Jamestown YMCA 2009 Y Kidz Program
May—June 2010 Registration Form

Child's Name _____ M ____F ____ Age _____ DOB _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Other phone _____ Email Address _____
Mother _____ Day Time Phone _____ Other Phone _____
Father _____ Day Time Phone _____ Other Phone _____
With whom does the child live with? _____
Please list any other siblings that will be attending this program _____

In the event we cannot reach a parent/guardian:
Emergency Contact: _____Relationship _____
Address _____ Phone _____ Other _____

Authorization For Release:
I hereby authorize the YMCA to release my child, _____, to the following individuals over the age of 18 years of age. I understand that picture ID is required by any individual other than myself upon arrival to pick up my child from program.

1. _____
Name *Address* *Phone*

2. _____
Name *Address* *Phone*

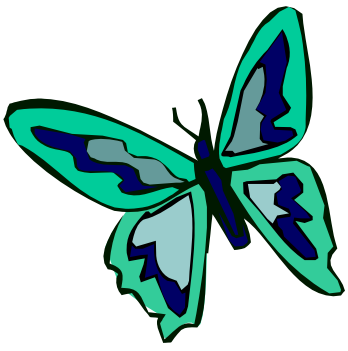
Conditions of Acceptance of Registration:
I understand that the all program fees or co-pays must be paid in full at the time of registration. All program fees paid are non-refundable, non-transferable regardless of child's attendance. Checks should be made payable to the YMCA. Children are expected to follow program rules and regulations for the health, safety, and rights of all participants. Program staff will exercise a reasonable amount of discipline to enforce these rules. Parents will be notified to take home any child who infringes on the rights of others, without refund. Each program day is subject to a minimum and maximum enrollment. The YMCA reserves the right to alter or cancel programs based on enrollment if necessary. In the event that a program day is altered or cancelled, parents will be notified at least 2 weeks prior to the event. I understand my child must have a complete, updated health form on file prior to his/her attendance in any YMCA program.
I have read the brochure relating to program fees, refund policy and the above information and I agree to these contitions. I agree to provide my child with a lunch and a morning snack each full day they are in program, and a lunch for each early dismissal day they are in program. I also grant permission for my child to leave the YMCA on supervised field trips and for the use of his/her photo in program promotions.

X_____ Date _____
***This form must be signed before child can attend program.

* ***Scholarhips are available on a limited basis for those who qualify.***

Payment Information: Please indicate membership status: ____Y Member ____Potential Member
Payment Options: Please check one: ____Cash/check/credit card ____Child Care Subsidies* **(Must complete below)**

Case Worker's Name _____ Case Name _____
Do you have a current voucher on file with the YMCA? ____Yes ____No (if not, you must contact your case worker and have them issue the YMCA a voucher before your registration can be processed)

Date	Fees Member/Non-Member	Check here if attending	Amount paid
May 7	Half Day Rate $10/$17		
June 18	Half Day Rate $10/$17		
June 23	Half Day Rate $10/$17		
June 24	Full day rate $12/$20		
Receipt Number _____ Date _____			

Register now for YMCA Summer Camp 2010!!!!