



MIDLOTHIAN/WAXAHACHIE ISD
Punchcard Agreement*
 (Must include a completed 2016-17 Registration Enrollment Packet.)

Rate
\$180 – 10 visits

PERSONAL INFORMATION

Child's Name:	Grade:	School:
Address:	City:	Zip:
Person Responsible for Payment:	Phone:	Cell:

PUNCH CARD AGREEMENT

Initial	I understand that I must complete the YMCA 2016-17 Afterschool Enrollment Packet and submit it along with this agreement.
Initial	I understand I must pay a one time registration fee of \$50, unless registering during the Super Weekend Sign up (8/5/16, 8/6/16 & 8/7/16); I further understand this fee is non-refundable and non-transferrable.
Initial	I understand that I must call the YMCA site number provided to me and notify the staff by noon the day prior to attendance to use my punchcard.
Initial	I understand that I must submit a change form to add on an additional punchcard once I am down to 8 visits remaining.
Initial	I understand that my card expires at the end of the school year and that no refunds will be given. I further understand my unused punches cannot be used for the next school year.
Initial	I understand that my card belongs solely to me and my family and that I may not pass unused punches to persons outside of my household for use.
Initial	I understand that my card is for my child and my child only. It may not be split between two children.
Initial	I understand that my card will be punched if my child signs in to the program regardless of the time they spend there.
Initial	I understand if I do not purchase a new punchcard and my child continues to attend I will be charged automatically for a new punchcard.
Initial	I understand when I have used all my punches my punchcard will be turned in to the Business Services office by the Site Director and it is my responsibility to make sure I have a new punchcard purchased if I plan for my child to continue to attend and/or before next visit.

SIGNATURES

I HAVE READ AND UNDERSTAND THE PUNCH CARD AGREEMENT AND AGREE TO ABIDE BY THEM.

SIGNATURE _____ DATE _____

PAYMENT INFORMATION

Circle: **Visa** **Master Card** **American Express** **Discover**

Circle: **CREDIT CARD** **DEBIT CARD** **PRE-PAID CARD**

Card Number:	Exp. Date: ____ / ____
	3 or 4 digit Security Code: _____

Name on Card/Account: _____

Billing Address (if different from above): _____

FOR OFFICE USE ONLY

RECEIVED BY:	PROCESSED BY:	PROCESSED DATE:	ORDER#:
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YMCA Mission

To put Christian values into practice through programs that build healthy spirit, mind and body for all.
www.ymcadallas.org/afterschool



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Afterschool Site Name:	Start Date:	Days of Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Bus from (if applicable):	End Date:	Type of Care: <input type="checkbox"/> Punchcard [10 visits]
Does your family have a YMCA Membership? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is either parent a school district employee? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Child's Name:	Date of Birth: __/__/____ Gender: Male or Female	Age:	Grade in Fall 2016:
Child's Address:	City/State/Zip:	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard <input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Social Media (Facebook, Twitter, etc) <input type="checkbox"/> Family/Friend Referral: _____			

Primary Parent/Guardian Contact Information MOTHER FATHER OTHER:

Primary Parent/Guardian Name:	Date of Birth: __/__/____ Gender: Male or Female	Cell#: Home#: Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	May the Y release to non custodial Parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____
Email Address:	Driver's License#:	

Secondary Parent/Guardian Contact Information MOTHER FATHER OTHER:

Secondary Parent/Guardian Name:	Date of Birth: __/__/____ Gender: Male or Female	Cell#: Home#: Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
Email Address:	Driver's License#:	

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #:

Additional Authorized Pick Up (other than parents):

Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:

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HEALTH HISTORY

SEVERE/LIFE-THREATENING ALLERGIES - Please list any food, environmental or other allergies which are severe, life-threatening or require emergency medication:

SPECIAL CONSIDERATIONS/NEEDS - Please list any SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use and any other information which caregiver's should be aware of:

REQUIRED MEDICATIONS* - Please list any prescription medications which require administration during program hours or during emergency situations:

***PLEASE NOTE OUR MEDICATION POLICIES:**

- Non-Prescription medications REQUIRE WRITTEN NOTE AND INSTRUCTIONS by a physician
- We require a MEDICATION FORM signed by parent(s) for any medication.
- Medication must be CURRENT. We will not accept or administer expired medications.

***PLEASE NOTE OUR MEDICATION POLICIES (continued):**

- We require medication to be in its ORIGINAL CONTAINER.
- We allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the PRESCRIBING PHYSICIAN'S WRITTEN PERMISSION.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician or Emergency-Care Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Day Camp Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Parent Signature: _____ **Date:** _____

ADMISSION AGREEMENT

INITIAL	Transportation: I give permission for my child to be transported in an authorized YMCA Vehicle for YMCA events, field trips or to the YMCA Afterschool Program location. Parent/Guardian will be informed of all planned field trips.
INITIAL	Water Activities: I give permission for my child to participate in water activities during program hours at predetermined time.
INITIAL	Movies: I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.
INITIAL	Policies and Procedures: I have received and have read a copy of the YMCA Afterschool Parent Handbook and understand all policies and procedures therein.
INITIAL	Immunization Hearing & Vision Screening: I certify that my child's current immunization records and TB test (if applicable) can be located at the school my child is currently attending.
INITIAL	Hours of Care: I understand that I will be charged an additional \$1.00 every minute I am late after close of site.
INITIAL	Custody: YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.
INITIAL	Photo Release: The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	Behavior Policy: I have read and understand the YMCA Afterschool Behavior Policy in the Parent Handbook.
INITIAL	Absences: I understand that it is my responsibility to notify the YMCA by 1pm daily if my child will not attend the program that day. I understand I must call the designated YMCA Site Phone.
INITIAL	YMCA Program Closures: I understand that the YMCA will be closed on select holidays and care may be available at an additional cost. I further understand during inclement weather the YMCA will not refund or pro-rate the weekly fee.

I have read the Admission Agreement and fully agree to its terms. I have also read and accept the policies and procedures listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date: _____

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