



JINGLE ALL THE WAY WITH YMCA HOLIDAY CAMP!

12/21 for TUSD grading day at Lighthouse YMCA
Week One: 12/26-12/28 (no camp 12/24 & 12/25)
Week Two: 1/2-1/4 (no camp 12/31 & 1/1)

Location - Lighthouse City YMCA
7:00am - 6:00pm

\$35 per child/day
\$90 per child if attending all 3 days in Week One &/or Week Two
Fees include any field trips
DES Certified

Morning & Afternoon snacks provided... **SACK LUNCH NEEDED!**
Spaces Limited - Sign up now!



For more information, please call
Sylvia at (520)795-9725



LIGHTHOUSE CITY YMCA

Holiday Camp

FULL DAY CARE

Child's Information

First Name: _____ Last Name: _____ DOB: _____

Gender: M F School: _____ Current Grade: _____

PARENT/GUARDIAN

First: _____ Last: _____ Email: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Cell #: _____ Work #: _____ Home #: _____

HOLIDAY CAMP at LIGHTHOUSE YMCA

Grading Day F - 12/21/18

Fees for Grading Day - \$35.00 per child

Week One - 12/26/18-12/28/18 Select Days: W Th F
 • No Camp on Christmas Eve 12/24/18 or Tuesday Christmas Day 12/25/18

Week Two - 1/2/19-1/4/19 Select Days: W Th F
 • No Camp Monday New Year's Eve 12/31/18 or New Year's Day 1/1/19

Fees for Week One & Week Two: \$35.00 per child/day OR \$90 for all 3 days



OTT/LIGHTHOUSE FAMILY YMCA FINANCIAL AGREEMENT

Select Payment Option:

Easy Payment Option (EFT)

I hereby authorize the YMCA of Southern Arizona to debit the account listed below for monthly child care program sessions for the 2018-2019 payment schedule. The Easy Payment Option (EFT) is the preferred billing method for the After School Program. Simply provide a credit, debit card or checking account and tuition will be automatically paid on the 5th of each month, or split between the 5th and 20th of each month.

Select Payment Schedule:

5th of the month

20th of the month

Split Plan - 50% on the 5th, 50% on the 20th

Select Payment Form:

MasterCard Visa Discover American Express

Account No: _____

Exp. Date: ____/____

Account Holder's Name: _____

Signature: _____ Date: ____/____/____

OR

Please Use My Card On File: _____ **(please include the last 4 digits on file)**

Signature: _____ Date: ____/____/____

OR

Checking Account (attach voided check)

Account No: _____

Routing No: _____

Account Holder's Name: _____

Bank Name: _____

My completed Financial Assistance Application is attached.

I receive DES Child Care Subsidies (must provide Certificate of Authorization).

Please sign after reading all items below:

- I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Arizona Dept. of Health Services, Office of Child Care Licensing regulations under which it operates.
- I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every twelve months.
- The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs. I must notify the YMCA staff immediately of any changes on this form.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. My child is responsible for walking from the bus or classroom to the YMCA program. It is my responsibility to arrange for any necessary transportation with the school my child attends. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand and agree to the child care conduct, transportation, and participation policies as outlined in the parent handbook. I am aware that a hard copy of the handbook is available upon request.
- The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website, or newspaper releases. (My initials here REVOKE photo/video release _____)
- I agree that any outstanding balances present after the above chosen date of payment will be processed with the financial information provided in addition to a \$25 late payment fee.
- Should any draft not be honored by my financial institution, I understand that cash payment and a \$25 service charge is due immediately.
- I understand that services will be refused and enrollment will be cancelled if the listed financial agreements cannot to be maintained.
- I agree that a written two week notice will be given upon disenrollment or change of program schedule and that corresponding childcare fees will apply.
- Any changes to the above listed financial information must be submitted in writing at the Ott or Lighthouse branch through an "EFT change" form.
- I understand there are no credits for sick or absent days missed in the program.
- I am aware that if I am in need of financial assistance I have the option to apply for a scholarship which would be only applicable for 2018-2019 school year.
- Late pick up fees are \$5 per minute, per child and will be charged accordingly.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date