



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

LEARN GROW THRIVE

GLOW YMCA

**BEFORE & AFTER SCHOOL CARE
REGISTRATION PACKET**

Ages 4-12

**PEMBROKE SCHOOL DISTRICT
2018-2019 SCHOOL YEAR**





**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Parents/Guardians:

Welcome to the YMCA's Before & After School Program (BASP)! We are very excited for the opportunity to help your child learn and grow in our program. The Before & After School Program is based on the mission and the four core values of the YMCA, where we are committed to helping instill these values in your child: Caring, Honesty, Respect, and Responsibility. Our certified, friendly, and experienced staff provides a safe and caring environment where your child will have opportunities to make new friends, participate in fun activities, learn new things, and build unforgettable memories! Our program offers homework help, arts & crafts, science experiments, enrichment activities, a healthy snack, and much more! We want your child to feel safe and comfortable, and to know that if they are looking to have a good time and relax with some fun friends and activities, the Y is where it's at!

Attached to this letter you will find important information that you will need to know in order to prepare your child and yourself for the after school program. We kindly ask for you to take the time to look over the packet and all of its contents carefully. The information you provide is required from the YMCA, New York State Office of Children and Family Services and the Pembroke School District. Remember, the more information you provide for us, the better able we are to care for your child and their specific needs (if any). All information acquired is confidential and used for the purpose of providing your child with a safe environment. Please be aware that the attached forms need to be filled out completely and returned to the YMCA before your child will be able to begin attending the Before & After School Program, please do not drop off forms or payment to the office at the school. All registration is processed at the YMCA.

If you have any questions, please feel free to contact us. Thank you ahead of time for your cooperation. We truly look forward to working with you and your child!

Sincerely,

Janelle Bartz
YMCA Director- Pembroke Primary
Genesee County YMCA
(585) 344-1664
jbartz@glowymca.org



GLOW YMCA

Parent Handbook

Before & After School Program

Statement of Purpose

The purpose of the GLOW YMCA Before & After School Program is to provide quality care in a safe and supportive environment which encourages the physical, emotional, intellectual, and social growth of children while supporting and strengthening families.

Licensing/Registration Agency

The GLOW YMCA's Pembroke Before & After School Program is licensed through the New York State Office of Children and Families Services (OCFS). If you would like to contact OCFS, you may do so at (716)847-3828 or www.ocfs.state.ny.us.

Goals and Objectives

The GLOW YMCA Before & After School Program promote the character values of Caring, Honesty, Respect, and Responsibility. The program will meet the needs of children at each stage of development by creating an environment that is structured but encourages independence, self-confidence, cooperation, team work, and self-control among the children who participate. The daily schedule is structured, allowing a wide range of developmentally appropriate activities, balanced with active and quiet times, and providing opportunities for children to pursue particular interests and develop individual abilities.

Program Philosophy

The YMCA's Pembroke Before & After School Programs philosophy is to deliver a program in a positive environment of safety, support and care that will allow children the opportunity to relax and participate in a variety of fun and exciting, health conscience and age appropriate activities!

Staff Philosophy

We believe that the success of our program lies in the quality of our staff. Our staff members are hired based on past experience with child care, education, character, talents and interpersonal skills. All staff, under NYS OCFS standards, has been fingerprinted and must pass a criminal background check. Child Abuse Prevention training, as well as other related training, is mandated for all employees by the GLOW YMCA.

Enrollment Criteria

The YMCA Before & After School Program is open to all families regardless of race, gender, religious affiliation, cultural heritage, financial status, political beliefs, national origin, disability, marital status, or sexual orientation. Registration is first offered to existing participants, then to the established waiting list. Enrollment capacities are dictated by local and state regulations.

Forms

Enclosed is a packet of forms that must be filled out and returned **before** your child may attend the Pembroke Before & After School Program. First month fees are due at the time of registration. In addition, the Parent Handbook must be read in its entirety, then signed and dated, so we know that you are aware of all policies and procedures of the program ahead of time.

Pick-up Authorization

Prior to the child's enrollment in Pembroke Before & After School Program, the parent must complete a pick-up authorization form. Please know that parents are more than welcome to visit the program during operation hours at any time. No child will be released to anyone under the age of sixteen. Parents or designated persons picking up children must provide photo identification. If your child is to be picked-up by someone other than an authorized person, you must notify the Site Director 24 hours in advance in writing by completing a pick-up authorization form. (Forms are available upon request at each site). For your child's safety, children are not allowed to leave without staff authorization. Sign-in and sign-out sheets will be used daily containing the date, child's name, signature of your child's pick-up, sign in and out times, and a health check. Every visitor who enters the program must also sign in and out of the visitor's log.

Registration Changes

Any changes in pick-up authorization, address, work or phone numbers, emergency contacts, etc., need to be given to the Site Director as soon as possible. If you are changing your child's scheduled days, advanced notice is required so that we can adhere to staff to child supervision ratio requirements.

Financial Information

No returned fees or credits are issued except for documented medical reasons. Monthly payments are not reduced for any scheduled holidays or closures due to weather.

Payments can be made in person at the Genesee YMCA, over the phone with a MasterCard/ Visa, or sent via mail.

Payment Policy

Fees are based on the full school year then divided into 10 easy monthly payments. Holidays and days off are already factored into the monthly fee.

All fees must be paid in full by the 1st of each month prior to service. If your payment is not received by the 1st, a courtesy call will be made reminding you of the past due payment. If payment is not received by the 5th you will forfeit your child's enrollment in the program until the payment is received. If you are signing up for an Electronic Funds Transfer, please be sure to set the date to the 1st of each month. Thank you for your cooperation on this matter ahead of time.

Financial Assistance

The GLOW YMCA Scholarship Assistance policy states that no person will be denied membership or program participation solely because of inability to pay fees. Scholarship Assistance applications are available at all YMCA's and on our website. Scholarship assistance is granted based on the available resources of the YMCA. Additionally, you may contact the NYS Dept. of Social Services to determine if your family qualifies for assistance and reduced rates for School Aged Child Care.

Confidentiality of Records

All information in your child's record is privileged and confidential and will not be released without your written consent.

Hours and Activities

The program runs from the first day of school to the last day of school. Pembroke BASP offers before school care, which begins at 6:30am and after school care until 6pm. On School District scheduled ½ Days, we will extend the Child Care program to begin at ½ day dismissal.

Inclement Weather Policy

Weather conditions may alter program delivery schedules. If school is closed or closes early due to weather, there will be no Before & After School Program. **If all after school activities are cancelled, it is the parent's responsibility to pick up their child no later than 5:00pm. The Site Director will contact families in the event of a severe weather related emergency.**

Attendance

We are responsible for all registered children each day. Parents or an emergency contact will be notified if the child does not arrive at the program without previous notice being given.

- If your child is not going to attend Before & After School Program one day, or a few days in a row, please call the Site Director as soon as possible to report the absence so she can relay the message to the appropriate staff members
- Children must be signed out by a parent/guardian daily, or authorized adult over the age of 16.
- If at any time someone other than the person designated on your release form is picking up your child, it is necessary to fill out a "pick-up authorization form" which is located at each site by the sign in & out book, or simply ask the staff for a copy. Please allow 24 hour advance notice.

Snack

The YMCA will provide a healthy snack to your child each day. On occasions such as holidays or special events, an alternate (not as healthy) snack is provided. Please be sure to list any food allergies your child may have.

Personal Belongings

We take pride in our ability to provide your child with a variety of activities which entertain and challenge. Bringing personal belongings to the program is based on your own judgment. **Please be aware if any personal belongings are lost or stolen from your child during the program, it will not be the YMCA's responsibility to replace it.**

Clothing

Children at the YMCA Before & After School Program are active, so be sure they are wearing clothes that are comfortable and appropriate. The YMCA is not responsible for lost or damaged clothing. Please also keep in mind that children will have the opportunity to go outside, so please prepare them for the appropriate weather conditions. - **Socks and sneakers should be worn daily.**

Health Policy

Each child must have an up-to-date Before & After School Program Information form on file. Children who become ill or are suspected of having a communicable disease may not remain in the program. They will be isolated from the other children and a parent or emergency contact will be notified and asked to pick-up their child immediately. The attached guidelines with relevance to illness have been arranged and will be followed unless your physician states in writing that your child may attend. (Please see attachment B).

Medication Policy

The Pembroke Before & After School Program site is not licensed to administer medications. All medications are required to be managed at home prior to or after the program or through the school nurse during the school day. Please contact the school nurse to discuss a plan to manage medications for your child when applicable.

Donations

Any old games, puzzles, books or arts and crafts supply donations are always welcome.

Late Pick-up Policy

On certain occasions when a parent must be late, the YMCA has established these firm policies:

- Parents must call the Site Director to let her know what time they can be expected to arrive, or to inform her of alternate transportation arrangements that have been made.
- If a parent is more than 5 minutes late, and no call has been made to inform the staff of why someone is not there to pick-up their child, a fee of \$1 every minute (beginning at 6:00pm) will be charged. If this incident occurs, the staff on site

will make the Child Care Director aware of the situation, and a bill will be sent to your home the next business day. Please make the payment in the same manner as paying a bill.

- In the event that the YMCA does not receive a phone call prior to the parent being late, the following procedures will be immediately implemented:
 - A staff member will attempt to contact the child’s parents.
 - If contact cannot be made, a staff member will call the individuals listed on your child’s registration packet for emergency contacts until someone is reached.
 - If one hour passes with no contact being made by either the child’s parents or emergency contacts, a call will be placed to Child Protective Services/school district/police to figure out what further arrangements are necessary.

Termination Policy

When the health, welfare, and safety of other children is at stake, the YMCA reserves the right to terminate child care services immediately. Possible reasons for termination of a child from services include, but are not limited to the following:

- Inappropriate behavior considered to be harmful to your child, staff, or other program participants.
- Violence of any kind
- Incident reports resulting from inappropriate behavior.
- Overdue Fees.

If you have any questions or concerns about any of the information provided within this handbook, please contact either Director listed below.

		Janelle Bartz
Title		BASP Director- Pembroke Primary
Office Address		209 E. Main Street Batavia, NY 14020
Phone Number		(585) 344-1664
Fax Number		(585) 344-1666
Email Address		jbartz@glowymca.org

Code of Conduct

Please discuss the following segment with your child

Children's Responsibilities

Children need to be responsible for:

- ★ Being respectful, honest, and caring to other program participants and staff.
- ★ Learning to take consequences for their own actions.
- ★ Respecting the rules that are established for and by them during the program.
- ★ Controlling their anger so that their actions and decisions do not negatively affect others.
- ★ Being respectful to equipment or property which does not belong to them.
- ★ Remaining with staff members at all times and notifying staff if they need to go to another area.

Children's Rights

YMCA Staff are responsible for ensuring that children enrolled in the BASP program:

- ★ Have a safe and reliable environment free of hazards.
- ★ Have their ideas and feelings heard and respected.
- ★ Have discipline that is fair, equal and respectful of them.
- ★ Have activities that allow participants to express their ability as they explore and discover, while developing to their fullest potential.
- ★ Have a right to voice their opinion and have input on activities offered.
- ★ Are treated in a caring, honest, respectful, and responsible manner.
- ★ HAVE A BLAST!

Child Care Policies

While participating in the program, please be certain that both you and your child are completely familiar with these policies. These policies are put into place to assure protection and safety of your child. The Directors of the BASP program, upon notification to the parent, may suspend or terminate a child from all activities and participation in the program for the following types of conduct:

- Leaving the program premises without permission, or going into unauthorized areas.
- Use of foul language or rudeness to staff or other participants.
- Defacing the YMCA facility, school property, or field trip facilities.
- Engaging in fighting as a means of solving a problem.
- Bringing or using illegal substances.
- Stealing or defacing another child's property purposefully.
- Intentionally injuring another child.
- Refusing to remain with the group during outings.
- Refusing to follow check in and out procedures.

Discipline

All participants must follow the “House Rules”. If any of these rules are broken while the child is under the YMCA’s care, the following procedure will be followed.

1. Verbal warning and/or reminder
2. Redirection
3. Talk through the problem
4. Have child suggest alternative solutions to the problem
5. Time Out / Cool Down time
6. If behavior continues to be an issue, establish a behavior contract with parent and child
7. Discuss problematic situations with child’s parent and incorporate their suggestions into the child’s behavior management plan
8. Write a report and have it signed by the parent, for unsafe behavioral incidents
9. Three incident reports may constitute a suspension or expulsion from the program (note: in this situation, no refund of program fees will be issued)

Attachment B

Level of Illness

Any child who exhibits any of the following symptoms cannot attend program, or will be immediately sent home to protect other children if symptoms appear while the child is at program:

- A suspected or diagnosed communicable disease as defined by the New York State Department of Health until evaluated and approved for inclusion by a health care provider to participate in the program
- A fever which reaches 103°F or higher orally, axillary (underarm) or aural (in the ear)
- A child with a temperature of 101°F or higher orally or aural (in the ear) which is accompanied by a behavior change, stiff neck, rash, unusual irritability, poor feeding, vomiting or excessive crying
- Looking or acting very ill and quickly deteriorating ★
- Neck pain when the child’s head is moved or touched ★
- A stiff neck or severe headache which appearing ill ★
- A first time seizure ★
- Acting unusual or confused ★
- Unequal pupils ★
- A blood-red or purple rash made up of pinheaded-sized spots or bruises that are not associated with an injury ★
- A rash of hives or welts that appears and spreads quickly ★
- Breathing intensely enough to cause the child to cease play, talking, crying, or consuming anything ★
- A sever stomachache that causes the child to double up and scream ★
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall ★
- Stool that is black or blood-mixed ★
- The cease or urination within an 8 hour period, accompanied by dry mouth, no tears or sunken eyes ★
- Continuous clear drainage from the nose after a hard blow to the head ★
- Suspected case of head lice
- A note from the child’s doctor or school nurse must be presented to a staff member prior to the child’s return to program



Parent Handbook Signature Page

My signature below indicates that I have read and understand all of the information in the Before & After School Program Parent Handbook. I also verify that I have reviewed all of the Code of Conduct information with my child, and understand that I may be called to pick-up my child in the event that these policies are not followed.

Parent/Guardian Signature:

X:

Date: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GLOW YMCA

PEMBROKE – Before & After School Program

Behavior Agreement

Participant:

- 1. I will obey the rules of the YMCA Before & After School Program.**
- 2. I will do my best to be Caring, Honest, Respectful, and Responsible while attending the YMCA Program.**
- 3. I will respect everyone who attends the YMCA Before & After School Program. This includes the staff and other children attending the program. I will also respect their property and the building which the program is in.**
- 4. I understand that the YMCA program does not allow swearing, talking back, or physical harm/fighting.**
- 5. I understand that if I do not follow these rules, my parents will be called to pick me up.**
- 6. I understand and agree with the rules listed above and will try my very best to follow these rules while at the YMCA program.**

Participant Signature

Date

Parent/Guardian:

- 1. I have discussed the above guidelines with my child. My child and I fully understand that I will be called to pick-up my child if they do not follow the agreement.**

Parent/Guardian Signature

Date



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Parents/Guardians:

For your convenience, we offer two payment options for our Pembroke Before & After School Program. You may choose to have your monthly balance automatically withdrawn from a checking or savings account (see the attached Electronic Funds Transfer Authorization Form). Please have your transfer date set for the 1st of each month.

Payment may also be made by cash, check or credit card. You may either send in your check or cash payment to the Genesee YMCA, or if paying by credit card, please come in to see us at your local YMCA's front desk. Please note only Visa and MasterCard are accepted. Payment is expected the first of each month. If payment is not received by the 1st of the month, a courtesy call will be made to remind you of your balance due. If payment is still not received by the 5th of the month, your child will be unable to attend the program until the balance is paid.

Please refer to the Parent Handbook with any other questions regarding financial information or payment policies. For additional questions/concerns feel free to call your local branch. Thank you so much in advance for your cooperation!

Sincerely,

Janelle Bartz
BASP Director- Pembroke Primary
(585) 344-1664
jbartz@glowymca.org



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GLOW YMCA

2018 – 2019 Before & After School Program

PEMBROKE PRICING GUIDE

Prepaid monthly rates (due the first of the month of service)

CHILDREN AGES 4 – 12 YEARS

(6:30am – Start of School Day and School Dismissal – 6pm)

Schedule	Member Rate	Potential Member Rate
Full Time (5 Days till 6pm)	\$150.00/month	\$195.00/month
Full Time (5 Days till 4pm)	\$135.00/month	\$185.00/month
3 Day (till 6pm)	\$120.00/month	\$140.00/month
3 Day (till 4pm)	\$100.00/month	\$120.00/month
AM or PM Only	\$100.00/month	\$125.00/month

Please Note: These prices are based upon a 180 day school year. For your convenience, we have evenly divided the total cost for the year into 10 equal monthly payments. Rates will NOT be prorated for months that include vacations as those have already been factored into the price. We do not offer credit for snow days or absences.

We offer an automatic payment option. See the last page for information on having your payment automatically drafted on the 1st of each month.

Due to licensing requirements and staffing ratios, there is not a daily drop-in option. Children must be pre-registered from the options in the grid above.



GLOW YMCA

**Pembroke – Before & After School Program
Program Participant Information Form**

CHILD AND FAMILY INFORMATION

Child's Name:		Date of Birth:	Age:	Grade in Fall:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		City, State, Zip:		School:	
Child's Nickname:		Child lives with:		Teacher's Name:	
Mother/Guardian Name:		Street Address:		City, State:	Zip:
Emergency Contact? Y N	Home Number:	Birth Date:		Place of Work:	
Pick-up Authorization? Y N	Cell Number:	Email Address:		Work Phone:	
Father/Guardian Name:		Street Address: (If different than above)		City, State:	Zip:
Emergency Contact? Y N	Home Number:	Birth Date:		Place of Work:	
Pick-up Authorization? Y N	Cell Number:	Email Address:		Work Phone:	
Name of Individual Responsible for payment:			DOES YOUR CHILD ROUTINELY CARRY AN EPI-PEN? Y OR N		
			DOES YOUR CHILD ROUTINELY CARRY AN INHALER? Y OR N		

ALTERNATIVE CONTACT INFORMATION (INDIVIDUAL MUST BE 16 YEARS OR OLDER WITH PHOTO I.D.)

Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?

BEFORE & AFTER SCHOOL PROGRAM OF CHOICE (X in box)

NAME & LOCATION OF PROGRAM	FULL TIME Till 6pm	FULL TIME Till 4pm	3 Day Till 6pm	3 Day Till 4pm	AM or PM ONLY	DAYS OF THE WEEK (for 3-day opt.)
Pembroke SACC Pembroke Primary School						

GETTING TO KNOW YOUR CHILD

Special Talents:		
Hobbies/Interests:		
After School Activities/Clubs:		
Fears/Apprehensions:		
Ways to help your child handle transition:		
How does your child express anger/frustration?		
If my child gets upset, try this:		
Other friends in program:		
My child's swimming ability is: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	My child is authorized to watch movies rated: <input type="checkbox"/> G <input type="checkbox"/> PG	My child is a YMCA Member: <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Planning on joining soon!

HEALTH INFORMATION

★ PLEASE BE SURE TO INCLUDE ALL OF YOUR CHILD'S VITAL MEDICAL INFORMATION IN THIS SECTION TO INSURE PROPER AND QUALITY CARE OF YOUR CHILD★

<input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/> Diabetes <input type="checkbox"/> Special Diet <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Illness <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Injury <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Surgeries <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Special Diet Requirements: _____ <input type="checkbox"/> Currently taking prescribed medication? If yes, medication name & dosage: _____ <input type="checkbox"/> My child is currently covered by a hospitalization/medical care policy: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Policy Holder's Name:		Name of Insurance Company:		Policy Holder's I.D. #:	
Physician's Name:	Phone:	City, State, Zip of Insurance Company:		Phone:	
Specialist's Name:	Phone:	Dentist's Name:	Phone:	Extra Notes:	

PARENT/GUARDIAN AGREEMENT

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ The information on this form is complete and accurate. I have provided all necessary information to properly care for my child. I must notify the YMCA staff immediately of any changes on these forms. In addition, I understand that it is my responsibility to contact the YMCA if my child will be absent from program.
- ✓ It is my responsibility to arrange for my child to be picked up from program before closing. I understand the procedure which is set forth, and the consequences which will arise, in the event of my child not being picked up before 6:15PM; as stated in the Parent Handbook.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport your child at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ Should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police.
- ✓ My child has permission to participate in walking field trips with the YMCA and to ride on vehicles arranges by the GLOW YMCA for transportation to and from YMCA BASP Program and scheduled field trips. Specifics will be posted prior to special events such as a walking field trip.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child if needed.
- ✓ My child has permission to swim at YMCA BASP Programs. I understand that my child’s swimming ability will be assessed by the Progressive Swim Instructor prior to participating in swimming activities and will be reassessed on a regular basis to ensure swimmer safety. My child will only be able to swim in areas deemed appropriate for their swimming ability by the Progressive Swim Instructor.
- ✓ The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed or reimbursed for such photographs.
- ✓ I have read the YMCA BASP Parent Guide and shared the Code of Conduct with my child, and agree to these policies and procedures.
- ✓ The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents as a result of their child’s participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ This agreement shall be governed by the laws of New York State.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child’s participation and conduct in YMCA programs and activities.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF, AND AGREEMENT TO THE ABOVE:

<i>Parent/Guardian Signature:</i>	<i>Date:</i>
<i>Parent/Guardian Name Printed:</i>	<i>Date:</i>

OFFICE USE ONLY

Date of registration:	FA/Scholarship: -----%	Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Check #:
Credit Card #:	3-Digit/Vin:	Expiration Date:	Staff Initials:

Electronic Funds Transfer Authorization Form

The YMCA is pleased to offer Electronic Funds Transfer for payments of several Youth Programs. To enroll in the YMCA electronic funds transfer program, please complete the following information and return it with your other registration materials.

Participant Name: _____

Telephone: _____

Program: Pembroke Child Care Program Start Date: _____

Program Fee: _____ Initial

Payment: _____

Total Balance Due: _____ First Draft Date: 1st of each month

Monthly Draft Amount: _____ Final Draft Date: June 1, 2019

Electronic Funds Transfer Authorization

I authorize my financial institution to honor pre-authorized debit entries initiated by the GLOW YMCA on my account for the stated program fees:

I understand that:

- My account will be debited on or after the **1st** day of each month based on the bank draft schedule above. Funds will be withdrawn from my bank account on a continuing basis and will cease on the date as stated in the bank draft schedule above. I further agree to provide the GLOW YMCA written notice, 14 days prior to the draw date, of any changes or any intent to cancel program participation. ***Changes or cancellations can not be made by telephone.***
- I understand and agree that if any payment does not clear my bank account, I will pay a \$35.00 service fee. If I do not reimburse the GLOW YMCA in full by the next pre-authorized withdrawal, I understand that program participation will be denied unless special arrangements are made.

Signature of Account Holder

Date

Attach voided check from the appropriate bank account here