

KIDS' CONNECTION AFTER SCHOOL - REGISTRATION FORM (2011-2012)

First Name: _____ Last Name _____

D.O.B. _____ Age: _____

Program days reserved:

Monday Tuesday Wednesday Thursday Friday

Parent / Guardian # 1 Information

Name: _____

Address _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Employer: _____

Employment #: _____

Email: _____

Parent / Guardian # 2 Information

Name: _____

Address: _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Employer: _____

Employment #: _____

Email _____

Emergency Contact Information

Name: _____ Relationship to participant _____

Telephone #: _____ Mobile #: _____

School Information

School Name: _____ Grade: _____ Telephone #: _____

Yes my child will need transportation from the White Plains Bus Company to the Kids' Connection program. (Please see enclosed application). Please be sure to include a copy of the transportation form with the registration packet.

No, I have other arrangements for my child to arrive at the Kids' Connection program from the White Plains School District.

Pick up Authorization

Please fill out all the information requested below. The YWCA will only allow authorized individuals (18) years or older to pick up your child. Prior written consent and proper I.D. is required for any other individual not indicated on this form who will pick up your child from Kids' Connection.

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: _____

KIDS' CONNECTION – CONTRACTUAL AGREEMENT (2011-2012)

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

____ I understand that I am registering for the entire program year with Kids' Connection

____ I understand that a **\$200.00** non-refundable deposit is due to secure my child's space along with a membership fee of **\$50.00**

____ I understand that payments are due in eight monthly installments on or before the first day of each month beginning September 2011 through April of 2012.

____ I understand that the YWCA **DOES NOT** send out monthly invoices. Without prior notification, after one full week of a grace period, I will be charged a **\$15.00 late fee** for each week that the tuition for the month remains past due.

____ 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 understand that if I withdraw my child on or before December 31, 2011, I am still **RESPONSIBLE FOR THE TUITION** until this date. **(A child may be withdrawn for the 2012 portion of the program year without charge, provided that prior notification has been given to the Director on or before December 1, 2011 and the vacancy is filled).**

____ I understand that if I pay by credit card, monthly payments will be charged to my card automatically on the first (1st) of each month. **(Please fill out the information below).**

____ I understand that Vacation days / Half days are not included with these payments.

____ **I understand that by signing this document, I hereby release and agree to hold harmless the YWCA of 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 Kids' Connection 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.**

Signature of Parent/Guardian

Child's Last Name: _____ First Name: _____

**KIDS' CONNECTION
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.

Participants 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 medical staff. Parents will be notified and the child will be dismissed to parental care.

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

Parent / Guardian's Signature: _____ Date: _____

Participant's Physician: _____

Address: _____ City / State / Zip _____

Telephone #: _____

Participant's Dentist: _____

Address: _____ City / State / Zip _____

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ywca

YWCA of White Plains & Central Westchester
www.ywcawhiteplains.com

Telephone #: _____

Child's Last Name: _____ First Name: _____

FEES FOR KIDS' CONNECTION

3 Days Monthly	3 Days Yearly	4 Days Monthly	4 Days Yearly	5 Days Monthly	5 Days Yearly
\$235.00	\$2080.00	\$322.50	\$2780.00	\$360.00	\$3080.00

TRANSPORTATION FEES

(For participants arriving from outside of the White Plains School District **ONLY**)

3 Days Monthly	3 Days Yearly	4 Days Monthly	4 Days Yearly	5 Days Monthly	5 Days Yearly
\$105.00	\$840.00	\$132.00	\$1056.00	\$159.00	\$1272.00

Credit Card Payment Voucher

Name of card holder _____ Visa / MasterCard
(please circle one)

Card # _____ Exp. Date _____

Please deduct the \$200 deposit , the \$50 membership fee, and monthly payments

Please deduct the \$200 deposit and the \$50 membership fee **ONLY**

Signature: _____ Date ____/____/____

KIDS' CONNECTION - REGISTRATION FORM (2011-2012)

(For Office Use Only)

Name of Child: _____

Grade: _____

Monthly Fee	# of Days	½ day	Full day	Vacation Week	Trans. #	Amount Paid	Date	Staff Sign.

Medical received dated: _____ Blue Child Care Card: _____
 Hold Harmless Consent: _____ Emergency Contact Information _____
 Payment Contract: _____ Type of Payment: ___ Cash ___ Credit Card ___ Draft
 Parent Handbook Agreement: _____