



# Ruch School YMCA Registration Form

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Check the programs you are registering for. Please refer to the child care guide for current fees:

### RUCH PRESCHOOL

- Morning** –7:30 am to 12:00 noon, Tuesday – Friday  
(7:30 – 11:00 instruction, 11 – 12 lunch & recess)

Fee: \$ \_\_\_\_\_ per month (Includes a session of swim lessons at the YMCA Main Facility)

### RUCH CHILD CARE

- Afternoon** –12:00 noon to 3:30 pm, Tuesday – Friday

Fee: \$ \_\_\_\_\_ per month

**Preschool Drop Off Times** - To keep disruption to a minimum during preschool programs we ask that parents make drop off for Ruch preschool by 7:40am.

**The YMCA Campus Walking Plan** – Parents should know that as a certified child care program we must share with parents how we move kids around the campus, since we use school hallways and public sidewalks. Groups of children will walk around at times during the program as it fits with the daily activities. They shall be supervised by at least one adult and the YMCA adult to child ratio will be maintained at all times. Adults will carry a first aid kit, roster, and children's contact information while traveling.

**Please select** payment processing option:

- Electronic Automated Payment:** Charges will be processed on the first business day of the month. This includes all late fees, additional days, etc. Authorization Form must also be completed. Annual registration fee is \$30.
- Monthly Payment:** Fees can be made by check, money order, credit card or cash and will be accepted at the YMCA only (payments cannot be accepted at off-site locations). Annual registration fee is \$60.

**STATISTICAL INFORMATION (CONFIDENTIAL)** Other funding agencies such as the United Way and the Commission on Children and Families request the following information for statistical purposes only and is completely voluntary.

Ethnicity:

- White/Caucasian
- Black/African American
- Native American/Alaska Native
- Asian
- Asian Indian
- Hispanic/Latino
- Hawaiian/Pacific Islander
- Other \_\_\_\_\_

Monthly Gross Income:

- \$0-\$500
- \$501-\$1000
- \$1001-\$1597
- \$1598-\$2000
- \$2001-\$2500
- \$2501-\$4021
- \$4022+

Household Status:

- Single Parent
- Dual Parent
- \_\_\_\_ # of people in household

**Your signature below acknowledges you have read and agree to these terms and conditions:**

**MONTHLY PAYMENTS:** Full payment is due by the 1<sup>st</sup> business day of each month. Failure to remit full payment by the 5<sup>th</sup> will result in a discontinuation of services (Program Lockout). Refunds and/or credits will not be granted for days missed due to absences and/or vacations. A \$25.00 fee will be assessed for all returned payments.

**CHANGES/CANCELLATIONS:** In order to assure processing, 14 days notice is required for changes or cancellations and fees remain the same unless 2 week notice is given in writing to the YMCA. For changes or cancellations please contact the Child Care Office, 541-772-6295 ext.108.

**LATE PICK-UP:** Late fees will be charged for each child picked up after the scheduled closing time. Failure to pay may result in termination of care. Late fees are as follows: 1-15 minutes = \$15 per child. Each minute following the first 15, is \$1 per minute per child. Chronically late pick-ups will be grounds for dismissal from the program. If no one can be reached by 1 hour after closing, the police will be called to escort your children to Protective Services for child abandonment.

**THIRD PARTY PAYMENTS:** The YMCA accepts third party payments, (i.e. DHS), once written verification is received from the third party. Fees accrued prior to the effective date, uncovered portions, and vouchers not signed in a timely manner, are the responsibility of the parent or guardian.

**CONFIRMATION:** I have read the policies, terms and conditions as stated above and agree. I hereby agree for myself, my child, our respective heirs and legal representatives, to release, indemnify, and hold the YMCA and its officers, directors, board members, employees, volunteers and agents ("releasees") harmless from any and all claims and causes of action of any nature, whether caused by the alleged negligence of the releasees or otherwise, which I or my child may now or hereafter have against the releasees which may at any time arise as a result of any act or thing occurring in or arising out of my or my child's participation.

**I have read and understand this waiver.**

**Print name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For identification purposes please list one:**

**Social Security #:** \_\_\_\_\_ **Driver's License:** \_\_\_\_\_

**Office Use Only:**

\_\_\_\_\_ **Registration Fee**

\_\_\_\_\_ **Monthly Fee**

\_\_\_\_\_ **Total Paid at Registration**

**Staff member taking form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rogue Valley Family YMCA**

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