

2011/2012 Rochester Registration Form

(Please Print - one form per child)

Child's Name _____

Age _____ Grade in Fall in 2011 _____ Birth Date ____/____/____ M ____ F ____

Address _____ Zip _____

Person Enrolling Child _____ Relationship _____

Home # _____ Cell # _____ Work # _____

Address _____ E-mail _____

Alternative Adult Contact _____ Relationship _____

Home # _____ Cell # _____ Work # _____

Please register my child for the following:

- Before School Only \$40/week Y Members - \$30/week
- After School Only \$65/week Y Members- \$55/week
- Before and After School \$85/week Y Members- \$75/week
- Daily (please mark specific days) \$16/day
 - Monday Tuesday Wednesday Thursday Friday
- Full Days Only \$32/day (You will receive a list of full days once school calendar is approved)

As the person enrolling the child, I agree:

- To include a non-refundable registration fee of \$35 with this registration form.
- I understand this is a school-year length program. A school year consists of regular attendance days and school's out days (winter break, spring break, and institute days) set up by the school district.
- Weekly fees are due on Mondays two weeks in advance of the week of service.
- A two-week written notice is required to drop.
- As a result of this enrollment, if there are third party payors related to custody arrangements or government subsidy, I will make arrangements for the Y to receive these payments but understand I am the sole person responsible for the Y receiving any and all fees associated with the Y Before and after School program. If the account becomes delinquent, the Y reserves the right to deny service for any Y program and future placement in Before and After School program is not guaranteed.
- To read the Parent Manual and complete and return the Parent Agreement Form, consent forms, emergency card and provide current health history information within 5 days of program start or enrollment.

Signature _____

Date _____



Office use only: Date _____ Amount _____ Staff _____ Cash _____ Check _____ Charge# _____ SAC11 Rochester

Mail Registration Form and Payment To:
YMCA Rochester SACC
P.O. Box 155
Springfield, IL 62705