



2010-2011 School Age Child Care Registration

Return registration to:
Lockport Family YMCA
19 East Avenue
Lockport NY 14094
(716)434-8887 fax (716)434-0227

www.lockportymca.com

Please Print Clearly complete one registration per family

1.) Child Name _____
Last First
Date of Birth (mm/dd/yyyy) ____/____/____ Gender (please circle) Male Female
Race: ___ Native American ___ Alaskan American ___ Caucasian/White ___ Hispanic ___ African American./Black ___ Asian/Pacific Is. ___ Other

2.) Child Name _____
Last First
Date of Birth (mm/dd/yyyy) ____/____/____ Gender (please circle) Male Female
Race: ___ Native American ___ Alaskan American ___ Caucasian/White ___ Hispanic ___ African American./Black ___ Asian/Pacific Is. ___ Other

3.) Child Name _____
Last First
Date of Birth (mm/dd/yyyy) ____/____/____ Gender (please circle) Male Female
Race: ___ Native American ___ Alaskan American ___ Caucasian/White ___ Hispanic ___ African American./Black ___ Asian/Pacific Is. ___ Other

4.) Child Name _____
Last First
Date of Birth (mm/dd/yyyy) ____/____/____ Gender (please circle) Male Female
Race: ___ Native American ___ Alaskan American ___ Caucasian/White ___ Hispanic ___ African American./Black ___ Asian/Pacific Is. ___ Other

Family Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ - _____ child email: _____

Parent #1 _____ Last First Parent Date of Birth(mm/dd/yyyy) ____/____/____ Home Address _____ Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Email address _____ Employer _____ Work phone _____	Parent #2 _____ Last First Parent Date of Birth(mm/dd/yyyy) ____/____/____ Home Address _____ Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Email address _____ Employer _____ Work Phone _____
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All information is required for registration. This form must be completed in full to process

Child is YMCA Member ___ Yes Exp Date _____ ___ No \$50 Child Care Registration Fee

Child lives with (please circle): Both Parents Mother Only Father Only Guardian Other

School Age Child Care Hours

Before School Hours: 7:00am-beginning of school day (DeSales 6:30am)

After School Hours: End of the school day to 5:30pm in Lockport Schools.

6:00pm at DeSales, RoyHart, Starpoint and Wilson Districts

- **No credit or adjustment to fees for lack of program use.**
- **Changes or cancellation in program registration require 1 week advance notice.**

Registration: YMCA membership or \$50 per child per school year

Health forms must be received at YMCA prior to child attending program.

<p>List name of school</p> <p>Name of School</p> <p>_____</p>	<p>Circle program registration AM/PM</p> <p>Part time 1-2 days</p> <p>AM PM</p> <p>M T W TH F</p> <p>Weekly fee _____</p>	<p>and days of the attendance</p> <p>Full time 3-5 days</p> <p>AM PM</p> <p>M T W TH F</p> <p>Weekly fee _____</p>
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Payment options:

Weekly pay ____ Paid in person, by mail or phone due Thursday prior to week attending.

Automatic Payment check one and sign Electronic Withdrawal Agreement

____ Scheduled Weekly on due date, Thursday of week prior

____ Monthly on 1st of each month

Automatic payment from checking acct ____ savings acct ____ credit card ____

Department of Social Services Assistance ____ Yes ____ No Authorization letter required to register

Registration fee or current membership due at time of registration.

Weekly Co-Payment amount \$ _____ Co-Pay. Payment made weekly in person or by automatic payment above.

YMCA financial Assistance ____ yes ____ date application submitted ____ date approved

As parent/guardian of the above child I hereby waive, release and forever discharge the YMCA and it's officers, agents, employees, representatives, executors and all others acting on their behalf from any and all responsibilities or liability for injuries or damage arising out of his/her presence on the premises of the YMCA and its program premises. I also hereby release all of those mentioned above and any others acting upon their behalf from any responsibility or liability for any injury or damage sustained resulting from the participant's use of the YMCA's equipment or facilities or participation in YMCA activities, whether on YMCA premises or at another location. I understand the risks and dangers involved in participation in programs and activities of the YMCA. I agree to all policies set by the YMCA as written in the YMCA membership handbook.

Parent Signature: _____ Date: _____

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PP given__ mailed__ HF rec'd__