



Preschool & Campus Connection Registration Form

Office Use Only:

Date Received: _____ Staff Member Taking Form: _____

Account Code: _____ FA: _____

Child's Name: _____

Child's Gender: Male -or- Female DOB: _____ Age: _____

Primary Account Holder: _____ Phone: _____

(Primary Account Holder must be 18 years or older, can make changes to any information, and IS financially responsible for this participant)

Authorized User: _____ Phone: _____

(Authorized User can make changes to this participant's information/account, but is NOT financially responsible)

Email*: _____

*All weekly billing statements are emailed

Primary Account Holder Address: _____

City: _____ State: _____ Zip: _____

Start Date (Must be a Monday, no partial weeks): _____

Preschool Age – Emergency Child Care: \$195/week

Location: YMCA Main Facility

School Age – Campus Connection: \$195/week

Child's School: _____ Child's Grade: _____

Location: CPSD-Central Point Elementary

EPSD-Outback Facility

CPSD-Jewett Elementary

MSD-Central High School

CPSD-Mae Richardson Elementary

MSD-Kennedy Elementary

CPSD-Patrick Elementary

PTSD-Orchard Hill Elementary

CPSD-Sams Valley Elementary

Phoenix-Talent School District Staff Program: \$145/week

Location: Phoenix Elementary School



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BRING YOUR CHILD PREPARED: You must bring your child prepared for the day and arrive by 8:30am so we can begin the daily schedule. Remember to bring all of your child's school work and required electronics for virtual learning. We will not allow any sharing of items, even between siblings so each child will need their own labeled items due to COVID-19 mitigation practices. The YMCA is not responsible for lost, stolen, or damaged electronics.

HEALTH FORMS: You must bring a completed *original health form* with you on the first day of the program; these are not accepted at the office.

PAYMENT: At the time of registration you must pay for one week, unless you have been enrolled in Emergency Child Care or Summer Care and your account is in good standing. Program will be billed by the week, and payment is due the Friday before each week. If the balance is not paid at this time, child(ren) will be locked out and will not be able to attend until the balance is paid. Billing statements will be emailed out on Tuesday. A \$25.00 fee will be assessed for all returned payments.

ELECTRONIC DRAFT OPTION: You can sign up to have your fees automatically drafted from your credit card, debit card, checking account, or savings account. Fees will be drafted from your account for the entire balance due on each due date. Please complete Electronic Funds Transfer Authorization form at the YMCA office before drafts can begin. We can use Electronic Funds Transfer Authorization forms that are on file for other programs as long as you check the box below.

Please check this box if you would like to be drafted on the due dates

CHANGES/CANCELLATIONS/REFUNDS: In order to assure proper processing, 7 day notice is required for changes and cancellations (this is the Monday before the following week). If dismissed from the YMCA, then no refunds will be given. Program is billed weekly and fees will not be prorated for partial attendance. To make changes and cancellations please contact the Billing Office at mhunt@rvymca.org.

LATE PICK-UP: The YMCA program ends at 6:00pm or as stated. Late pick-up fees will be charged for each child picked up after the scheduled closing time. Late fees are assessed as follows: 1-15 minutes = \$15 per child. Each minute following the first 15 minutes, is \$1 per minute, per child. 15 minutes following the scheduled closure time all emergency contacts will be called by staff. If no one can be reached one hour after program ends, the police will be called to escort your child(ren) to Protective Services for child abandonment.

THIRD PARTY PAYMENTS: The YMCA welcomes third party payments, i.e. DHS, JOBS, CSD, etc., *once written verification is received from third party*. Fees accrued prior to effective date, as well as unpaid portions and vouchers not signed in a timely manner, are the responsibility of the parent or guardian. Co-payments are due on the 1st of each month.

By signing below you are agreeing to all of the above information and the below waiver.

I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this Release, Waiver and Indemnity Agreement. I understand that the YMCA's emphasis is on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

Guardian Signature: _____ **Date:** _____

Rogue Valley Family YMCA

522 West Sixth Street, Medford, OR 97501

Website: www.rvymca.org ▪ Email: mhunt@rvymca.org ▪ Phone: 541-772-6295 ext. 108