

2018 UMS Y Hawk Club After School Enrichment

Staff Use Only:
Please Initial &
Date After
Processing

Please read the information below. By signing this document, you confirm your understanding and acceptance of these terms and conditions.

My child, _____, will be attending the following UMS Hawk Club After School Enrichment site at Urbana Middle School. I agree to pay \$_____ monthly or semi monthly (please circle one) for my child's participation in this program, beginning ____/____/_____.
Parent initials: _____.

BILLING TERM & CONDITIONS

1. **Payment may be made either monthly or semi-monthly.**
2. **Monthly payment will be by credit card, checking account, or flex spending account draft.** Parents choosing a monthly draft option will be drafted on the **15th** of the month (per signed Tuition Agreement). The amount of the draft is 180 days of billing divided by 10 months (August – May). There will be no draft in June.
3. **Semi-monthly payment may be by credit card, checking account or flex spending account draft OR by cash, check, money order, or credit card** (per signed Tuition Agreement). **Payments may be made in person at the Green Valley Y at 11791 Fingerboard Rd, Monrovia 21770.), by mail (non-cash only), or online at www.frederickymca.org (instructions to be provided).** The semi-monthly amount is 180 days of billing divided by 20 (August 15 – June 1).
4. A returned draft fee will be assessed to both checking account and credit card drafts. Upon the third return draft the account will be changed to semi-monthly (no draft).
5. **Late fees (10%) may be charged on past due accounts. Accounts which fall 14 days past due of the bill date may result in termination of child care. Failure to keep current on any payment agreements will result in disenrollment. After three broken payment agreements no more payment agreements will be permitted. Following all disenrollments, a \$45 re-enrollment fee will be required. (Fee will not be waived for POC.)**
6. The YMCA bills tuition for 180 days of school. Additional fees will be charged for full days when school is not in session.

7. **Care will be available during regularly-scheduled school closings at designated sites by pre-registration only. Registration and payment for these school closing days can be in person at the Green Valley Y at 11791 Fingerboard Rd, Monrovia 21770.) or online at www.frederickymca.org. Care will be provided for \$35/day. Registration is on a first come first served basis. If a minimum of 8 children are not enrolled at a site, the YMCA reserves the right to close the site.** Care will also be provided for \$35/day on most snow closing days, at designated "snow sites". (See Inclement Weather Policy for details.) **These fees will be assessed in addition to (not in lieu of) the tuition fees.** These fees apply because additional hours of care are provided. **On half day school closing days and 2-hour Teacher Work Session days, care will be provided at at no additional cost, space permitting by pre-registration at the site.**
8. There will be no reduction in tuition for days when YMCA child care is closed for any reason throughout the year. The UMS Hawk Club program is closed during the following holidays during the 2018 – 2019 school year: Labor Day, Thanksgiving, the Friday after Thanksgiving, Christmas Day, New Year's Day, and Memorial Day.
9. **A late pickup fee of \$1.00 per minute will be assessed for pickup past 6:30 p.m. At closing, child care staff will call the emergency contacts as noted on the emergency card. If the emergency contacts cannot be reached in a reasonable amount of time, Child Protective Services will be called.**
10. All questions concerning billing can be referred to Child Care billing at 301-663-5131, extension 1276 or 1263 OR emailed to: collections@frederickymca.org.

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ENROLLMENT TERMS & CONDITIONS:

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1. **All enrollment changes and/or disenrollments MUST BE REQUESTED IN WRITING by the parent/guardian, using the YMCA "Request to Change/Disenroll/Re-Enroll" form.** These forms are available at the Y Hawk Club site, on our website and at the YMCA front desk of the Green Valley Y. **Failure to submit this form to the YMCA, will result in continuation of current billing until the form is received by the YMCA.** Please see "Enrollment Changes" section of the Parent Handbook for details.

Initial

2. **Two weeks advance written notice is required for DISENROLLMENT from the program. Billing will stop two weeks from the date of written notification, regardless of when the child stopped attending.**

Initial

3. **Per state regulations, parent/guardian must bring the following complete, current and accurate forms to the Site Director on or before the first day of attendance:**

- a) Child(ren)'s health inventory and immunization record
 - b) Emergency card
 - c) Signed copy of the YMCA discipline policy
- Originals of all signed documents are required.

Please do NOT bring these forms to the Downtown Y or the Green Valley Y.

Children may **not** attend if these forms are not at the site of the Y Hawk Club

OTHER TERMS & CONDITIONS:

Initial

1. **All custody court orders regarding child(ren) must be provided by the parent/guardian to the YMCA for the safety of the child.** It is also the responsibility of the parent/guardian to keep this information up to date. If court orders do not exist or are not provided, the YMCA will release children, or information regarding children, to either parent.

2. Children must be signed into before school care and signed out of after school care by a parent/guardian or other authorized person. All authorized persons must be at least 16 years of age and must be listed on the emergency form. They may also be asked for photo identification.

3. Child(ren) cannot attend the program if they have any illnesses that threaten the health of other children. The Department of Health regulations concerning communicable disease will be enforced. A copy of the official Communicable Disease summary is available and will be provided upon request. (Please call 301- 663-5131, ext 1269 for a copy of this publication).

4. If a medical emergency arises, the staff will first attempt to contact the parent/guardian. If he/she can't be reached, the staff will contact

the emergency contact person(s) listed on the emergency card. If the emergency is such that the child needs to be transported to the local hospital, a staff member will go with the child **ONLY IF STAFFING AT THE SITE PERMITS.** If staff cannot leave the site, the child will be transported in the care of emergency personnel.

5. Medication will be administered during the program only if accompanied by the Medication Administration Authorization form that has been signed by both the physician and parent/guardian. The medication must be in its original container. A copy of the medication form is available on-line at www.frederickymca.org.

6. A copy of the parent handbook is available on-line at www.frederickymca.org. A copy of the handbook is available also upon request from the Site Director. Parents will be asked to read the policies of the YMCA child care programs and adhere to these policies.

7. The YMCA has permission to use any photographs or video displays of program participants for promotional purposes or other legitimate reasons.

8. Children are expected to fully participate in the program unless otherwise stated in writing to the YMCA.

9. Child care needs that are not addressed within these guidelines must be requested and approved by the Executive Director of the Green Valley Y.

I understand that participation in this program could result in injury and am voluntarily allowing my child to participate. I understand that participation in the program may not be advisable for individuals with certain illnesses or medical conditions and agree to obtain a physical for my child. I hereby waive, release and forever discharge and indemnify and hold harmless the YMCA and its officers, agents, employees, and representatives from any and all responsibility or liability for injury or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with my child's participation in this program.

Parent/Guardian Signature

Date

Printed Name – Relationship to Child

YMCA Hawk Club Program 2018-2019 Registration Form

(Please complete a separate application for each child)

Child's Full Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female
Y Member? _____ Yes-Household (required for member rate) _____ No (non-member rate applies)
_____ Yes-Youth (non-member rate applies)

Parent/Guardian Name: _____

Child's Home Address: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

**Preferred Method of Contact (check one box): Phone Email Mail

CHILD'S START DATE: _____ **(Must be a Monday)**

Attendance (please check ONE)

FT Options (4-5 days/Mon.-Fri.):

_____ 4-5 Days – After School Only **Part Time options not available for this program.**

NOTE: A NON-REFUNDABLE registration fee of \$45 per child is required at the time of registration. Waived for POC recipients.

YMCA Staff Use Only (check all that apply):

- Health Inventory packet given to parent (parent takes completed forms to the site on or before the 1st day of attendance.)
- Health Inventory Packet already on file at the site from 2017-2018 school year – new packet not needed.
- One copy of Parent Agreement signed on back and initialed where indicated.
- One copy of Parent Agreement given to parent.
- Tuition Agreement completed, voided check attached if bank draft.
- Yellow receipt for registration fee stapled to BACK (not front) of this form.

**YMCA of Frederick County-Green Valley Y
Child Care Tuition Agreement
UMS Y HAWK CLUB PROGRAM
August 2018 – June 2019**

ID # _____

MONTHLY or SM
CC or CK

Please complete this application in its entirety to ensure that tuition arrangements for you are established.

Child Start Date _____

Child Name _____

Parent Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

E-mail Address _____ YMCA or

Green Valley Y Household Member Yes No

I would like to make all tuition payments:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> <u>Semi Monthly</u>
Payment is due the 1st and 15th of each month (August 15th thru June 1st) • May be by cash, check, money order or credit card • May pay in person at Green Valley Y or by mail (non cash only) or online- www.frederickymca.org (instructions provided) • GV payment may also be made at 11791 Fingerboard Road Monrovia, MD 21770 | <ul style="list-style-type: none"> <input type="checkbox"/> <u>Semi Monthly Draft</u> • Account (Choose one): <ul style="list-style-type: none"> <input type="checkbox"/> Checking Account (attach voided check) <input type="checkbox"/> Flex Spending Account <input type="checkbox"/> Credit Card • Bill Date 1st and 15th of the month (August 15th thru June 1st) | <ul style="list-style-type: none"> <input type="checkbox"/> <u>Monthly Draft</u> • Will be on the 15th of the month • Account (Choose one): <ul style="list-style-type: none"> <input type="checkbox"/> Checking Account (attach voided check) <input type="checkbox"/> Flex Spending Account <input type="checkbox"/> Credit Card |
|---|--|---|
- Our family would like to make a pledge to the Annual Campaign in the amount of \$_____ monthly or semi-monthly. Please add this into our billed or drafted amount. (This contribution is 100% tax deductible.)**

Parent Signature _____ **Date** _____
 (Agreement to tuition contract & authorization of draft payment if draft option selected)

Please complete for Credit Card/Flex Spending Draft:

Credit Card: MC Visa Discover Am Ex Flex Spending Card
 Last 4 Digits of CC: _____ Zip Code: _____
 Expiration Date: (**After August 2019**) _____
 Card Owner Signature: _____

Full Time Care (4-5 Days)

	Monthly	Semi-Monthly
FT - After School		
Household Mbr.	\$308	\$154
Participant	\$350	\$175