



We build strong kids, strong families, strong communities.

2011-2012 REGISTRATION INFORMATION

Tuesday, May 31, 2011 throughout the summer

On-site registration begins for students

TUITION RATES for 2010 – 2011 School Year

BANK DRAFT (CHECKING/SAVINGS ACCOUNTS)

The YMCA offers two bank draft opportunities: monthly or semi-monthly draft through a checking or savings account (draft dates are the 2nd of the month **or** the 2nd & 16th of the month)

BANK DRAFT (CREDIT CARD)

The YMCA offers two bank draft opportunities: monthly or semi-monthly draft through MasterCard or Visa (draft dates are the 2nd of the month **or** the 2nd & 16th of the month)

Please see accompanying chart for draft fees by month.

Monthly payment plan option:

Due on or before the 2nd of each month:

Registration Fee (non-refundable): \$20 per child

For registration processing and curriculum materials.
Registration fee is due at time registration materials are turned in.

Tuition Rates:

Before School (Only) \$45 per month per student

After School (Only) \$100 per month per student

Before School and After School \$145 per student

A 15% discount will be applied to each sibling after the first child

Parents paying monthly can pay on site. Payments can also be made in person at the YMCA front desk or can be mailed to: **YMCA of the Coastal Bend, 417 S. Upper Broadway, Corpus Christi, TX 78401.** Credit cards payments can be processed in person at the YMCA office. Please include the child's full name on each check.



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Child's School: Corpus Christi Montessori
3530 Gollihar Road, Corpus Christi, TX 78415 (361) 852-0707

YMCA of the Coastal Bend

Start Date _____

Child's Name _____ Grade (2011-2012) _____
Child's Address _____ Date of Birth ___/___/___ Male/Female
City _____ State _____ Zip _____

Parent/Legal Guardian 1:
 Name _____ Email _____
 Address _____ City _____ Zip _____
 Home Phone # _____ Cell # _____ Other # _____
 Employer _____ Work Phone # _____

Parent/Legal Guardian 2:
 Name _____ Eligible to pick up child? Yes ___ No ___
 Address _____ City _____ Zip _____ If NO, attach copy of legal document
 Home Phone # _____ Cell # _____ Other # _____
 Employer _____ Work Phone # _____

Local person other than those listed above to contact in case of emergency if the parent/legal guardian cannot be reached:

Name _____ Relationship to child _____
 Contact Number _____ Contact Number _____
 Address _____

In addition to parent/legal guardian and local person listed above, I hereby authorize the YMCA staff to allow my child to leave the facility ONLY with the following person(s):

Name _____ Relationship to child _____
 Contact Number _____ Contact Number _____
 Address _____

Name _____ Relationship to child _____
 Contact Number _____ Contact Number _____
 Address _____

Name _____ Relationship to child _____
 Contact Number _____ Contact Number _____
 Address _____

All information on this form is required by the Texas Department of Family and Protective Services or the YMCA to ensure the safety of your child. This information can only be changed through the Afterschool office by an authorized parent or guardian.



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YMCA of the Coastal Bend

EMERGENCY INFORMATION

MEDICAL INFORMATION: In the event of an emergency and a parent/guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Refer to medical waiver on back page.

Immunizations: My child's immunization record is current & on file at Corpus Christi Montessori School. ___ initial (name of school)

Table with 5 columns: Name, Phone, Address, City/Zip, and a row for Licensed Physician, and a row for Hospital or Clinic.

Allergies: My child has the following allergies: _____

In order to best meet your child's needs we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of: _____

Treatment to be given: _____

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

PART I

Please initial all lines to indicate received written policies/materials and agree to terms.

Parent Guide: I acknowledge that I received a copy of the YMCA Afterschool Parent Guide. I accept responsibility to read and adhere to billing procedures and all policies as set forth in the Parent Guide.

Waiver for Medical Treatment (Required): In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Afterschool staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

Waiver for Participation (Required): I understand that YMCA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the YMCA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

Waiver for Photo/Video Release (Optional): I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, trainings or display.

YMCA staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information listed on page 1 of this document.

PART II

TUITION INFORMATION

- A) Is either parent or guardian employed by IWA or Central Catholic schools? Yes No
B) I understand that a non-refundable \$20 registration fee is due at the time of registration. This fee is charged per child for registration processing and curriculum materials.
C) I understand withdrawal from the program requires 2 weeks written/faxed notice. The YMCA reserves the right to dis-enroll a participant for non-payment and/or behavioral issues.
D) I understand that my tuition is due either by bank draft on the 2nd or the 2nd and 16th; or by check on the Friday before the servicing week. Failure to pay tuition in a timely manner will result in a \$10 late fee unless prior arrangements have been made with the Child Care Director and could possibly result in removal from program.

(Parent Signature)

(Date)

Discipline and Guidance Policy for _____

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home

TRANSPORTATION, PROGRAM PARTICIPATION, PHOTO AND INFORMATION RELEASE FORM

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services.

The YMCA of the Coastal Bend (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs and to participate in YMCA program and activities. Transportation may be provided by a private provider; a YMCA owned and operated vehicle and/or public transportation systems in the area. We the undersigned parent(s) and/or guardian(s) of:

Name of participant: First, Middle and Last Age Birth Date

Address, City, State, Zip Code

I understand and authorize the Association, to allow my child to participate and to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the "Association" and it's agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the participation and transportation in any program. We fully understand the nature of child care, sports, recreation and transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the "Association", its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, 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 is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- 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 in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releasees or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.
- 4. THE UNDERSIGNED HEREBY PERMITS THE YMCA, KRIS, KIII, KZTV, KORO, the Caller Times, the Corpus Christi Daily and other media outlets to make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting/and/or the internet at the said media stations. The material will be used for news and/or YMCA purposes. It will also be utilized in YMCA print materials, and any forms of media release, and or video produced to help the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State 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 (Parent and/or Guardian #1)

Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III) Phone Number

Date of Birth Social Security Number OR Driver's License #

Date of Signature Other names used (Maiden/Previous Married/Alias/Nicknames)

Signature of parent or guardian

I HAVE READ THIS RELEASE (Parent and/or Guardian #2)

Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III) Phone Number

Date of Birth Social Security Number OR Driver's License #

Date of Signature Other names used (Maiden/Previous Married/Alias/Nicknames)

Signature of parent or guardian

Contract of Fees:

I _____ am choosing the following payment option for the 2011-2012 school year. I understand that I may only switch payment options with at least a two week written notice prior to my transfer date.

_____ Monthly Draft on the 2nd of each month in the amount of \$_____.

_____ Semi-Monthly Draft on the 2nd and 16th of each month in the amount of \$_____.

I understand that if the draft is returned as insufficient funds that I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.

_____ Monthly Payment Plan Option due on the first school day of the month for the current servicing month in the amount of \$_____.

I understand that if payments are not received in a timely manner a \$10 late fee will be added to my account unless prior arrangements have been made with the Child Care Director.

Parent Signature

Date

Child Care Director Signature

Date

Regular After School (ONLY) Program Fees:

# of Children	Draft on 2nd	Draft on 2nd & 16th	Monthly Fee
1	\$100.00	\$50.00 each period	\$100.00 each month
2	\$185.00	\$92.50 each period	\$185.00 each month
3	\$270.00	\$135.00 each period	\$270.00 each month
4	\$355.00	\$177.50 each period	\$355.00 each month

Regular Before School (ONLY) Program Fees:

# of Children	Draft on 2 nd	Draft on 2 nd & 16 th	Monthly Fee
1	\$ 45.00	\$22.50 each period	\$ 45.00 each month
2	\$ 83.25	\$41.63 each period	\$ 83.25 each month
3	\$121.50	\$60.75 each period	\$121.50 each month
4	\$159.75	\$79.88 each period	\$159.75 each month

Regular Before School & After School (COMBINED) Program Fees:

# of Children	Draft on 2 nd	Draft on 2 nd & 16 th	Monthly Fee
1	\$ 145.00	\$ 72.50 each period	\$ 145.00 each month
2	\$ 268.25	\$134.13 each period	\$ 268.25 each month
3	\$391.50	\$195.75 each period	\$391.50 each month
4	\$514.75	\$257.38 each period	\$514.75 each month

YMCA OF THE COASTAL BEND
Child Care Agreement ACH/CC Automatic Payment Option

STEP #1

Child's Full Name	
Child's Address	
City, State, Zip	
Phone Number	(Day) (Evening)
Child's School	

STEP #2

Begin Draft Date:

____/____/____

STEP #3

OPTION A: Use current information on file. <input type="checkbox"/>	OPTION B: Add new information <input type="checkbox"/>
ACCOUNT TYPE: (circle one)	Checking (Need Voided Check) Savings (Need Voided Check) Credit Card
Credit Card Number:	Expiration Date:
Name on Card:	Security Code (3 numbers on back):

STEP #4

Monthly Drafted on the 2 nd	\$
Monthly Drafted on the 2 nd & 16 th	\$

AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK. DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY.

1. I understand that this transfer will occur monthly on the 2nd, semi-monthly on the 2nd and 16th of each month for checking/savings and credit card payments. First draft/payment begins August 16th.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types, or Child Care Plan in anyway, I must provide the YMCA with a least a 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason the item(s) will be re-presented electronically and I understand I will be charged a \$25 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee the amount will be drafted from my account on the next draft date.
6. The YMCA only accepts Visa and MasterCard.
7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become a weekly account and payment must be made by check or money order the Friday before each servicing week.

Account Holders Signature

Date

STAPLE VOIDED CHECK HERE

