



Member Number: _____

(Internal Use Only)

**OTT FAMILY YMCA
LIL' OTTERS PRESCHOOL
2018-2019**

CHILD'S INFORMATION

First Name: _____ Last Name: _____ DOB: _____

Gender: M F

Start Date: _____

PARENT/GUARDIAN #1

DOB: _____

First: _____ Last: _____ Email: _____

Address: _____ City: _____ Zip: _____

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

PARENT/GUARDIAN #2

First: _____ Last: _____ Email: _____

Address: _____ City: _____ Zip: _____

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

PLEASE CUSTOMIZE YOUR PROGRAM BELOW:

Number of days per week:	Days of Attendance:	Weekly Fee:
2 days per week	Tuesday & Thursday	\$43.00 per week
3 days per week	Monday, Wednesday & Friday	\$52.00 per week
5 days per week	Monday - Friday	\$65.00 per week



Please sign after reading all items below:

- 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.
- 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.
- 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 _____)

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

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date



PARENT FINANCIAL AGREEMENT

- 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 be maintained.
- I agree that a written two week notice must 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 the current school year.
- Late pick up fees are \$5 per minute, per child and will be charged on the next billing cycle.

Payment Option:

I hereby authorize the YMCA of Southern Arizona to debit the account listed below for monthly payments. The Electronic Funds Transfer (EFT) is the preferred billing method for our child care programs. Simply provide a credit or debit card and tuition will be automatically paid on the 5th or 20th of each month, or split between the 5th and 20th of each month.

Payment Schedule:

- 5th of the month
- 20th of the month
- Split Plan – 50% on the 5th, 50% on the 20th

Payment Form:

MasterCard Visa Discover American Express

Card #: _____

Expiration Date: _____ / _____

Name on Card: _____

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date



DES SERVICE AGREEMENT

Please read and complete this form if you are receiving DES services:

- Any changes in sites **MUST** be reported to your DES case worker in order for the YMCA to submit for payment otherwise parent or guardian will be held financially responsible for any non-payment from DES.
- All signatures on sign in/out sheets must be a legal signature with a minimum of first initial and last name as it appears on your driver's license.
- Any dates of service used after a DES stop date is issued will be billed at the full rate and parent or guardian will be held financially responsible for all fees incurred.
- DES allows two paid absences per month, anything exceeding will be the parent or guardians financial responsibility.
- Any unpaid DES co-pays will be reported to your DES case worker.

Please attach a current "Certificate of Authorization" form.

Child's Name: _____

Site / Program child attends: _____

Parent or Guardian's Name (please print): _____

Signature of Parent or Guardian: _____ Date: _____



**PLEASE ATTACH A COPY OF
YOUR CHILD'S CURRENT
IMMUNIZATION RECORDS
WITH REGISTRATION PACKET!**

**THANK YOU,
YMCA STAFF**