



ASHLAND FAMILY YMCA

2021 Y CARES Registration Form

Name of Child _____ Sex ____ DOB ____/____/____ Age ____

Address _____ City _____ Zip _____

Home Phone _____ E-mail _____

School _____ Grade _____ Teacher _____

Child lives with: both parents mother father other _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

SCHEDULE:

Select the months you would like to enroll your child.
Choose if you would like 4 days a week M/TU/TH/F
OR 5 days a week M/TU/W/TH/F.

Select month(s) & days/wk

May	4 days/wk	5days/wk
June	4 days/wk	5days/wk

**the last day of the program is Friday, June 18

MONTHLY TUITION:

4 days a week: M/TU/TH/F	Price: \$340/ **\$240 <i>May 2021</i>
5 days a week: M/TU/W/TH/F	Price: \$500/ **\$400 <i>May 2021</i>
4 days a week: M/TU/TH/F	Price: \$255/ **\$180 <i>June 2021</i>
5 days a week: M/TU/W/TH/F	Price: \$375/ **\$300 <i>June 2021</i>

****Family membership rates apply. In order to receive the family membership rate one adult and each child registered must be an active member.**

all dates and fees are subject to change

A \$20 non-refundable, non-transferable deposit is due for each month at the time of registration.



ASHLAND FAMILY YMCA 2021 Y CARES Hybrid Registration Sheet

PLEASE READ THIS INFORMATION CAREFULLY, FOLLOW THESE GUIDELINES, AND INITIAL NEXT TO EACH STATEMENT

- I have received and read over the Y CARES Hybrid Information Sheet. I understand that Y Cares is a program designed for the health and safety of each child to learn in an environment built around enrichment and physical activity. The Y Cares staff will help facilitate distance learning to the best of their ability.
- Tuition payment is due the first of the month and will be a scheduled payment from a specified checking or credit card account. I am responsible for all fees accumulated as a result of my child's participation in the program. Written notice of withdrawal from the program is required in an email to kelsey@ashlandymca.org by the 25th of the prior month. Any withdrawal from the program after that month's tuition has drafted will not be refunded. Failure to pay tuition may result in my child's suspension from the program.
- A \$1.00 per minute late fee will be applied for pick up past 12p/6p and charged to my account on file. A continuation of late pick-ups may result in my child's suspension from the program.
- If applicable, I understand financial assistance must be approved and in place prior to registration.
- I understand in order to receive the member rate, membership must be in place prior to registration. Both an adult and a child must be a member in order to receive the member rate.
- I give my permission for:
 - In case of minor injury, I hereby authorize a program leader to administer basic first aid to my child.
 - My child to be photographed.
- In case of sickness or accident, I hereby authorize the YMCA to secure medical attention, including transportation, for my child if they are unable to communicate with me. I understand that participants in the Ashland Family YMCA programs are not covered by medical, dental, or accident insurance. Each participant must furnish their own personal coverage.
- I understand if my child has an IEP/Behavior Management Plan/ 504 Student Accommodation Form during the school year, I must disclose this to the Y. As an inclusive organization, the Y will make every effort to accommodate your child's needs. While we are experienced and able to support a wide variety of exceptionalities, we are unable to offer one-on-one support for a child needing extra care.
- To the best of my knowledge, my child is free of any potential health problems not listed on the health form which might restrict his/her participation or any communicable disease, which may endanger other children. I understand and agree to NOT send my child to the YMCA if they are experiencing a cough, fever, rash, headache, lice, diarrhea, abdominal pain or any other symptoms that would cause discontent. My child's health form is up to date.
- I understand my child must wear a face mask at all times. Face masks are allowed to be removed while outside as long as a physical distance of 6ft or more can be maintained or while eating/drinking. A face mask is not allowed while in the water.
- I understand that allowing my child to attend the YMCA exposes them to the possibility of COVID-19 and other illnesses. I accept the risk and understand that the YMCA is not liable if my child becomes ill.
- I understand that anyone who tests positive for COVID or is exposed to someone who tests positive, or experiences symptoms of COVID should be quarantined. I will parent responsibly and consider the health and wellness of others participating.

CHILD'S NAME: _____ PARENT'S NAME (Please Print): _____

PARENT'S SIGNATURE: _____ Date: _____