



Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Program Rates & Times**

Y Member: **\$40/day**  
 Non-Member: **\$60/day**  
 (7AM - 6PM)

**Payment for a snow day is due at the time of registration.**

Weather conditions may change location hours. Please call the branch in advance or check our mobile app for closure updates.

**Please send your child with a ready-to-eat peanut-free lunch, snacks, a water bottle, bathing suit, and towel.**

**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](http://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

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_