

Kids University Reservation Form 2018 - 2019 School Year

SAMMAMISH COMMUNITY YMCA



CHILD'S INFORMATION

Legal First Name	MI	Legal Last Name	
School Attending in the Fall	Date of Birth	Grade in Fall	Gender
Address		City	Zip

Our currently enrolled student has a sibling entering Kindergarten in the 2018-2019 school year.

Sibling Name	Date of Birth
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PROGRAM OPTIONS	FACILITY MEMBER RATE	COMMUNITY MEMBER RATE
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<input type="checkbox"/> By Class <ul style="list-style-type: none"> Hours vary by class selection Sign-up for classes by block (hour and day) Full payment is required with registration 	Prices vary and are located on By Class Selection Form	Prices vary and are located on By Class Selection Form
<input type="checkbox"/> PM Enrichment Pass <ul style="list-style-type: none"> Hours are afterschool until 6:00pm Includes choice of classes each session Vendor classes are offered for an additional fee Does not include Non-Student Days or Breaks 	\$420 per month + \$50 annual registration fee	\$485 per month + 50 annual registration fee
<input type="checkbox"/> AM Fit & Fun <ul style="list-style-type: none"> Hours are 7:00am until school begins Program offered at Samantha Smith (transportation to McAuliffe) Blackwell (transportation to Mead) Transportation provided by YMCA buses 	\$315 per month (\$115 credit if student participates in both AM and PM programs)	\$375 per month (\$115 credit if student participates in both AM and PM programs)
<input type="checkbox"/> No-School Days <ul style="list-style-type: none"> Hours are 7:00am-6:00pm Enrichment Pass and Individual Day registration available 	Coming soon!	Coming soon!

YMCA Alcott PM Blackwell PM Margaret Mead PM McAuliffe PM Samantha Smith PM Sammamish PM
Program Site Baker AM (transportation to Alcott) Samantha Smith AM (transportation to McAuliffe) Blackwell AM (transportation to Mead)

LOGISTICS AND POLICIES

Kids University provides multiple enrichment classes per hour block. Before each session, you will be asked to select one class per hour block for an Enrichment Pass and as few or as many classes as you would like per hour for By-Class. Each program follows the school district calendar. Participation on No School Days requires additional registration and fees.

Payment Information:

- By Class: Payment is made in full at the time enrollment in each session.
- Enrichment Pass: Payment is automatically deducted on the first of the month for participation in that month's program. Payment will continue to deduct monthly until cancelled or the final payment on June 1.
- Financial assistance is available through the YMCA. Find our financial assistance application online at ykids.org.

Cancellation Policy:

- By Class: Must provide two weeks written notice. Once the session has begun, we will refund the remaining days left in the session. If session has not yet begun, we will refund the total cost. Vendor classes are not refundable or eligible for a prorated once the session has started.
- Enrichment Pass: Must provide two weeks written notice. If payment is already made, we will issue a partial refund. If payment is not made yet, we will adjust your upcoming payment based on when the two weeks notice is given.

PARENT/GUARDIAN CONTACT INFORMATION

Legal First Name	MI	Legal Last Name
Date of Birth	Gender	
Email	Phone Number	

ADDITIONAL QUESTIONS

- Is there a family situation that you want us to be aware of that would affect who picks up your child? (If yes, we will follow up with you.)
 Yes No
- Please indicate any health concerns or allergies that we need to be aware of. List NONE if not applicable to your child.
- List any behavioral needs or concerns we should be aware of.
- List any medications that need to be administered during program hours.
- Please provide an emergency contact number (other than the number provided above).

PARENT/GUARDIAN SIGNATURE

DATE

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PAYMENT AUTHORIZATION FORM

YMCA OF GREATER SEATTLE

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Accepted By

Customer ID

1 PRIMARY MEMBER

Please print legibly

Check ID

Legal First Name	MI	Legal Last Name		
Street Address	Apt	City	State	Zip Code
Primary Phone			Date of Birth	

2 PAYMENT AUTHORIZATION

YMCA Membership **YMCA Activities & Programs**

Electronic Funds Transfer

Please attach a voided check and fill out the following account information.

Type of Account: Checking Savings

Debit date will be recurring based on transaction date or established payment plan.

Name on Account (please print)

Last four digits of Routing Number

Last four digits of Account Number

I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or *ACT.

Initials

Recurring Credit Card or Debit Card

Please fill out the following account information.

Type of Account: Visa MC Amex Discover

Charge account date will be recurring based on transaction date or established payment plan.

Name as it appears on Credit Card (please print)

Last 4 digits on Credit Card

Expiration Date

I hereby authorize the YMCA to charge my credit card on a monthly basis for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or *ACT.

Initials

3 FINANCIAL POLICIES

I further stipulate the following conditions (please read and sign at bottom):

I understand that the YMCA membership and programs are continuous and that monthly charges or debits, as indicated above, will continue until I give seven (7) days written notice to change or terminate the membership or program. The frequency and occurrence of my visits has no bearing on my monthly dues.

Initials

I understand that my automatic payment will repeat monthly on the same date as today's date. Any changes made to my membership account will change my automatic payment date to the date of the account change.

Initials

I understand that the YMCA will notify me at least 30 days in advance of any increase to my monthly membership dues or program fees. I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.

Initials

I understand that I must inform the YMCA seven (7) days in advance of any changes to my name, address, phone number or payment information. Failure to provide the YMCA with current information may result in non-refundable fees. I understand I am personally responsible for any payments not processed by my financial institution and/or the YMCA.

Initials

I understand and authorize that NSF or collection of fees may be charged to me for any declined or returned payments. Such non-sufficient fees will be the maximum amount allowed by law and will included applicable taxes.

Initials

I understand that I may cancel at any time, but my membership will be valid through the last day covered by my most recent automatic payment (valid through the membership expiry date). Any outstanding balances will be due at the time of cancellation. I am liable for any fees that the YMCA may incur in its effort to collect any remaining balance due.

Initials

I understand that this authorization includes any future payment methods I add/update to my YMCA online account, and/or payment information automatically updated by my financial institution

Initials

Signature

Date