



ELEMENTARY BEFORE SCHOOL APPLICATION GROVE CITY YMCA

CHILDS INFORMATION

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Grade: _____

ADDITIONAL CHILDREN (IF NECESSARY)

Childs Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Grade: _____

Childs Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Grade: _____

Estimated days my child(ren) will be attending:

MONDAYS

TUESDAYS

WEDNESDAYS

THURSDAYS

FRIDAYS

PARENT/LEGAL GUARDIAN #1

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

PARENT/LEGAL GUARDIAN #2

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

AUTHORIZED PICKUPS

Local person(s) other than those listed above to contact in case of an emergency if the parent/legal guardian cannot be reached. Please fill in at least one of the spaces:

Name: _____ Relationship to Child: _____

Phone: _____

Name: _____ Relationship to Child: _____

Phone: _____

PARENT/GUARDIAN ACKNOWLEDGMENTS

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

Please initial _____

Policy Agreement: I acknowledge that I have been made aware and received a copy of the Y After School Policy Guide.

Please initial _____

Assumption of Risk

I acknowledge and agree that any use of the YMCA of Franklin & Grove City facilities, services, equipment and premises ("Facilities") and any participation in the YMCA of Franklin & Grove City programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Please initial _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the YMCA of Franklin & Grove City, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

Please initial _____

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Please initial _____

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Please initial _____

Waiver for Photo/Video/Audio Release

I give my consent for any photos, video and or audio taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

Signature _____ Date ____ / ____ / ____

BEFORE SCHOOL AT THE YMCA Payment Authorization Form

2023-2024 Fee Schedule

Members: Part Time: 1-3 Days/Week: \$15.

Full Time: 4-5 Days/Week: \$20.

NonMembers: Part Time: 1-3 Days/Week: \$20.

Full Time: 4-5 Days/Week: \$25.

Extra Child/Siblings: Part Time: 1-3 Days/Week: \$3.

Full Time: 4-5 Days/Week: \$5.

NAME	DAYS ATTENDING	COST	# DAYS ATTENDING	TOTAL
	M T W R F		x	
	M T W R F		x	
	M T W R F		x	
	M T W R F		x	

Payment Options:

_____ I want to make one monthly payment. This will take place the first Friday of the month.

_____ I want to make bi-weekly payments. This will take place on the first and third Friday of the month.

Payment Method:

_____ Credit/Debit Card Account

Number:

Expiration Date: ____/____

American Express: ____ Discover: ____ MasterCard: ____ Visa: ____

OR

_____ EFT Account

Bank Name: _____

Routing Number _____

Account Number _____

By signing this, I am authorizing that payments may be withdrawn from my account automatically as indicated above. It is understood that sending a preauthorized EFT to the bank monthly shall constitute valid notice of payment due for the after school program. When the bank honors the EFT by charging my account, such EFT shall constitute my receipt for the payment. Should a preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment must be paid out-of-pocket, or the services could be terminated. Should any EFT not be honored by my bank for any reason, I realize that I am still responsible for that payment. This is in addition to any service fee my bank may charge. I understand that the draft will occur on the due date that I indicated above. I understand that withdraw from program requires two weeks written notice.

Signature _____ Date: _____