

Franklin County Family YMCA
2016-2017 OUT OF SCHOOL FUN CLUB PARTICIPATION FORM

This form must be completed EACH TIME a child attends the YMCA Fun Club. All participants must complete the Fun Club Registration form when registering the first time for the 2015-2016 school year.

PRINT legibly the name of child attending YMCA Fun Club.

Last Name _____ Given First Name _____ GOES BY NAME _____ Grade currently enrolled in _____

Name of Legal Guardian(s) _____ Best Day Time Phone# _____

MEDICATION: NO, meds are not needed.
 YES, my child will need medication. A Medication Authorization Form is attached and meds will be given to Y staff.

ALLERGIES: (Y/N) _____ Please list allergies _____

PAYMENT PROCEDURE

- Multiple sessions may be selected (below.) Payment for all session(s) selected must be attached.
- Payment deadline is two days prior to the day of care. Drop-Ins pay an additional \$5.00 fee (per family.)
- Please check (below) each day attending

SCHEDULED FUN CLUB (*) notes scheduled field trip

October Fun Club: Monday, 10/10 **November Fun Club** Tuesday, 11/8 **Thanksgiving Fun Club** Wednesday, 11/23

Holiday Fun Club: Monday, 12/19 Tuesday, 12/20 Wednesday, 12/21 Thursday, 12/22 Friday, 12/23 * Monday, 12/26
 Tuesday, 12/27 Wednesday, 12/28 Thursday, 12/29 Friday 12/30 *

January Fun Club Monday, 1/2 Tuesday, 1/3 Wednesday, 1/4 Monday, 1/16
March Fun Club Monday, 3/13
April Fun Club Monday, 4/10 Tuesday, 4/11 Wednesday, 4/12 Thursday, 4/13 Friday, 4/14 *
May Fun Club Thursday, 5/25 Friday, 5/26

UNSCHEDULED FUN CLUB

Out of School Fun Club _____ (Day & Date)

- I understand that this Fun Club Participation form must be submitted with payment each time my child registers for Y Out-of-School Fun Club and that **my child IS NOT registered** until this form and payment are received by the Y and availability of space is confirmed by Y staff.
- I understand and agree that I am fully responsible for reading the SAFE Parent Handbook and any other information distributed to parents and will comply with all policies.
- I understand that by signing this form, I am giving my permission for my child to attend all scheduled outings with Franklin County YMCA Fun Club staff.
- Attached is payment which includes:

\$ _____ **Registration Fee** \$0 for current SAFE participants \$25.00 (Non SAFE—Payable once per year for oldest child, 2nd child - \$10)

\$ _____ **Session Fee** Scheduled Fun Club—\$23 Un-scheduled Fun Club—\$23, or \$12 SAFE (if day has been paid)

\$ _____ **Additional Fee** \$5.00 Drop-in fee (per family) Field trip fee \$10

\$ _____ **TOTAL PAYMENT ATTACHED** E-Wallet cash check # _____ credit/debit card

(Staff will not accept Fun Club Participation Forms without full payment and completed Fun Club Registration Form)

Guardian Signature _____ Date: _____

YMCA STAFF: Staff is responsible for verifying the following BEFORE parent leaves front desk.

_____ **ALL of the above has been completed and signed.**

_____ **I have given Parent Pick Up Authorization Cards.**

Date Received _____ Staff Name _____