



2023-2024

WRAP AROUND REGISTRATION

YORK UPK STUDENTS

CHILD / FAMILY INFORMATION:

Child's Name: First: _____ MI: _____ Last: _____

Date of Birth: ____/____/____ Male Female

Home Address: _____

City: _____ State: _____

Zip: _____

Primary Phone: (____) _____ Primary E-mail: _____

In case of an emergency, which parent/guardian listed should we contact first? Mother Father

Mother/Guardian Name: _____ Phone: _____

Father/Guardian Name: _____ Phone: _____

Emergency Contact/Authorized Pick Up:

Name: _____ Phone: _____

Name: _____ Phone: _____

Any additional information teachers should know about your child:

Students in Wrap Around Care will have the following options:

My child will be picked up by a caregiver at 3:15pm dismissal.

**Please list anyone who is authorized to pick-up on the front of this form.*

My child will take the bus home at 3:15pm dismissal.

**Be sure your transportation paperwork is complete and turned into the school's office.*

My child will stay for the BASE (after school program) which offers care up to 6:00pm.

**Registration for BASE is separate and needs to be completed through the YMCA prior to starting. Contact Jay Cisco @ jcisco@glowymca.org for registration info.*

WRAP AROUND COST

<input type="checkbox"/>	<u>DAY</u>	<u>TIME</u>	<u>MONTHLY DRAFT</u>
<input type="checkbox"/>	Monday – Friday	2:15PM – 3:15PM	\$60/members OR \$80/non members

*Wrap Around is a 5 day/week option only

*Payment is due regardless of days attended

How do I pay my Wrap Around Care?

1. Fill out this registration form and the attached draft form with your payment method and email to Maria Thompson at mthompson@glowymca.org . You must leave a method of payment on file to be drafted (credit card, bank account, debit card). Your September payment will draft on September 15th.
2. On the 15th of each month you will be auto-drafted your monthly fee. Your first draft will be September 15th and your last draft will be June 15th.
3. If you are no longer in need of wrap around care, you must contact Maria Thompson, UPK Director at the YMCA. A 30 days' notice is required.
4. Space is limited.

For questions, contact Maria Thompson, UPK Director

mthompson@glowymca.org

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: YORK UPK Wrap Around Program Start Date: first day of school

Program Fee: monthly rate Initial Payment: _____

Total Balance Due: _____ First Draft Date: 9/15/2023

Monthly Draft Amount: \$60/month mem. rate Final Draft Date: 10/15/2024
\$80/month no mem. rate

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 15 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 cannot 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

OR
credit/debit card you wish to have drafted

email back to Maria Thompson @ mthompson@glowymca.org