FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DORCHESTER YMCA

CONSERVATORY LAB WEDNESDAY ENRICHMENT PROGRAM REGISTRATION FORM

Child's Name:			Program Start Date:
Gender:	D.O.B.:	Grade:	School Attended: ***Conservatory Lab***
Parent/Guardian's Name:		D.O.B.:	Tel #: ( )
Address:		Zip Code:	Email:
Parent/Guardian's Name:		D.O.B.:	Tel #: ( )
Address:		Zip Code:	Email:

REGISTRATION INFORMATION

A one week non-refundable deposit is due at the time of registration **unless payment is set up on automatic withdrawal.** Please note that parents are not responsible for payment for holidays or snowdays if the program falls on that day, the funds will be credited to families. Payment is due one week in advance of services provided. In order to register for the enrichment programming families must not have a program balance of more than one week.

Program Hours	Regular Program Hours 12PM-5:30PM
Member	$30
Non Member	$35

MEMBERSHIP FEES

Kids Pass (4-7 yrs old): $40 **Youth Pass (7-12 yrs old):** $120

Please charge my card above for the Kid/Youth pass which is valid for one year. **Parent/Guardian Initials_____**

For questions about family memberships, please visit our Welcome Center.

AUTOMATIC WITHDRAWAL FROM BANK ACCOUNT*

Please Check: ____MasterCard ____Visa ____American Express ____Discover Card
Name on Card: _____
Credit Card #: _____ Expiration Date: _____
Signature: _____ Date: _____

BILLING POLICIES

- NO DEPOSIT REQUIRED when paying fees with automatic withdrawals from a credit/debit card or checking account.
- Payments made directly at program sites must be with a check or money order. No cash accepted.
- The YMCA of Greater Boston reserves the right to suspend any child if payment is more than thirty days late. Parents will be notified my mail and by a "hand delivered" letter if such action is taken. Child/ren will be welcome to participate in the program when balance is paid in full and if spaces are still available. Please be aware that if your child is taken out of the program, his/her space will become available to other children on the waiting list.
- If balance is not paid within thirty days of receiving final notice of amount due, your account will be sent to our collection agency. A $25 fee will be added to your account and the YMCA will no longer have control or your account.

OUT-OF-SCHOOL TIME SERVICE AGREEMENT

- Families are liable for payment for the child's scheduled day, even if the child is absent from the program for any reason. There are no refunds or credits toward another day.
- All payments must be made one full week in advance of service.
- Families attending vacation program must not have a balance of more than two weeks.
- A two week notice in writing is required when withdrawing from the program.
- If a State of Emergency is declared the YMCA will be closed.

In addition, the parent agrees to the following:

- To provide the program with all the necessary forms in the intake packet.
- Agree to notify the program of any changes in information in the enrollment packet.
- To contact the program if the child is going to be absent by 10:00 AM.
- To abide by the guidelines stated in the Family Handbook.
- To have my child in care no longer than 10 hours per day.
- To pick up children at the program on time.
- To pay $1.00 per minute, per child, when the child is picked up late or has left my child in care longer than 10 hours.

YMCA of Greater Boston Program agrees to:

- Employ trained, qualified staff.
- Provide well-supervised social, educational, and recreational activities in a safe, nurturing environment.
- Uphold the YMCA of Greater Boston's policies and procedures.
- Provide advance notice of field trips and obtain written permission for trips that take place to locations not listed on the Off-Site Activities list in the enrollment packet.
- Notify the parent if a child does not arrive at a site and no previous notice has been given.
- Keep all information about children and families in confidential files, to be released only with permission of the parent.
- Provide parent with a monthly statement of tuition due and weekly notices of tuition that is past due.

After reading the YMCA of Greater Boston Family Handbook and reviewing the highlighted policies, we agree to the conditions of this contract. I understand the YMCA reserves the right to amend this agreement upon written notification.

_____ _____ -

Parent/Guardian Signature **Date**

_____ _____

YMCA Signature **Date**

YMCA Staff ONLY:

Date: _____ **Time:** _____ **Initial:** _____ **Spirit Member ID:**_____ **Deposit Amount: $**_____

Check Deposit Method: ___Check (Check #:_____) ____Automatic Withdrawal ___**ONLY able to pay in cash, please call**