

Foothills YMCA  
225 Tee Ben Trail  
Seneca, SC 29672



## FOOTHILLS YMCA AFTER-SCHOOL CARE PROGRAM

Dear Parents,

We are excited that you have expressed an interest in the Foothills YMCA After-School Care Program at one of our 7 programs in Oconee County for your child/children. Enclosed is our brochure explaining the program and an enrollment form. Please contact our After School Care Director, Emily Roberts, if you have any questions at (864) 237-1316 or via email at, [asc@Y4all.org](mailto:asc@Y4all.org). Parents will need to pay a \$35.00 (one-time) non-refundable deposit for each child enrolling (\$70 for families with 2+ children). Placement is available on a first come/first serve basis.

I am enrolling my child/ children \_\_\_\_\_  
First Middle Last

in the Foothills YMCA After-Care Program at (circle one)

Blue Ridge ES Fair Oak ES James M. Brown ES  
Keowee ES Orchard Park ES Walhalla ES Westminster ES

to begin on \_\_\_\_\_. The YMCA ASC will begin Monday, August 22<sup>nd</sup>, 2011.  
(date to begin)

Place an "X" beside the number of days you will use ASC.

**FULL WEEK:** \_\_\_\_ Everyday

**3 Days/Week:** \_\_\_\_ (must be same 3 days from week to week)  
Please circle which 3: M T W Th F

**2 Days/Week:** \_\_\_\_ (must be same 2 days from week to week)  
Please circle which 2: M T W Th F

**1 Day/Week:** \_\_\_\_ Inform the Site Director as early as possible  
as to which day

NORMAL ASC HOURS END AT 5:30 P.M.  
IF NEEDED, WE OFFER EXTENDED CARE UNTIL  
6:00 P.M. AT EACH LOCATION.

EXTENDED CARE IS AN EXTRA \$5/WEEK OR  
\$1/DAY (DROP IN); PAYABLE WITH TUITION.

IF YOU NEED EXTENDED CARE,  
MARK AN "X" IN THIS BOX:

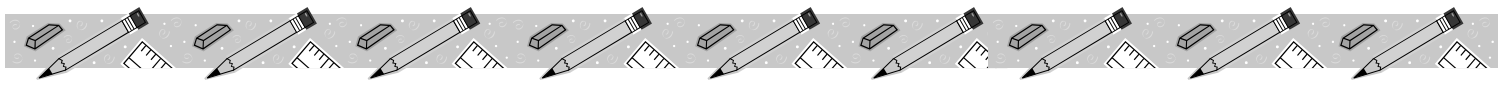
**CODE WORD** is an easy/safe way to pick up your child. The Code Word **SHOULD** be given to anyone allowed to pick up your child. The Code Word **SHOULD NOT** be given to your child or anyone you would not want picking up your child. Children tend to 'share' the Code Word – which would jeopardize the safety of ALL enrolled. Children will not be released without the proper Code Word being spoken to the ASC staff.

Guardian Signature \_\_\_\_\_ **CODE WORD:** \_\_\_\_\_  
(Over)

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# YMCA After School Care Program Registration Form



Student's Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent's/ Guardian's Names: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

1<sup>st</sup> Telephone: (circle one) h c \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2<sup>nd</sup> Telephone: (circle one) h c \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Who works here? \_\_\_\_\_

Telephone Number & Email at work : \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Name

Phone #

Address

### Local Emergency Contacts and Telephone Numbers:

Name

Phone #

Address

Name

Phone #

Address

Health Concerns/Medications/Allergies/Items of Interest:

Names of individuals who have permission to pick up your child from the program:

I understand that I will be responsible for the fees charged for the child care services that I have chosen and that my child will not be allowed to continue in the program if my charges become more than one week over due. In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization. Please INITIAL below:

\_\_\_\_\_ I understand my child may be photographed or interviewed for the purposes of YMCA promotional use.

\_\_\_\_\_ In the event an accident occurs, I am aware that the YMCA does not provide accident insurance and I will not hold the YMCA responsible for any injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOOTHILLS AREA FAMILY YMCA After-School Program  
2011 - 2012 Tuition Schedules**



Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Circle your School:

- Blue Ridge ES                                      Fair Oak ES                                      James M. Brown ES  
Keowee ES                                      Orchard Park ES                                      Walhalla ES                                      Westminster ES

**Registration Fees:** \$35.00 per child or \$70.00 per family with two or more children.

WEEKLY FEES	Reg. Hrs	Ext. Care
<b>PER CHILD</b>	<b>2:30 – 5:30</b>	<b>Care</b>
Tuition per week:	\$35	\$40
Tuition 1 days per week:	\$10	\$11
Tuition 2 days per week:	\$20	\$22
Tuition 3 days per week:	\$30	\$33

**EXTENDED CARE OPTION:**  
We offer an 'extended care' option until 6:00 pm.  
If you need extended care – it is an additional \$5/week or \$1/day (Drop In) per child.  
Please mark "X" here if needed:

		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
<b>MONTHLY PAYMENTS</b>	FULL WEEK	\$ 56	\$ 147	\$ 133	\$ 133	\$ 105	\$ 147	\$ 133	\$ 140	\$ 105	\$ 147
	1 Day per Week	\$ 20	\$ 40	\$ 40	\$ 40	\$ 20	\$ 40	\$ 40	\$ 40	\$ 30	\$ 40
	2 Days per Week	\$ 30	\$ 80	\$ 80	\$ 80	\$ 60	\$ 90	\$ 80	\$ 90	\$ 60	\$ 80
	3 Days per Week	\$ 50	\$ 130	\$ 110	\$ 110	\$ 80	\$ 120	\$ 110	\$ 110	\$ 90	\$ 120
	WITH EXT CARE	↓	WITH EXT CARE			↓	WITH EXT CARE			↓	
	FULL WEEK	\$ 64	\$ 166	\$ 152	\$ 152	\$ 120	\$ 168	\$ 152	\$ 160	\$ 120	\$ 168
	1 Day per Week	\$ 22	\$ 44	\$ 44	\$ 44	\$ 22	\$ 44	\$ 44	\$ 44	\$ 22	\$ 44
	2 Days per Week	\$ 33	\$ 88	\$ 88	\$ 44	\$ 66	\$ 98	\$ 44	\$ 98	\$ 66	\$ 98
	3 Days per Week	\$ 55	\$ 142	\$ 121	\$ 121	\$ 88	\$ 132	\$ 121	\$ 121	\$ 88	\$ 132
			Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>BI-MONTHLY PAYMENTS</b>	FULL WEEK	\$ 28.00	\$ 73.50	\$ 67.50	\$ 67.50	\$ 52.50	\$ 73.50	\$ 67.50	\$ 70.00	\$ 52.50	\$ 73.50
	1 Day per Week	\$ 10.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 10.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 15.00	\$ 20.00
	2 Days per Week	\$ 15.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 30.00	\$ 45.00	\$ 40.00	\$ 45.00	\$ 30.00	\$ 40.00
	3 Days per Week	\$ 25.00	\$ 65.00	\$ 55.00	\$ 55.00	\$ 40.00	\$ 60.00	\$ 55.00	\$ 55.00	\$ 45.00	\$ 55.00
	WITH EXT CARE	↓	WITH EXT CARE			↓	WITH EXT CARE			↓	
	FULL WEEK	\$ 32.0	\$ 83.0	\$ 76.0	\$ 76.0	\$ 60.0	\$ 84.0	\$ 76.0	\$ 80.0	\$ 60.0	\$ 84.0
	1 Day per Week	\$ 11.0	\$ 22.0	\$ 22.0	\$ 22.0	\$ 11.0	\$ 22.0	\$ 22.0	\$ 22.0	\$ 11.0	\$ 22.0
	2 Days per Week	\$ 16.5	\$ 44.0	\$ 44.0	\$ 44.0	\$ 33.0	\$ 49.0	\$ 44.0	\$ 49.0	\$ 33.0	\$ 49.0
	3 Days per Week	\$ 12.5	\$ 71.0	\$ 60.5	\$ 60.5	\$ 44.0	\$ 66.0	\$ 60.5	\$ 60.5	\$ 44.0	\$ 66.0

Please note all monthly tuition fees INCLUDE only days in which ASC program is offered (we've removed In-Service, Holidays, and Inclement Weather days). We do not charge an additional fee for the early release days. These fees DO NOT INCLUDE mini camps offered through the YMCA. These camps will be available to your children at an additional fee.

**Payment Options:** (please select a payment option, then sign and initial following pages accordingly)

- \_\_\_\_\_ Option 1: Check/Cash  
\_\_\_\_\_ Option 2: Credit/Debit Card Draft Payments

**Frequency of Payment Regardless of Payment Option: (Please initial one)**

- Weekly (Due each Thursday prior to services rendered)
- Once a Month (Due on the 1<sup>st</sup> of the Month Prior to services rendered)
- Twice a Month (Bi-Monthly: Due on the 15<sup>th</sup> and the 1<sup>st</sup> of the Month Prior to services rendered)

**WAYS TO PAY – OPTION 1: CREDIT CARD DRAFT PAYMENTS:** (initial each statement to show agreement to)

Tuition fees will be deducted from my checking account/credit card account on the 15<sup>th</sup> of the month and 1<sup>st</sup> of the month prior to month of attendance

If the 1<sup>st</sup> or the 15<sup>th</sup> is a weekend or holiday, you may be drafted the first working day before.

The After-School draft is a continuous payment plan. I understand that this plan will remain in effect until proper notification is given to the YMCA of intent discontinue After-School attendance or until the end of the school year.

I understand that if I desire to discontinue attendance or change After-School registrations, in any way, I must give the Foothills YMCA a 30-day written notice.

If, for any reason, my draft for After-School program dues is not honored I am still responsible for the payment of program dues and a \$30.00 return fee to be applied by the YMCA. I also understand that my child may not attend the After-School program until all fees are paid.

**Credit/Debit Card Charge Authorization for After-School dues:**

I authorize my bank to honor preauthorized drafts drawn by the Foothills YMCA for After-School payments. It is understood that the sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due and this membership. When the financial institution honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said financial institution when received by them, I will remain liable for such payment and shall immediately pay to the YMCA in the amount of said payment plus the processing fee stated at time of return. This authority is to remain in effect until such notice is given to the YMCA of intent to revoke the agreement in compliance with YMCA policy; my bank draft membership will be continuous until **written** notification is received by the last business day of the month preceding the month of intended cancellation.

**If, at any time, there is to be a change, deletion, or cancellation of ASC services, it is to be submitted in writing to the Foothills YMCA by the 25<sup>th</sup> of month preceding the month of your intended cancellation. Failure to do so will result in that month's draft being non-refundable.**

**\*\*Participants have up to 90 days to dispute drafted membership dues. Staff will require printed proof of an alleged discrepancy to pursue the issue\*\***

**Please complete for draft of a debit / credit card:  
SECTION 2:**

_____	_____	_____	VISA	CIRCLE TYPE CARD
Account Number	Expiration Date	AVS / Security Code	MASTERCARD	DISCOVER

*I have read and agree to all terms outlined regarding my draft for Afterschool program dues at the Foothills YMCA.*

_____	_____
Signature of Person Authorizing Draft	Date

**WAYS TO PAY – OPTION 2 MAIL/DROP OFF PAYMENT:** (initial each statement if you are choosing this option)

Registration & first week's tuition fees are due before your child begins ASC.

If payment is mailed it must be mailed directly to Foothills YMCA; 225 Tee Ben Trail, Seneca, SC 29672

If, for any reason, my draft for Afterschool program dues is not honored I am still responsible for the payment of program dues and a \$30.00 return fee to be applied by the YMCA. I also understand that my child may not attend the After-School program until all fees are paid.

I have read and will abide by the above policies outlined for the option that I have chosen. I understand that my child may be removed from the YMCA After-School Program if I fail to pay tuition in a timely manner. I agree to the financial expectations set forth and to the cost of the program for which I have registered. I understand that the above fees do not include Holiday or Spring Break Camps and for my child to attend there are additional fees.

_____	_____
Signature of Responsible Guardian	Date