



Program Rates & Times

Half Day School Break Camp

Y Member: \$12/day
 Non-Member: \$27/day
 (Dismissal - 5:30PM)

- Dec. 1 Dec. 7
 Mar. 6 Mar. 16

Payment for the first school break camp day is due at the time of registration. All subsequent payments are due one week prior to the day of the school break camp.

Note that program cancellation is possible due to lack of enrollment. You will be contacted the day before the program. Hours and days are subject to change.

Please send your child with a ready-to-eat peanut-free lunch.

If your child(ren) cannot participate in their scheduled school break camp day(s), please notify us 24 hours in advance to receive a credit. Failure to notify will result in forfeiture of a refund.

Child's Information

First Name _____ Last Name _____
 DOB ___ / ___ / _____ Male Female Emergency Contact (___) ___ - _____
 Address _____
 City _____ State _____ Zip _____

Billing Party Information (all correspondence will be delivered to this party)

Capital District YMCA Member Non-Member Capital District YMCA Staff
 First Name _____ Last Name _____
 DOB ___ / ___ / _____ Male Female
 Address _____
 City _____ State _____ Zip _____
 Home (___) ___ - _____ Work (___) ___ - _____ Cell (___) ___ - _____
 Email _____

Billing Payment Information

Cash: Due at your local YMCA
 Online Payment: Accessible at www.cdymca.org *Manage My Account*
 Check: Due at your local YMCA or by mail. Made payable to CDYMCA.
 (Childcare Billing, Capital District YMCA, 465 New Karner Rd., Albany NY, 12205)
 Automatic Withdrawal: Credit Card charge or Direct Bank withdrawal (ACH)
Credit Card (Write only the last four digits of your card number if it is on file)
 Name on Card _____ Card Type _____
 Card Number _____ Exp ___ / ___
 Address _____
 City _____ State _____ Zip _____
Bank Withdrawal (ACH) (Write only the last four digits of your account number if it is on-file)
 Name _____
 Bank Name _____
 Routing Number (9 Digits) _____ Checking Savings
 Account Number _____

Terms: I authorize my financial institution to honor pre-authorized debit/charges initiated by the YMCA on my account for childcare payments. Should any payments not be honored by the above financial institution, I understand that in addition to the regular payment, I will be charged a \$20 NSF (Non-Sufficient Funds) fee.

Signature (I have read and understand the terms of this draft authorization) _____ Date _____

Financial Assistance

- Department of Social Services (attach DSS approval letter)
 YMCA Scholarship (attach approval letter)
 Third Party

Payments are due one week prior to each school break camp day. Please print your child's name in the memo section of your check. When you provide a check as payment, you authorize a one-time EFT (Electronic Fund Transfer) from your account to process the payment.

[OFFICE USE ONLY] Staff Signature _____ Date _____ Receipt # _____
 Payment Attached Y N Scholarship Percentage _____ Special Information _____



Authorized Pick-Up Information

Please list secondary individuals who may pick up your child

1. First Name _____ Last Name _____ Relationship _____

Address: _____

Contact Information: Main (___) ___ - _____ Work (___) ___ - _____ Cell (___) ___ - _____

2. First Name _____ Last Name _____ Relationship _____

Address: _____

Contact Information: Main (___) ___ - _____ Work (___) ___ - _____ Cell (___) ___ - _____

I give permission for my child to be released from YMCA care with the above individuals. I understand that the people listed are required to show identification for a child to be released. I also agree to notify YMCA staff in advance when I will not be picking up my child.

 Parent/Guardian Signature (I have read and understand the above statement)

 Date

Custody Information

Parent's Marital Status: Married Divorced Separated Single Widowed

If divorced or separated, who has legal custody? _____

Note: Court orders are needed if a parent is denied access to the child

Medical Information

Medications Child Is Currently Taking _____

If your child will need to take medications during the Snow Day, you will need to provide the medication in the prescription bottle, a doctor's prescription with dosage instructions, and a note from you authorizing the YMCA to administer the medication. If documentation is not provided, your child's medication will not be permitted to be left onsite.

Physician's Name _____ Phone (___) ___ - _____

Dosage Instructions _____

Allergies _____ Last Tetanus Shot ___ / ___ / _____

In case of allergic reaction, what action should be taken? _____

Does your child have disabilities? Hearing Speech Vision Seizures Other _____

Please Describe _____

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we, being the parent(s) legal guardian(s) of the named minor, do hereby appoint the YMCA staff to act on my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization in my/our absence for the named minor.

 Parent/Guardian Signature (I have read and understand each of the above statements)

 Date

Additional Information

Does your child have any special needs? Please Explain _____

