

BREAKFAST CLUB - REGISTRATION FORM (2011-2012)

First Name: _____ Last Name _____

D.O.B. _____ Age: _____

Program days reserved:

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

Parent / Guardian # 1 Information

Name: _____

Address _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Employer: _____

Employment #: _____

Email: _____

Parent / Guardian # 2 Information

Name: _____

Address: _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Employer: _____

Employment # _____

Email: _____

Emergency Contact Information

Name: _____ Relationship to participant _____

Telephone #: _____ Mobile #: _____

School Information

School Name: _____ Grade: _____ Telephone #: _____

Pick up Authorization

The YWCA will only allow authorized individuals (18 years or older) to pick up your child. Prior written consent and proper I.D. is required if any other individual is to pick your child from Breakfast Club that is not listed on this form.

The following individuals are authorized to pick up my child if he or she is unable to go on the school bus.

1. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

2. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

3. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

Parent / Guardian Signature: _____

Date: _____

BREAKFAST CLUB – CONTRACTUAL AGREEMENT (2011-2012)

First Name: _____ Last Name: _____

Age: _____ D.O.B. _____ Program Code: [] **KCBC3D** [] **KCBC5D**

Program days reserved:

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

This contract serves as a contractual agreement with the Breakfast Club Program. Please provide your initials indicating that you are consenting to the agreement.

_____ I understand that I am registering for the entire program year with Breakfast Club

_____ I understand that a **\$200.00** non-refundable deposit is due to secure my child's space along with a membership fee of **\$50.00**

_____ I understand that payments are due in eight monthly installments on or before the first day of each month beginning September 2011 through April of 2012. **A credit or debit card is required for the payment plan (see other side).**

_____ I understand that the YWCA **DOES NOT** send out monthly invoices. Without prior notification, after one full week of a grace period, I will be charged a **\$15.00 late fee** for each week that the tuition for the month remains past due.

_____ I understand that there are **NO REFUNDS, CREDITS, OR DISCOUNTS** applied for temporary absences that are due to illness, changes in the school year calendar, inclement weather closings, or any other circumstances.

_____ I understand that if I withdraw my child on or before December 31, 2011, I am still **RESPONSIBLE FOR THE TUITION** until Dec. 31, 2011. A thirty day notice in writing is required to withdraw your child from the program.

_____ I understand that if I choose monthly payments, the payment is due on the first (1st) of each month.

_____ I understand that the Breakfast Club is closed when White Plains schools are closed.

_____ I understand that by signing this document, I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the YWCA Breakfast Club Program, to the greatest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statement or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Breakfast Club Director in writing.

Parent/Guardian's Signature: _____ Date: _____

First Name: _____ Last Name: _____

Age: _____ D.O.B. _____ Program Code: [] **KCBC3D** [] **KCBC5D**

Address: _____ City _____

Program days reserved: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

FEES FOR BREAKFAST CLUB PROGRAM

3 Days Monthly	3 Days Yearly	5 Days Monthly	5 Days Yearly
\$150.00	\$1400.00	\$220.00	\$1960.00

Select Payment Plan Options:

_____ I agree to make the 8 Monthly payments for the class above. Please **automatically charge** my monthly payments to my Visa/MC/ Discover on the 1st of the month.

Payments are due Sept 1, Oct 1, Nov 1, Dec 1, Jan 1, Feb 1, Mar 1, Apr 1,

_____ I agree to make the 8 Monthly payments for the class above. I will come in and make my monthly payments by the 1st of the month.

Payments are due Sept 1, Oct 1, Nov 1, Dec 1, Jan 1, Feb 1, Mar 1, Apr 1,

_____ I agree to pay in full for the class above by check, cash or with the credit card listed below.

Payment is due Sept 1, 2011

_____ Please also deduct the \$200 deposit and the \$50 membership fee.

_____ Please also deduct the \$200 deposit, my child's membership is current until the end of the 2011-2012 school year.

CREDIT CARD INFORMATION

Cardholder's Name (Please print) _____ Signature _____

Visa / MasterCard/ Discover # _____ - _____ - _____ - _____ Exp date: ____/____ CVV # _____

(For Office Use Only) Payments Processed: Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr

BREAKFAST CLUB
Photography / Video Policy

Photographs and videotapes of YWCA activities and programs are for the publicity and / or promotional publications for the YWCA. We reserve the right to use all photographs and videos for these purposes only.

However, we respect your concerns and specific needs regarding privacy. If you do not wish your child to be photographed or taped for whatever reason, please indicate this by checking the appropriate box below:

[] Yes, I consent to my child's photo being taken or used for the above described reasons.

[] No, I do not consent for my child's photo to be taken or used for the above described reasons.

Participants Name: _____

Parent / Guardian's Signature: _____ Date: _____

Emergency Treatment Consent

In the event of an emergency, I _____ the parent of _____ give permission for immediate first aid to be administered by a qualified member of the YWCA staff or other authorized personnel. If the situation should require medical attention, the Director will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The Director or another staff member will call the designated physician and / or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives.

When your child becomes ill / injured and does not require emergency care, he/she will be monitored by the staff. Parents will be notified and the child will be dismissed to parental care.

I have read and understood this policy of the YWCA of White Plains and Central Westchester.

Parent / Guardian's Signature: _____ Date: _____

Participant's Physician: _____

Address: _____ City / State / Zip _____

Telephone #: _____

Participant's Dentist: _____

Address: _____ City / State / Zip _____

Telephone #: _____