



**KIDS' CONNECTION BEFORE SCHOOL PROGRAM FOR WPCSD
REGISTRATION FORM (2010-2011)**

First Name: _____ Last Name _____

D.O.B. _____ Age: _____

Program reserved:

5-Days Regular (7:15AM Drop-off) 5-Days Extended AM (6:45AM Drop-off) 10 Visit Coupon

Parent / Guardian # 1 Information

Name: _____

Address _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Business #: _____

Employer: _____

E-Mail (Required) _____

Parent / Guardian # 2 Information

Name: _____

Address: _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Business #: _____

Employer: _____

E-Mail _____

Emergency Contact Information

Name: _____ Relationship to participant _____

Telephone #: _____ Mobile #: _____

School Information

School Name: _____ Grade: _____ Telephone #: _____

Pick up Authorization

Please complete all the information requested below. **The YWCA will only allow authorized individuals (18) years or older to pick up you child. Prior** written consent and proper I.D. is required for any other individual to pick up your child from the Kids' Connection Before School Program.

The following individuals are authorized to pick up my child:

1. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

2. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

3. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

Parent / Guardian Signature: _____ Date: _____



Child's Last Name: _____

First Name: _____

School: _____

Circle One: Regular AM Extended AM

**KIDS' CONNECTION BEFORE SCHOOL PROGRAM FOR WPCSD
CONTRACTUAL AGREEMENT (2010-2011)**

This contract serves as a contractual agreement with the YWCA Before School Kids' Connection Program. Please provide your initials indicating that you are consenting to the agreement.

I am purchasing 10 Visit Coupons at \$150

I am registering for the entire program year with the Before School **Regular AM** session (start time of 7:15AM) for a yearly fee of \$1480

I am registering for the entire program year with the Before School **Extended AM** (start time of 6:45AM) for an additional yearly fee of \$370.00. My total Annual Fee is then \$1850.00.

I understand that the first monthly payment is due to secure my child's space along with a membership fee of **\$50.00**. *Payments must be made at the YWCA located at 515 North Street, White Plains, NY. Students must get an ID card. ID cards are processed at the YWCA front desk.*

I understand that payments are due in eight monthly installments and are due the 10th day of each month beginning September 2010 through April of 2011.

I understand that the YWCA **DOES NOT** send out monthly invoices. Should my credit card decline, after one full week of a grace period, or if I do not make payment in time via check or money order, I will be charged a **\$10.00 late fee** for each week that the tuition for the month remains past due.

I understand that if I pay by credit card, monthly payments will be charged to my card automatically on the 10th of each month. **(Please fill out the credit card payment form attached).**

I understand that there are **NO REFUNDS, CREDITS, OR DISCOUNTS** applied for temporary absences that are due to illness, changes in the school year calendar, inclement weather closings, or any other circumstances.

I have attached my most recent letter qualifying my child for the free, reduced or full lunch program.

I understand that if I withdraw my child on or before January 31, 2011, I am still **RESPONSIBLE FOR THE TUITION** until this date. **(A child may be withdrawn for the balance of the program year without charge, provided that prior notification has been given to the Director on or before January 2, 2011 and the vacancy is filled).**

I understand that by signing this document, I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the YWCA's Before School Program, to the greatest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Kids' Connection Director in writing.



Child's Last Name: _____

First Name: _____

School: _____

Circle One: Regular AM Extended AM

**Kids Connection Before School Program for WPCSD
Photography / Video Policy**

Photographs and videotapes of YWCA activities and programs are for the publicity and / or promotional publications for the YWCA. We reserve the right to use all photographs and videos for these purposes only.

However, we respect your concerns and specific needs regarding privacy. If you do not wish your child to be photographed or taped for whatever reason, please indicate this by checking the appropriate box below:

Yes, I consent to my child's photo being taken or used for the above described reasons.

No, I do not consent for my child's photo to be taken or used for the above described reasons.

Child's Name: _____

Parent / Guardian's Signature: _____ Date: _____

Emergency Treatment Consent

In the event of an emergency, I _____ the parent of _____ give permission for immediate first aid to be administered by a qualified member of the YWCA staff or other authorized personnel. If the situation should require medical attention, the Kids' Connection Director will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The Kids' Connection Director or another staff member will call the designated physician and / or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives.

When a Kids' Connection participant becomes ill / injured and does not require emergency care, he/she will be monitored by the staff. Parents will be notified and the child will be dismissed to parental care.

I have read and understand this policy of the YWCA White Plains and Central Westchester.

Parent / Guardian's Signature: _____ Date: _____

Child's Physician: _____

Address: _____ City / State / Zip _____

Telephone #: _____

Child's Dentist: _____

Address: _____ City / State / Zip _____

Telephone #: _____



Child's Last Name: _____ First Name: _____

Fees for Kids' Connection Before School Program at WPCSD

5-DAYS Regular Start (7:15AM)	5-DAYS Extended Option (6:45AM Start)	10 VISIT COUPON 2 Hours
Yearly - \$1,480 *Monthly - \$185	Yearly Fee- \$1850 *Monthly - \$231.25	\$150.00

My Child will be attending (School): _____

Fees:		For Office Use Only
Regular AM (Annual or Monthly Payment):	\$ _____	_____
Extended AM (Annual or Monthly Payment):	\$ _____	_____
Membership Fee:	\$ _____ 50.00	_____
Total Enclosed:	\$ _____	_____

Credit Card Payment Voucher

Name of card holder _____ VISA / MasterCard / Discover
(please circle one)
Card # _____ Exp. Date _____

- Please deduct the \$50 membership fee and monthly payments (credit card number required if paying monthly). *Payments will be deducted on the 10th of each month from September-April.*
- I will pay in FULL. Please deduct the total amount due and the \$50 membership fee.
- Please deduct \$150 for a 10 Visit Coupon and the \$50 membership fee

Signature: _____ Date ____/____/____

--For Office Use Only--

Membership Processed (Date): _____ Full Payment Processed (Date): _____
 Monthly Payments Processed: 9/10____ 10/10____ 11/10____ 12/10____ 1/11____ 2/11____ 3/11____ 4/11____