

SCHOOL AGE CHILD CARE PROGRAM REGISTRATION 2007 - 2008

Please print and complete all information. 1 Card Per Family

Child's Last Name _____ School _____
Parent's Last Name _____

Circle One: **FULL TIME 3-5 days/week** **PART TIME 1-2 days/week**

Circle Days Needed: BOTH Before & After School: M T W T H F Before School: M T W T H F After School: M T W T H F

PAYMENT: Bankdraft _____ Monthly _____ Weekly _____ YMCA Financial Aid _____
Dept of Social Services _____ Authorization on File _____ Yes _____ No

Child _____ Age _____ DOB _____ YMCA Member ___ YES ___ NO Exp Date _____
Child _____ Age _____ DOB _____ YMCA Member ___ YES ___ NO Exp Date _____
Child _____ Age _____ DOB _____ YMCA Member ___ YES ___ NO Exp Date _____

Home Address _____ City _____ Zip Code _____

Mother _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____ Email _____

Father _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____ Email _____

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 Guardian _____ Date _____