



Tuition is due the 1st of the month with a **\$10.00 late fee added on after the 10th**. Bank drafts come out on the 1st day of the month only.

Child's Name

First _____ Middle _____ Last _____ Birth date ___/___/___ Gender M F Age ____

Name Child goes by _____

Race _____ Address _____ City _____ Zip _____

Parent(s)/Guardian(s) Information *Information will be used for accounting questions, emergencies and pick-up verifications

Parent/Guardian #1 _____ Relationship to Child _____ Birth date ___/___/___ (required)

Home Phone (____) _____ Mailing Address _____ City _____ Zip _____

Business Phone (____) _____ Business Name _____

Cell Phone (____) _____ E-Mail Address _____

Parent/Guardian #2 _____ Relationship to Child _____ Birth date ___/___/___ (required)

Home Phone (____) _____ Mailing Address _____ City _____ Zip _____

Business Phone (____) _____ Business Name _____

Cell Phone (____) _____ E-Mail Address _____

Health Data/History

Operations or serious injuries (dates): _____

Chronic/recurring illness or medical condition: _____

Dietary restrictions: _____

Current Medications: _____

Name of Physician: _____ Physician's Phone: _____

Name of Child's Dentist: _____ Dentist's Phone: _____

Insurance Company Name: _____ Policy/Group # _____

Special Needs: _____

Child Pick-up Information Please list additional names and phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up your child/children. This needs to include yourself, and, if applicable, the child's other parent or legal guardian) who is authorized to pick up your child. Anyone picking up your child must be 18 years of age or older and a photo identification is required. Changes to this list must be done in writing and may only be done by the parent/guardian whose signature appears on this registration form.

Parent Name _____ Relationship _____ Phone (____) _____ Cell Phone (____) _____

Parent Name _____ Relationship _____ Phone (____) _____ Cell Phone (____) _____

Parent Name _____ Relationship _____ Phone (____) _____ Cell Phone (____) _____

Parent Name _____ Relationship _____ Phone (____) _____ Cell Phone (____) _____

Signature of Parent or Legal Guardian

Printed Name

Relationship to Child

Date

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

PARENT AUTHORIZATION: I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the YMCA. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child is amenable to behavior management and free from habits or attitudes which would make him/her unable to appropriately participate. I have studied the brochure and fees and understand the contents thereof.

In consideration of my child's participation in the activities of the Young Men's Christian Association of Greater Indianapolis (YMCA), I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the YMCA. **I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representations and grant the authorizations contained herein.**

I understand the YMCA of Greater Indianapolis does not allow YMCA employees to provide care to enrolled children outside of the approved YMCA activities. This would include babysitting, outings or trips. I understand that all YMCA staff have been informed of this policy and have signed a statement in agreement with the policy.

2011-2012 Preschool Rates

School Year: August 29, 2011 – May 16, 2012

Tuition is due the 1st day of each month beginning August 1, 2011 – April 1, 2012

A non refundable deposit of \$50 is due at the time of enrollment and will be credited toward your first month's tuition.

<p>2/3 Year Combo (must be 2 by 8/1/2011)</p>	<p>T/TH 9-11:30 AM ____</p> <p>T/TH 12:15-2:45 PM ____</p> <p>M/W 9-11:30 AM ____</p> <p>M/W 12:15-2:45 PM ____</p>	<p>2-DAY FACILITY MEMBER.....\$109/month PROGRAM MEMBER.....\$144/month</p>
<p>3/4 Year Combo (must be 3 by 8/1/2011)</p>	<p>T/TH 9-11:30 AM ____</p> <p>T/TH 12:15-2:45 PM ____</p> <p>M/W/F 9-11:30 AM ____</p> <p>M/W/F 12:15-2:45 PM ____</p>	<p>2-DAY FACILITY MEMBER.....\$109/month PROGRAM MEMBER.....\$144/month</p> <p>3-DAY FACILITY MEMBER.....\$139/month PROGRAM MEMBER.....\$171/month</p>
<p>4/5 Year Combo (must be 4 by 8/1/2011)</p>	<p>T/TH 9am-1pm ____</p> <p>M/W/F 9-11:30 AM ____</p> <p>M/W/F 12:15-2:45 PM ____</p> <p>M/T/W 12:15-2:45 PM ____</p> <p>M-TH 9-11:30 AM ____</p>	<p>2-DAY/4 - HOUR FACILITY MEMBER.....\$161/month PROGRAM MEMBER.....\$199/month</p> <p>3-DAY FACILITY MEMBER.....\$139/month PROGRAM MEMBER.....\$171/month</p> <p>4-DAY FACILITY MEMBER.....\$161/month PROGRAM MEMBER.....\$199/month</p>
<p>Pre-K (must be 5 by 2/1/2012)</p>	<p>M-F 9-11:30 AM ____</p> <p>M-TH 12:15-2:45 PM ____</p>	<p>4-DAY FACILITY MEMBER.....\$161/month PROGRAM MEMBER.....\$199/month</p> <p>5-DAY FACILITY MEMBER.....\$195/month PROGRAM MEMBER.....\$228/month</p>