



To complete the registration process,
please fill out and return the following:

- Registration Form
- Emergency Information and Immunization Record Card
 - A copy of your child's Immunization Record
 - Bring them into your local YMCA.

Thank you.

**YMCA Foothills Montessori Preschool
Registration / Payment Information:**



CHILD'S NAME _____ DATE _____

June / July 2010 _____
Fall 2010 _____

CHILD CARE PROGRAM SELECTION		FACILITY MEMBERSHIP	
Membership / Registration Fee		\$104	
PROGRAMS OFFERED	HOURS	TWICE MONTHLY FEE	PAYMENT INFORMATION: Please ✓ one
T/TH (half day)	8:30-11:30 or 12:30-3:30	\$123	<u>Lunch Bunch</u> Please add to my twice monthly bank draft: M/W/F \$15 T/TH \$20 M-F \$50 Child Care payments will be deducted automatically from one of the following bank draft options <input type="checkbox"/> Debit Account Payments deducted from debit card account will be drafted on the 5 th and 18 th of each month. <input type="checkbox"/> Check / ACH Payments deducted from check will be drafted on the 5 th and 18 th of each month. <input type="checkbox"/> Credit Card Payments deducted from credit card will be drafted on the 5 th and 18 th of each month.
MWF (half day)	8:30-11:30 or 12:30-3:30	\$150	
T/TH (full day)	8:30-3:00	\$193	
MWF (full day)	8:30-3:00	\$248	
M-F (half day)	8:30-11:30 or 12:30-3:30	\$225	
M-F (full day)	8:30-3:00	\$316	
Extended M-F Extended MWF	7:30-5:30 7:30-5:30	\$389 \$304	
Extended T,TH	7:30-5:30	\$220	

- No refunds or transfers will be issued without a 30-day written notice as supplies/staffing and other expenses are based on the number of participants registered per week.
- I have read, understand, and agree to adhere to the YMCA Child Care Program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child for YMCA promotional materials.
- Any returned check or credit card will be charged a \$25 fee.

Registrations will not be accepted without the following attached:

- Signed registration form Completed blue card Immunization record Bank draft form & credit debit number or "voided" check

ALL PLANS ARE ON A LEVEL PAY SYSTEM. ALL THE DAYS OF SCHOOL ARE ADDED TOGETHER AND DIVIDED INTO 10 EQUAL PAYMENTS DUE MONTHLY THROUGHOUT THE YEAR. PAYMENTS WILL REMAIN CONSTANT, INCLUDING MONTHS THAT CONTAIN INTERSESSIONS & WINTER BREAK. FULL PAYMENTS ARE DUE IN DECEMBER, MARCH, AND MAY. ALL PLANS USE THE BANK DRAFT (CHECKING ACCOUNT OR CREDIT/DEBIT CARD) AND ARE WITHDRAWN ON THE 5TH OF EACH MONTH. NO ACCOUNT CREDIT FOR ABSENT DAYS. PLEASE READ STATEMENT OF SERVICES REGARDING POLICIES. DUE DATES ARE LISTED BELOW.

IF YOUR PAYMENT IS RETURNED NSF FOR ANY REASON, THE ITEMS WILL BE RE-PRESENTED ELECTRONICALLY AND YOU WILL BE CHARGED A \$25 PROCESSING FEE.

YOU MAY DISENROLL WITH A 2 WEEK PRIOR WRITTEN NOTICE.

BANK DRAFT DUE DATES:

AUG 5/18 SEPT 5/18 OCT 5/18 NOV 5/18 DEC 5/18 JAN 5/18
 FEB 5/18 MAR 5/18 APR 5/18 MAY 5/18 JUNE 5/18 JULY 5/18

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

Parent/Guardian's Signature _____

Date _____



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company: _____

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: