

# MARIN YMCA

## BEFORE/AFTER SCHOOL REGISTRATION 2018-2019

NOVATO     Pleasant Valley     Loma Verde     Rancho     San Ramon     Hamilton  
ROSS VALLEY     Manor     Brookside     Hidden Valley  
SAN RAFAEL     Sun Valley

### APPLICANT INFORMATION

Student Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_  
Home Address \_\_\_\_\_ Grade \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date \_\_\_\_\_ E-mail \_\_\_\_\_

### Parent/Guardian #1 (Emergency Contact & Authorized To Pick-Up Child)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Occupation \_\_\_\_\_

### Parent/Guardian #2 (Emergency Contact & Authorized To Pick-Up Child)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Occupation \_\_\_\_\_

### Additional Authorized Pick-Ups/Emergency Contacts

Pick-Up #1 Name \_\_\_\_\_ Pick-Up #1 Phone \_\_\_\_\_  
Pick-Up #2 Name \_\_\_\_\_ Pick-Up #2 Phone \_\_\_\_\_

### MEDICAL INFORMATION

List Allergies \_\_\_\_\_

Medications your child takes \_\_\_\_\_

Anything else we should know about your child \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**FINANCIAL & REGISTRATION INFORMATION**

Applicants must have either a Facility Membership (grants full access to the YMCA facility and programs) or a Community Participant (grants access to YMCA programs only). If you would like to sign up for a Facility Membership, please speak with a Membership staff at the front desk. If you do not wish to be a Facility Member, you will automatically be a Community Participant.

**NOVATO**     Pleasant Valley     Loma Verde     Rancho     San Ramon     Hamilton

**ROSS VALLEY**     Manor     Brookside     Hidden Valley

**SAN RAFAEL**     Sun Valley (After School Program Only)

**School-Age Program Fee Schedule for School Year Morning Program (Not available for Sun Valley)**

	Com. Participant / Facility	Days of Week (please check)				
1 day.....	\$55 / \$51.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
2 days .....	\$92 / \$84.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
3 days .....	\$128 / \$118.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
4 days .....	\$156 / \$146 .....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
5 days .....	\$187 / \$175.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
<b>FEE \$</b>	_____					

**TK / Kindie Program:** This time block is for TK / Kindies that need care up until 6:30pm.

\*Kindergarten at Sun Valley will enroll in "After School Program". See below

	Com. Participant / Facility	Days of Week (please check)				
1 day.....	\$144 / \$134.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
2 days .....	\$243 / \$227 .....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
3 days .....	\$314 / \$291 .....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
4 days .....	\$400 / \$372.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
5 days .....	\$479 / \$445 .....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
<b>FEE \$</b>	_____					

**TK/Kindie Flat Rate:** This time block is for TK / Kindies that need to care until 1st – 5th grade release time. Wednesdays are not included. If you need care on Wednesdays, please register for 1 day of after school program.

\*Please note that this enrollment does not apply to Sun Valley.

	Com. Participant / Facility	Days of Week (please check)			
4 days/week.....	\$178 / \$155.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> Th	<input type="checkbox"/> F
<b>FEE \$</b>	_____				

**After School Program:** This time block is for 1st – 5th graders and Kindies at Sun Valley that need care up until 6:30pm.

	Com. Participant / Facility	Days of Week (please check)				
1 day.....	\$110 / \$103.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
2 days .....	\$183 / \$171.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
3 days .....	\$255 / \$237 .....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
4 days .....	\$314 / \$291 .....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
5 days .....	\$376 / \$349.....	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
<b>FEE \$</b>	_____					

**FINANCIAL & REGISTRATION INFORMATION**

\$ \_\_\_\_\_ **Program Reigstration: \$85/child**  
\$ \_\_\_\_\_ **Marin YMCA "Annual Giving Campaign" Donation**  
\$ \_\_\_\_\_ **TOTAL DUE AT REGISTRATION**

**Please Check Payment Method:**

- Pay by check monthly
- Schedule payments with existing account on file. Please specify last 4 digits on card \_\_\_\_\_  
(If card is not on file, please go online to enter payment method or come to the Marin YMCA branch)

**A NEW WAY TO MANAGE PAYMENTS:** For your protection, we will no longer accept credit card information written in registration packets. To add or manage a billing method, visit [www.ymcasf.org/register\\_online](http://www.ymcasf.org/register_online).

**FINANCIAL & REGISTRATION INFORMATION**

All payments are due 10 days before the first of the month. If your account is not current and you have a credit card or bank account on file, we will request permission from you 5 days after the due date via email or letter to pay off your balance using your credit card or bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card or bank account on file to pay your balance.

Parents must update billing information if there are any changes to their billing account. This can be done by coming into the main branch or by calling the Branch Accounting Coordinator at 415.446.2157.

Parents will be contacted regarding returns from their account. It is the parent's responsibility to update their account and pay for childcare by the 1st of the month. If payment is not received by the 10th of the month, your child will be suspended from the program.

All extra use days must be charged in advance to your billing method on file.

A \$15 bank fee will be charged for any returned payments.

**I have read and understand the above billing information and agree to comply with the terms and conditions.**

Parent Signature \_\_\_\_\_

# PRE-ADMISSION FORM

## All About My Child

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Favorite snacks \_\_\_\_\_

For snack, my child does not like \_\_\_\_\_

Favorite Dinner \_\_\_\_\_

For dinner, my child does not like \_\_\_\_\_

Favorite fruit \_\_\_\_\_ Favorite animal \_\_\_\_\_

Favorite hobby \_\_\_\_\_ Favorite sport \_\_\_\_\_

Favorite game \_\_\_\_\_ Reading level \_\_\_\_\_

My child is allowed to watch movies that are rated:       G     PG     PG13     R

My child needs extra help with \_\_\_\_\_

Family Structure:     Married     Single Parent     Shared Custody     Other

My child handles stress by \_\_\_\_\_

Please pay attention to \_\_\_\_\_

What type of redirection or discipline do you practice at home? \_\_\_\_\_

\_\_\_\_\_

What would you suggest the staff to try when dealing with any difficult behavior issues? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **YMCA of San Francisco Membership Application Release and Waiver of Liability and Indemnity Agreement**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA of San Francisco and its affiliate branches, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of applicant/parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print name of applicant/parent: \_\_\_\_\_

Signature of co-applicant/parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print name of co-applicant /parent: \_\_\_\_\_

Print name(s) of child(ren) in program: \_\_\_\_\_