



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

REGISTRATION FORM for Before and After School Child Care
2018-2019

1. Student Information (please print legibly or type)

PROGRAM START DATE: ___/___/___

STUDENTS FIRST NAME: _____ STUDENTS LAST NAME: _____

STUDENT ADDRESS: _____

CITY: _____ ZIP CODE: _____

___ LAKOTA FAMILY YMCA MEMBER (student must be member) ___ NON-MEMBER

STUDENTS DATE OF BIRTH ___/___/___ GENDER (circle one): Male Female

GRADE FOR 2018/2019 SCHOOL YEAR (circle one)
K-AM K-Full Day 1st 2nd 3rd 4th 5th 6th

SCHOOL ATTENDING (check one):
 ___ Creekside ___ Liberty ___ Shawnee ___ Wyandot
 ___ Adena ___ Cherokee ___ Endeavor ___ Freedom
 ___ Heritage ___ Hopewell ___ Independence ___ Union
 ___ Van Gorden ___ Woodland

PROGRAM DESIRED (circle one): AM ONLY PM ONLY BOTH AM/PM

2. BILLING INFORMATION: PARENT(S)/GUARDIAN(S) INFORMATION

PARENT/GUARDIAN 1:
 NAME: _____
 RELATIONSHIP TO CHILD: _____
 ADDRESS: _____
 CITY: _____ ZIP CODE: _____
 PRIMARY NUMBER: _____
 SECONDARY NUMBER: _____
 OTHER NUMBER: _____
 EMAIL: _____

PARENT/GUARDIAN 2:
 NAME: _____
 RELATIONSHIP TO CHILD: _____
 ADDRESS: _____
 CITY: _____ ZIP CODE: _____
 PRIMARY NUMBER: _____
 SECONDARY NUMBER: _____
 OTHER NUMBER: _____
 EMAIL: _____

- Who is the Primary Responsible Parent/Guardian for Billing?: _____
- Do you need your Child Care Split between Parents/Guardians: _____
 - If yes, please verify how your bill needs split: _____

*Note: if one credit card does not process, the full payment will be taken out of the other credit card.



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Office Use ONLY: GIVE COPY TO PARTICIPANT

Staff Member Receiving: _____ Date Received: _____ Time Received: _____

STUDENTS NAME: _____

3. PAYMENT INFORMATION (If using multiple payment options, both credit cards need to be available at time of

Card 1: We do not accept AMEX

CARD HOLDER NAME: _____
CREDIT CARD NUMBER: _____ EXP. DATE: _____
STREET NUMBER: _____ ZIP CODE: _____ % OF CHARGES TO THIS CARD (E, 100%, 65%, 25%): _____
SIGNATURE: _____

Card 2: We do not accept AMEX

CARD HOLDER NAME: _____
CREDIT CARD NUMBER: _____ EXP. DATE: _____
STREET NUMBER: _____ ZIP CODE: _____ % OF CHARGES TO THIS CARD (E, 100%, 65%, 25%): _____
SIGNATURE: _____

4. Fees, Billing Policies and Procedures

Fees: This is a FULL-TIME service whether you use it or not. We prorate on Lakota School Districts calendar and calamity days.

Non-Refundable Registration Fee: \$55

Member Rates: AM ONLY: \$55 PM ONLY: \$71.50 BOTH AM & PM: \$88

Non-Member Rates: AM ONLY: \$69 PM ONLY: \$86.25 BOTH AM & PM: \$115

Payments:

- Credit Card(s) MUST be on file with the Lakota Family YMCA. It is your responsibility to keep this information up to date with the Lakota Family YMCA. You can not register without a valid credit card.
- By registering for this program you authorize any and all child care related fees to be charged to your credit card.
- Payments will be deducted from your account on the Friday prior to the week registered.
- Withdrawal forms must be received 1 week prior to the withdrawal date
- There will be no balances on accounts carried over from week to week.

Credit Card Declines: Credit cards may decline up to 3 times with no additional fees. The 4th time and all other declines there after will be charged a \$15.00 fee.

*Compromised credit cards will be waived a declined fee until it becomes abused.

Multiple Card Changes: You will be able to change your credit card up to 3 times with no additional fees. The 4th time and all other request to change a credit card there after will be charged a \$15.00 fee.

*Compromised credit cards will be waived a declined fee until it becomes abused.

Late Fee: A \$30 late fee per child will be accessed to your account(s) if we do not receive your payment by Monday at 8:00am the week you will attend. Your child(ren) will not be permitted to use our services until account is paid in full.

Parent/Guardian Signature: _____

Staff: staple credit card slip(s) here.