

MAGDALENA ECKE FAMILY YMCA

Childcare Admissions Agreement



Child's Last Name			Child's First Name		
Address		Apt #	Date of Birth		Please Mark <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip	School		Grade

Parent 1 Name			Parent 2 Name		
Cell Phone		Work Phone	Cell Phone		Work Phone
Parent 1 Email		Home Phone	Parent 2 Email		Home Phone

Childcare Site: _____ PM AM/PM 5 DAY 3 DAY/OPE ONLY

Parent/Guardian Initials

I have received the Childcare Parent Handbook and I am responsible for reading and abiding by the Policies and Procedures.

Parent/Guardian Initials

Monthly payments are made via Automatic Transfer System (ATS) on the 10th (for checking) or the 15th (for credit cards). Notification of changes or corrections must be made to information on file by the 1st of each month in writing via an ATS Form. A \$20 service fee will be applied for accounts returned unpaid, closed or payments stopped. I understand that it is my responsibility to notify the YMCA.

Parent/Guardian Initials

Cancellations are required in writing, two (2) weeks prior to your child's last day in the program. Failure to do so will result in financial responsibility for payment. No refunds are given. I understand that I am required to give two weeks written notification to withdraw from the program.

Parent/Guardian Initials

I understand that I am responsible for signing my child in and out of the facilities on a daily basis.

Parent/Guardian Initials

I understand that after registration it will take 24 hours for my child to begin attending the program.

I understand all the policies and procedures in the Parent Handbook and on this Admissions Agreement.

Parent/Guardian Signature		Date	YMCA Licensee Signature		Date
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How did you hear about us?

Direct Mail
 Newspaper
 Website
 E-mail
 Returning Participant
 School
 Street Display
 Word of Mouth

FOR OFFICE USE ONLY

Date Received	Childcare Director	Accounting	Start Date	Exit Date
Childcare Site		First Month's Fee	Monthly Fee	