT AND DISCLAIMER

The undersigned does hereby acknowledge that he/she has received a copy of the handbook for parents, which includes a summary of Mississippi standards for childcare centers, child abuse laws, and communicable disease regulations. That he/she has read and understands its contents, and that all policies aforesaid will be complied with by the undersigned. The undersigned hereby certifies to comply with the terms and conditions concerning fee payment and medical requirements concerning his/her child.

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____ WITNESS: _____



PETAL Afterschool 2022-23

Enrollment Schedule

Child's Name: _____

School: _____

Your child will be picked up **THE DAY FOLLOWING** registration at The YMCA, **not the day of registration.** My child will start Afterschool at the PETAL YMCA on:

Day: _____ Date: _____

Parent or Guardian's Signature _____

Date _____

YMCA Staff Signature: _____

Date: _____

PAYMENT INFORMATION

Registration Fee \$50.00 per child _____

NON- REFUNDABLE (no scholarships/discounts)

1st month ***first*** child (Scholarship ___%) _____

\$20.00 off ***second*** child (Scholarship ___%) _____

\$20.00 off ***third*** child (Scholarship ___%) _____

Total Due: _____

Parent or Guardian's Signature _____

Date _____

YMCA Staff Signature: _____

Date: _____

Help us make a difference in a child's life – donate to the YMCA Campaign for Youth & Families.

The Family YMCA and Petal YMCA serve the greater Pine Belt area by awarding fee assistance to those in need...and ***we are always looking for people with a heart to give.***

The YMCA never turns anyone away because of an inability to pay – that's why contributions to the YMCA's Campaign for Youth and Families are so important. They provide much-needed, fee assistance to hundreds of kids, families and active adults, allowing them to benefit from YMCA membership and programming. ***If we can strengthen the life of one child or family, we can strengthen the foundation of our community. If you believe in what we do, the Campaign for Youth & Families is one way you can help; just add to your weekly rate.***

\$2 per month \$ 5 per month \$10 per month \$15 per month \$20 per month

Other _____ Please accept this one-time contribution of \$ _____ to Youth & Families Campaign

Signature: _____

Date: _____

CHECK LIST

PETAL Afterschool 2022-23

YMCA Personnel: Use this form to check each area of the application for completion. Registration cannot be completed if the information in each section (including Insurance) is not complete and if payment is not made for registration fee and first month.

___ 1. Application

___ Parent/Guardian Information with Date of Birth

___ Emergency Contact

___ Parental authorization (signed and dated) for people authorized to pick-up and drop off child

___ Special Needs (signed and dated)

___ YMCA Permission for Enrollment and Release

___ Parental authorization (signed and dated) for emergency medical treatment.
This must include insurance information.

___ Parental authorization (signed and dated) for any photography/video of participant

___ Parental authorization (signed and dated) for field trips/transportation

___ 2. Enrollment/ Payment Policy (signed and dated)

___ 3. Registration Payment Sheet (for staff)

___ 4. Copy of Camp Policies and Procedures (given to parent/guardian), which includes Mississippi Child Abuse Law and Child Care Regulation Summary for Parents

All information above is complete as initialed.

Date Completed: _____

Signature of Staff: _____



DATE

MEMBERSHIP #

AFTERSCHOOL PROGRAM BANK DRAFT AGREEMENT

Authority to Draw ACH Drafts for Family YMCA Afterschool Payment

Petal

PLEASE PRINT

Name of CHILD/CHILDREN ENROLLED in Afterschool Program:			
Parent Name: Last:	First:	Middle:	
Street:	City:	State:	Zip:
Hm Phone: ()	Work: ()	Cell:()	Date Of Birth:
Place of Employment:		Occupation:	

NAME OF BANK CUSTOMER (EXACTLY AS CHECKS ARE PRINTED)

First Name:	Middle Name:	Last Name:
Draft Date: 5th of each month	Bank Name:	
Transit Routing Number:	Account Number :	
Signature - Sign As You Sign Your Checks:		
Payment At Registration: \$ _____ Draft Beginning Date _____ in the amount of \$		

I have given authority to the bank listed above to honor preauthorized drafts drawn on my account for Afterschool Program payments as indicated above. It is understood that the sending of a preauthorized check to the bank, as payment becomes due, shall constitute valid notice of such payment due on this Afterschool Program account. When the bank honors the check by charging my account, such checks shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus any return fees.

Please Include A Check Or A Copy Of Your Check With The Application

AFTERSCHOOL PROGRAM FEES:

YMCA Member \$225 per month (2nd child \$205)
Non-member \$305 per month (2nd child \$285)

_____ **To cancel my Afterschool Draft,** I must notify the YMCA in writing by the 26th of the month prior to the month I wish my draft to end.

6/14/2022

Petal Family YMCA Afterschool Payment Schedule 2022-2023



Fee	Due Date	Monthly notes
Registration fee	At Registration	\$50 Fee
Monthly Rates	1 st of Each Month	\$225 Member / \$305 Non-Member
July 22-31	----	Included in August monthly fee
August 1-31	At Registration	
September 1-25	September 1, 2022	*Closed Sept. 5 for Labor Day*
September 26-30	September 22, 2022	Fall Break-Additional Fee if attending
October 1-9	September 29, 2022	Fall Break/Petal Plus Week-Additional fee if attending
October 10-31	October 1, 2022	
November 1-20, 26-30	November 1, 2022	
November 21-25	November 17, 2022	Thanksgiving Break-Additional Fee if attending
December 1-18	December 1, 2022	Fee includes 60% day on Dec. 16
December 19, 2022 -January 3, 2023	December 15, 2022	Christmas/New Year's Break-Additional Fee if attending
January 3-31	January 4, 2023	Fee includes Full Day Camp on Jan. 3 and on MLK Day, Jan. 16
February 1-28	February 1, 2023	Fee includes Full Day Camp for Presidents' Day, Feb. 20
March 1-12, 27-31	March 1, 2023	
March 13-19, 20-26	March 9, 2023	Spring Break-Additional Fee if attending Spring Break/Petal Plus Week- Additional Fee if attending
April 1-30	April 1, 2023	Fee includes Full Day Camp for Good Friday, April 7
May 1-26	May 1, 2023	Fee includes 60% day on May 26 *additional fees apply for Summer Camp which begins May 30, 2023

Explanation of monthly fees:

180 school days in the school year + the single days school is out as indicated above

This includes:

Full Day Camp on July 22 or 25 when student does not attend school due to staggered start,

Early release on Friday, Dec 16

Full Day Camp on Jan. 2, Jan. 16, April 7

Early release on Friday, May 26

Total fees for school year = \$2250 (\$3050 non-members)

Divided by 10 months in the school year (Last week of July/August – May)

Monthly fee = \$225 for Y members

\$305 for non-members

School Break Camps:

Fall Break, Thanksgiving, Christmas/New Year's weeks, Spring Break, and Petal Plus weeks are ADDITIONAL FEES based on your child's attendance. Registration and payment for these weeks will be due no later than the Thursday prior to the School Break camp week. Fees for School Break Camps are \$30/day or \$95/week for YMCA members and \$35/day or \$115/week for Non-members. Afternoons Only Petal Plus weeks are \$65/week for YMCA members or \$85/week Non-members.

Payment Policies

- A. Payment is due on the 1st of each month.
- B. Payment is considered late on the 10th of the month and a late payment fee of \$10 will be added to the balance.
- C. Accounts with outstanding balances on the 14th of the month will result in withdrawal from our program for lack of payment.
- D. If your child is unenrolled due to lack of payment, your child will not be allowed to attend the YMCA Afterschool program beginning the 14th of the month.
- E. If full payment is not received and your child rides the bus to the Y after withdrawal from our program has occurred, your child must be picked up immediately upon arrival. Mississippi Department of Health regulations do not allow children not enrolled in our program to remain on site.
- F. After fees are paid, the child can be reinstated if space is available; your slot will not be reserved.
- G. Accounts must be paid in full in order to register for Fall Break, Thanksgiving week camp, the 2-week camp for Christmas/New Years, Spring Break camp or summer camp. Payment for these camps is required the week before the camp begins.
- H. Petal Plus week must be registered as Full day or Afternoon Only prior to week of attendance. Payment is due by Thursday of the week prior.