

The Family YMCA Afterschool Payment Schedule 2022-2023  
Lamar County School District: Longleaf, OG Primary, OG Lower, and  
 OG Upper Elementary



Fee	Due Date	Monthly notes
<b>Registration fee</b>	<b>At Registration</b>	<b>\$50 Fee</b>
<b>Monthly Rates</b>	<b>1<sup>st</sup> of Each Month</b>	<b>\$250 Member / \$330 Non-Member</b>
July 21-29	<b>At Registration</b>	Included in August Fees
August 1-31	<b>At Registration</b>	Fee includes your child's staggered start day, July 25-29 and Full Day Care on August 15
September 1-25	September 1, 2022	*Closed Sept. 5 for Labor Day*
September 26-30 October 3-9	September 22, 2022	Intercession Pick-Up and Fall Break Care will be additional fees if attending
October 10-31	October 1, 2022	
November 1-18, 28-30	November 1, 2022	
November 21-25	November 17, 2022	Thanksgiving Break Care will be an additional fee if attending *Closed November 24 and 25 for Thanksgiving*
December 1-18	December 1, 2022	Fee includes 60% day on Dec. 16
December 19-30	December 15, 2022	Christmas Break Care will be additional fees if attending
January 2-31	January 4, 2023	Fee includes Full Day Care on Jan. 2 and 3 and MLK Jr. Day on Jan 16
February 1-28	February 1, 2023	Fee includes Full Day Care on Feb. 20
March 1-10, 27-31	March 1, 2023	
March 13-17, 20-24	March 9, 2023	Intercession Pick-Up and Spring Break Care will be additional fees if attending
April 1-30	April 1, 2023	Fee includes Full Day Care 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 days school is out as indicated above and below:

This includes:

- Full Day Care on Monday, Aug. 15
- Early release on Friday, December 16
- Full Day Care on Jan. 2, 3, and MLK Jr. Day, Jan. 16
- Full Day Care on Monday, Feb. 20
- Full Day Care on Good Friday, April 7
- Early release on Friday, May 26

Total fees for school year = \$2,500 (\$3,300 non-members)

Divided by 10 months in the school year (August – May)

Monthly fee = \$250 for Y members  
 \$330 for non-members

**Holiday Breaks:**

Fall Break, Thanksgiving, Christmas/New Year's weeks, and Spring Break, 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 week of attendance. Fees for Holiday Care are \$30/day or \$95/week for YMCA members and \$35/day or \$115/week for Non-members.

**Payment Policies**

- A. Payment is due on the 1<sup>st</sup> of each month.
- B. Payment is considered late on the 10<sup>th</sup> of the month and a late payment fee of \$10 will be added to the balance.
- C. Accounts with outstanding balances on the 14<sup>th</sup> 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 14<sup>th</sup> 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 Care, Thanksgiving Care, the 2-week for Christmas/New Year's Holiday Care, Spring Break Care, or Summer Camp. Payment for these breaks is required the week before the care begins.
- H. Intercession weeks must be registered as Holiday Care prior to week of attendance. We will only pick up from the Intercession if there are 5 or more students registered on each route. Payment is due to reserve you child's spot.

6/23/2022
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Member/Program Number: \_\_\_\_\_

# HATTIESBURG Y Afterschool 2022-23

School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE NOTE: Registration fee & 1<sup>st</sup> WEEK'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/family 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 family 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 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 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: \_\_\_\_\_



# HATTIESBURG Y 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 **FAMILY 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)

1<sup>st</sup> 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

# HATTIESBURG Y 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 week.**

\_\_\_ 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:** \_\_\_\_\_