



SCHOOL: _____

2023-2024 AFTERSCHOOL REGISTRATION FORM

FIRST CHILD'S INFORMATION

Child's Name _____ Preferred Name _____

Address _____ City _____ Zip _____

Gender: Male Female Rather Not Say Additional Identity

Birth date _____ Age (as of registration date) _____ Grade _____

Ethnicity: HISPANIC OTHER Race: WHITE BLACK ASIAN-AMERICAN INDIAN HAWAIIAN/PACIFIC ISLANDER

SECOND CHILD'S INFORMATION

Child's Name _____ Preferred Name _____

Address _____ City _____ Zip _____

Gender: Male Female Rather Not Say Additional Identity

Birth date _____ Age (as of registration date) _____ Grade _____

Ethnicity: HISPANIC OTHER Race: WHITE BLACK ASIAN-AMERICAN INDIAN HAWAIIAN/PACIFIC ISLANDER

CONTACT INFORMATION

Primary Contact Name: _____ Relationship to Camper: _____

Address _____ City _____ Zip _____

Phone _____ Email address _____

Secondary Contact Name: _____ Relationship to Child: _____

Address _____ City _____ Zip _____

Phone _____ Email address _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Child _____

Phone _____

Name _____ Relationship to Child _____

Phone _____



AUTHORIZED PICK-UP INFORMATION

I hereby acknowledge that the YMCA will assume that either parent/guardian of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the facility that indicates otherwise. Both parents must have the code word for the child.

I hereby authorize the Goldsboro Family YMCA to allow the following individual(s) to pick up my child(photo ID and knowledge of code word are required): _____

Persons not authorized to visit or pick up my child (documentation must be attached): _____

In an attempt to make this school year an enjoyable experience for all, please tell us about any existing learning or behavior plans (IEP, BIP, etc) that we should be aware of:

Does your camper have any allergies? YES NO If yes, please list. _____

Does your camper have any food allergies? YES NO If yes, please list. _____

Does your camper have any medical conditions that we should be aware of? YES NO

If yes, please provide further details. _____

Accounting Policies

- The weekly fee is \$80; there is a \$15 multiple child discount
- \$40 registration fee
- The registration fee is due at the time of registration and is non-refundable
- Financial Assistance applications must be turned in and processed before registration
- Payments are due on Monday, **seven** days before the start of each session
- If no attempts on late payments are made, services will be suspended immediately
- All payments, including late fees and a \$25 re-enrollment fee must be paid before services can resume
- A late fee of \$1/child per minute will be charged beginning at 6:01 pm
- Make all checks payable to Goldsboro Family YMCA
- There will be a \$25 fee for all returned checks, payments, or credit card declines.



Automatic Draft Information

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/ contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. **A \$25 fee will be assessed on all returns (insufficient funds or otherwise). Please check the box and fill out the pertinent information for option 1 or option 2.**

Option 1

I choose to utilize the EFT option for weekly payment (direct debit from my Checking or Savings)

Bank Name _____ Name on Account _____

Account Type: (circle one) **CHECKING** or **SAVINGS**

Routing Number _____ Account Number _____

Authorized Signature _____ Date _____

Option 2

I choose to utilize the Credit Card Payment option for weekly payments (automatic direct charge to credit card)

Credit Card Type: (circle one) **Visa** **MC** **Discover** Name on Card _____

Card Number _____ Expiration Date ____/____

Authorized Signature _____ Date _____



PARENT/GUARDIAN AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that my child(ren) will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid state issued photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by North Carolina Law to report any suspected cases of child abuse or neglect.
- I understand that the YMCA staff may not babysit, transport, or care for children other than during YMCA program hours.
- I understand that my child(ren) may be removed from a YMCA program for any reason for any of the following reasons:
 1. Failure to pay program fees by designated deadlines
 2. Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA
 3. Inappropriate behavior towards YMCA staff
 4. Failure to observe any of the conditions listed in the seasonal Parent Handbook
 5. Custodial issues which cannot be resolved by parents or legal guardians
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Program:
 1. Swimming/Water Activities
 2. View PG rated films
 3. Participate in Afterschool Activities including Field Trips
 4. Travel on YMCA arranged transportation
 5. Participate in photos or videos for YMCA publication

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE GOLDSBORO FAMILY YMCA PARENT/GUARDIAN AND PARTICIPANT STATEMENT OF AGREEMENT AND AGREE TO THE TERMS LISTED ABOVE:

Signature of Parent/Guardian

Date