YMCA Afterschool

School Year 2018 - 2019
Athens-McMinn Family YMCA

Financial Assistance Available*

		First Child		Each Additional Child	
		Weekly Draft Payments	Daily Option (to be paid weekly as applicable)	Weekly Draft Payments	Daily Option (to be paid weekly as applicable)
YMCA Member Afterschool Care					
	Part Time (Per Day)		$10.00		$10.00
	Full Time (Weekly)	$42.00		$35.00	
Non-Member Afterschool Care					
	Part Time (Per Day)		$15.00		$15.00
	Full Time (Weekly)	$55.00		$46.00	
Full Day - "School's Out Days" Camp					
(With reservations and paid in advance)					
	Facility Member (not in ASC)	$65.00	$18.00	$55.00	$18.00
	Current Afterschool/Y Camp Kid 2018	$70.00	$20.00	$59.00	$20.00
	Friend of the Y	$75.00	$25.00	$64.00	$25.00

Annual Registration Fee

Each Child (YMCA Member) = $20 Each
Child (Not a YMCA Member) = $30 Each

>Under the full-time option, a 15% discount is available for each additional child in a family.
>All weekly afterschool fees are collected by draft. Draft form needs to be completed at the YMCA.
>Drafts may be paid by credit card (Mastercard, Visa, American Express, or Discover) or bank account (checking/savings).
>Draft information may be updated with a Change Form at the front desk.
>Returned drafts will result in a $10 fee and all additional fees incurred at your financial institution are your responsibility.
>We will accept cash payments monthly and bi-weekly. All payments are due on Monday at 6pm. Failure to pay on this date will result in an automatic $10 late fee assessment. Multiple late payments can result in termination from the program.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Athens-McMinn Family YMCA Afterschool Application

2018 – 2019

Start Date: _____ School Site: _____

☐ Facility Member ☐ Potential Member

☐ Full Time ☐ Part Time 1 Day ☐ Part Time 2 Days Indicate Days: ☐ M ☐ T ☐ W ☐ TH ☐ F

☐ School's Out Camp Only School's Out Camp_____

Child's Name: _____ Name child likes to be called: _____

☐ Male ☐ Female Date of Birth_____ Grade: _____ Teacher_____

Primary Parent/Guardian: _____

Parent/Guardian Date of Birth (to easily acquire online account access): _____

Primary Email Address: _____

Home Phone: _____ Pager/Cell Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Business Address: _____

Second Parent/Guardian: _____

Home Phone: _____ Pager/Cell Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Business Address: _____

If parents are divorced, custodial parent name: _____

If there are special circumstances involving visitation and pick up rights, you must provide the legal documentation for these arrangements.

Pick Up Authorization

Other than those listed above, who may pick up your child (must be at least 18 years of age):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HEALTH HISTORY

Medical condition/diagnosis: _____

Chronic illness: _____

History of serious injury/hospitalization: _____

Special dietary needs: _____

Physical Restrictions: _____

Allergies: _____

DEVELOPMENTAL

Does your child have any problems with speech? _____

Does your child have any problems with walking, running or moving? _____

Does your child have any problems with vision? _____

Does your child have any problems with hearing? _____

Is there any other information that you wish to share that would assist in meeting your child's needs?

_____

_____

_____

_____

_____