



LAKOTA FAMILY YMCA

REGISTRATION FORM for Before and After School 2024-2025

Student Information (please print legibly or type)

PROGRAM START DATE: _____

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

STUDENTS FIRST NAME: _____ STUDENTS LAST NAME: _____

STUDENT ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE: _____

DATE OF BIRTH _____ GENDER (check one) Male Female

GRADE FOR 2024/2025 SCHOOL YEAR (check one)

K-AM K-Full Day 1st 2nd 3rd 4th 5th 6th

PROGRAM DESIRED (check one)

AM ONLY PM ONLY BOTH AM/PM

SCHOOL YOUR CHILD WILL BE ATTENDING (check one)

____ Adena ____ Cherokee ____ Creekside ____ Endeavor ____ Freedom
____ Heritage ____ Hopewell ____ Independence ____ Liberty ____ Shawnee
____ Union ____ Van Gorden ____ Woodland ____ Wyandot

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

<p>PARENT/GUARDIAN 1:</p> <p>NAME: _____</p> <p>RELATIONSHIP TO CHILD: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ ZIP CODE: _____</p> <p>*PRIMARY NUMBER: _____</p> <p>SECONDARY NUMBER: _____</p> <p>*EMAIL : _____</p>	<p>PARENT/GUARDIAN 1:</p> <p>NAME: _____</p> <p>RELATIONSHIP TO CHILD: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ ZIP CODE: _____</p> <p>*PRIMARY NUMBER: _____</p> <p>SECONDARY NUMBER: _____</p> <p>*EMAIL : _____</p>
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Office Use ONLY: GIVE COPY TO PARTICPANT

Registration Paid on Date: ____/____/____ Completed: _____

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

STUDENTS NAME: _____ School: _____ AM PM Both

PAYMENT INFORMATION (If using multiple payment options, both credit cards need to be available at time of registration or it will not be completed. We will collect an imprint of all credit cards.)

Card 1:	Visa	MasterCard	Discover	AMEX
CARD HOLDER NAME: _____				
CREDIT CARD NUMBER(if not on file) _____			EXP DATE: _____	
STREET NUMBER: _____		ZIP CODE: _____	% OF CHARGES TO THIS CARD (E, 100%, or 50%): _____	
SIGNATURE: _____				

Card 2:	Visa	MasterCard	Discover	AMEX
CARD HOLDER NAME: _____				
CREDIT CARD NUMBER(if not on file) _____			EXP DATE: _____	
STREET NUMBER: _____		ZIP CODE: _____	% OF CHARGES TO THIS CARD (E, 100%, or 50%): _____	
SIGNATURE: _____				

- 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.*

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. Snow Days will be accumulated to one credit the last month of school. If you withdraw before this, it is your responsibility to remind billing of your credit due.

Non-Refundable Registration Fee: \$55

Member Rates: AM ONLY: \$62 PM ONLY: \$80 BOTH AM & PM: \$96

Non-Member Rates: AM ONLY: \$77 PM ONLY: \$916 BOTH AM & PM: \$126

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.

I have read and understand the above policy and procedures:

Parent/Guardian Signature: _____ Date: _____