

After School Information

Date of registration _____

My Child is a:
 YMCA Member
 Program Participant

FOR OFFICE USE ONLY:

Paid: _____

Date: _____

Child's Information

Child's Name (first/middle/last) _____ Name called _____

Address _____ City _____ Zip _____

Male Female Birth Date _____ Age (as of April 2011) _____

Grade (as of August 2011) _____ School _____

Check all that apply to your child, or check "None" for those that do not apply:

Allergies (type) _____ None

ADD No Yes ADHD No Yes None

Medication (type and schedule) _____ None

Emotionally, behaviorally, intellectually or physically challenged (explain) _____ None

Special Circumstances (see back page and provide additional information if necessary)/Requests _____
_____ None

Family Information (check parent to contact for payment or other questions)

Mother/Guardian's Name _____ Employer _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

E-mail address _____

Father/Guardian's Name _____ Employer _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

E-mail address _____

Emergency Information In case of an emergency, please contact the following first: Mother/Guardian

Father/Guardian

Child's Doctor _____ Doctor's Phone _____

Child's Dentist _____ Dentist Phone _____

Hospital Preference _____

Insurance Company _____ Policy # _____

If mother, father or guardian cannot be reached, call:

Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

In addition to the above, list the names of persons to whom your child can be released: _____



Statesville Family YMCA 2011-2012 Action After School Bank Draft Information

Member Name: _____ Date: _____

Address: _____ Phone: _____

Unit ID (office use only): _____

YMCA Action After School Bank Draft Agreement (Please Read Carefully Before Signing)

1. The Electronic Fund Transfer (EFT) Payment Plan is a continuous payment plan. I understand that this bank draft will remain in effect as long as I meet the terms of this payment plan. (Must be 18 years of age or older to participate in the electronic fund transfer payment plan.)
2. It is my complete understanding that if I wish to terminate or change my payment plan in anyway, I must give the YMCA a 14- day written notice.
3. I realize that I am responsible for any payment plus a service charge applied by the YMCA: if my debit is not honored by my bank. This is in addition to any service fee that my bank may make.

Statesville Family YMCA Pre-Authorized Debit Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment, plus service charge. It is further understood that such payment is not honored by the bank (or credit card institution), then the YMCA at its discretion, may resubmit the payment amount due plus the service fee for payment on a future date,

I choose to utilize the EFT Option for monthly After School PAYMENTS direct debit from my:

Checking Account Savings Account Draft 1st of month: _____ Draft 15th of month _____

Bank Name: _____ Name on Account: _____

Routing/Transit Number: _____ Account Number: _____

Authorized Signature: _____ Date: _____

I choose to utilize the Credit Card Option for Monthly After School (automatic direct charge to credit card)

Credit Card Type: Visa Mastercard Discover American Express

Card Holder Name: _____ Account Number: _____

Exp Date: _____ Authorized Signature: _____ Date: _____