



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# EXCEL BEFORE & AFTER THE BELL



## Club Kid Before & After School Program PINE BUSH CENTRAL SCHOOL DISTRICT

Keeping children actively involved throughout the day reduces the risk of them becoming involved in inappropriate behaviors and promotes positive personal growth and social development. In this licensed school aged child care program, children demonstrate their personal preferences when choosing from a variety of activities to suit their own individual interests, including fine arts, crafts, active play, service projects, independent homework time, and games. Every day our staff provide a supervised, nurturing environment and strive to incorporate the YMCA's Core Values of **caring, respect, responsibility, and honesty** while encouraging good sportsmanship, positive self-esteem, and a mutual respect for others.

**NOTE:** Club Kid follows the school district's calendar and only operates on days that the schools are in session.

**There is a \$90.00 non-refundable registration fee (per family).**

This fee is waived for those with a YMCA Family Membership.

The fee is reduced to \$45 for those who set up an automatic monthly draft for the monthly fees.

| LOCATION              | DAYS/WEEK     | AM ONLY<br>7:00AM-School Begins | PM ONLY<br>School Dismissal-6:00PM | AM & PM     | CONTACT                                                                                      |
|-----------------------|---------------|---------------------------------|------------------------------------|-------------|----------------------------------------------------------------------------------------------|
| EJ Russell Elementary | 2-3 Days/Week | \$151/Month                     | \$206/Month                        | \$304/Month | <b>Josh Horner</b><br>(P) 845 956 1519<br>(C) 845 346 6280<br>(E) jhorner@middletownymca.org |
|                       | 4-5 Days/Week | \$167/Month                     | \$229/Month                        | \$342/Month |                                                                                              |
| Pakanasink Elementary | 2-3 Days/Week | \$151/Month                     | \$206/Month                        | \$304/Month |                                                                                              |
|                       | 4-5 Days/Week | \$167/Month                     | \$229/Month                        | \$342/Month |                                                                                              |

### TO REGISTER:

Visit one of our branches listed below or email completed registration packet to [af@middletownymca.org](mailto:af@middletownymca.org).

**YMCA OF MIDDLETOWN**  
81 Highland Avenue  
Middletown, NY, 10940  
(P) 845 344 9622

**SOUTH ORANGE FAMILY YMCA**  
45 Gilbert Street Extension  
Monroe, NY, 10950  
(P) 845 782 9622

[www.middletownymca.org](http://www.middletownymca.org)

### FINANCIAL ASSISTANCE

Financial assistance is available to those who apply and qualify.

To apply contact **Aimee Saez**:

(P) 845 956 1491 (E) [asaez@middletownymca.org](mailto:asaez@middletownymca.org)



**\*FOR OFFICE USE ONLY\***

Please **DO NOT** fill out this form.

This form is to be completed by YMCA Staff only.

**YMCA Staff, please initial each line after verification. Thank you.**

I have checked the following information and the designated documents are signed and dated by the parent/guardian:

**Start Date** \_\_\_\_\_ (The date the child will be starting the program.)

Minor Participant Waiver \_\_\_\_\_

Club Kid Registration Form \_\_\_\_\_

Club Kid Behavior Policy \_\_\_\_\_

Day Care Registration Form \_\_\_\_\_

Club Kid Information Sheet \_\_\_\_\_

Automatic Weekly Draft Authorization Form \_\_\_\_\_

Club Kid Payment Agreement \_\_\_\_\_

Late Pick Up Policy Agreement \_\_\_\_\_

Was Registration Fee Paid? \_\_\_\_\_

YMCA Staff Person Completing Form: \_\_\_\_\_

YMCA Staff Person Signature: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING the YMCA of Middletown FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

## Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of the YMCA of Middletown facilities, services, equipment and premises (“Facilities”) and any participation in the YMCA of Middletown programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Middletown, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) to the extent permitted by law, will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)



## YMCA OF MIDDLETOWN CLUB KID REGISTRATION

Please PRINT unless otherwise noted.

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Daytime # \_\_\_\_\_ Home# \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ District \_\_\_\_\_ Start Date \_\_\_\_\_

### PROGRAM REGISTRATION INFORMATION

Please indicate the days your child will be attending below.

If these days will change weekly or monthly, please indicate that in the **Special Notes** section below.

**AM Program on Site:** Start Date \_\_\_\_\_

**PM Program on Site:** Start Date \_\_\_\_\_

M T W TH F

M T W TH F

**Special Notes:** \_\_\_\_\_

I hereby enroll my child in the above Middletown YMCA program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and its representative's full authority to take whatever actions they deem necessary regarding my child's health and safety. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and fully release the YMCA from any liability in connection therewith. I understand that my child must comply with all rules and standards of the program and that there is a standard of behavior that we expect all participants to adhere to. In no circumstance will the YMCA be tolerant of inappropriate behavior or threats to staff or other participants. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child (if necessary). **I have read the Club Kid handbook and agree to all policies explained within.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# CLUB KID BEHAVIOR POLICY

## YMCA OF MIDDLETOWN

One of the goals of our program is for each child to develop a sense of respect for themselves and others. We strive to create an environment that encourages children to make positive choices, to enter and exit peer groups with increasing skill and satisfaction, and to learn to live in a respectful and cooperative manner. Therefore we do have certain expectations as it pertains to behavior. These behaviors include:

- All participants will keep their hands, feet and all body parts to themselves.
- All participants will follow behavioral directions the first time they are given.
- All participants will not verbally or physically mistreat anyone. This includes peers, counselors and other support staff.

We do not think that discipline should be a punishment. Inner discipline is the goal and is the result of an evolving process occurring within the child. Through appropriate staff/child interaction, anticipatory guidance, well established guidelines for appropriate behavior and active listening to children's responses, staff will get to know each child and determine what additional limits and adjustments might work best for each individual. We hope to set our expectations for proper behavior, so it is anticipated that each child will exhibit self-control, and strive to follow our basic expectations, as it regards behavior. We believe children exhibits self-control and reasoning when staff treats them with dignity and use discipline techniques such as:

- Guiding children by setting clear and consistent limits and policies
- Visualizing mistakes as learning opportunities
- Encouraging them to verbalize and listen to children when they voice their frustration and feelings
- Guiding children to resolve conflict and model skills to help them problem solve
- Reminding and reinforcing the rules and their rationale
- Redirection

When a problem arises, steps toward reaching the above goals will include:

1. Staff will work with the child by speaking to the child at the time of the incident. Staff will support behavior changes through explaining and redirecting.
2. If a pattern of negative behavior persists, staff will talk with the parent/guardian in order to obtain assistance and suggestions for developing effective approaches with the child.
3. If inappropriate behavior continues, staff, along with the Program Director, will contact the parent/guardian either by phone or in writing to notify them of the observed behavior(s) and request a meeting with the parent/guardian and the child will be given a day off from the program.
4. After 3 incidents that result in a child being given time off and if all reasonable approaches are exhausted and the pattern of negative or threatening behaviors continue, and/or the child's actions are a threat to the well-being and safety of other children, staff or oneself, parents will be called and the child will be permanently removed from the program.
5. Severe inappropriate or threatening behavior that is directly related to the safety and well-being of the other children and/ or staff in the program may cause a child's immediate withdrawal from our program.

In signing this document, as parent/guardian, I acknowledge that I have been made aware of the YMCA of Middletown Club Kid Behavior Policy and agree to its implementation, as it regards my child.

Child's Name (Please print) \_\_\_\_\_

Parent/Guardian's Name (Please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

|                                                                                         |                                     |                                                              |                                                                                                                                                                                                                |                                     |
|-----------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| PHOTO OF CHILD (Optional)                                                               | Child's Full Name:                  |                                                              | Date of Birth: / /                                                                                                                                                                                             | Gender:                             |
|                                                                                         | Preferred Name/Nickname:            |                                                              |                                                                                                                                                                                                                |                                     |
|                                                                                         | Child's Home Address:               |                                                              |                                                                                                                                                                                                                |                                     |
|                                                                                         | Name of Person Enrolling Child:     |                                                              | Relationship to Child:<br><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____<br><input type="checkbox"/> Other _____ |                                     |
| Phone Number(s) of Person Enrolling Child:<br>( ) - <input type="checkbox"/> ok to text |                                     | Address of Person Enrolling Child (if different than child): |                                                                                                                                                                                                                |                                     |
| Email Address:                                                                          |                                     |                                                              |                                                                                                                                                                                                                |                                     |
| EMERGENCY INFO                                                                          | EMERGENCY CONTACT NAMES / ADDRESSES | Authorized to Pick Up                                        | PRIMARY PHONE NUMBER                                                                                                                                                                                           | OTHER PHONE NUMBER / EMAIL          |
|                                                                                         | Primary Contact:                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> ok to text                                                                                                                                                                            | <input type="checkbox"/> ok to text |
|                                                                                         |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> ok to text                                                                                                                                                                            | <input type="checkbox"/> ok to text |
|                                                                                         |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> ok to text                                                                                                                                                                            | <input type="checkbox"/> ok to text |
| <i>For Program Use Only</i><br>Date of Enrollment: / /                                  |                                     | <i>For Program Use Only</i><br>Date of Disenrollment: / /    |                                                                                                                                                                                                                |                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| Child's Full Name:                                                                                                                                                                                                                                                                                                                                                                                            |  | Date of Birth: / /                                       |
| <b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None<br><input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Allergies (list) _____<br><input type="checkbox"/> Other _____ |  |                                                          |
| Please provide information here <b>AND</b> discuss with your child care provider:                                                                                                                                                                                                                                                                                                                             |  |                                                          |
| Child's Primary Care Physician's Name/ Group:                                                                                                                                                                                                                                                                                                                                                                 |  | Phone Number: ( ) -                                      |
| Preferred Hospital:                                                                                                                                                                                                                                                                                                                                                                                           |  | Phone Number: ( ) -                                      |
| Child's Dental Care:                                                                                                                                                                                                                                                                                                                                                                                          |  | Phone Number: ( ) -                                      |
| Child health insurance information is available by calling toll-free 1-800-698-4543 or<br>the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>                                                                                                                                                                                                   |  |                                                          |
| <b>AGREEMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                          |
| • I consent to emergency medical treatment for my child.....                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I provided information on my child's special needs to the program to assist in caring for my child.....                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I agree to review and update this information whenever a change occurs and at least once every year.....                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:                                                                                                                                                                                                                                                                                                                                                          |  | DATE: / /                                                |



# CLUB KID INFORMATION SHEET

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

**Please select your preferred method of communication:**

- Talk with me when I pick up my child.
- Call me in the evening at home. My phone # is \_\_\_\_\_.
- Talk to the person who picks up my child.
- Call me at work. My phone # is \_\_\_\_\_.
- Call me on my cell # at: \_\_\_\_\_.
- Send a note with the pick up person and I will call you as soon as possible.
- Other \_\_\_\_\_

**We provide a "quiet" time. Do you want your child to do homework at that time?**

- Yes, always.
- No, never.
- If she/he wants to.
- Occasionally. I will let you know when.

**Please designate the best DAYTIME phone number to receive automated messages regarding closures, cancellations or other important information.** \_\_\_\_\_

Please list any dietary restriction: \_\_\_\_\_

Please list your child's favorite snacks: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Does your child wear glasses or contacts?    Glasses                      Contacts                      Both

Is your child in a special classroom setting?                      Yes                      No

If yes, please provide details: \_\_\_\_\_

Is your child currently receiving care for any emotional or socialization challenges?    Yes                      No

If yes, please explain: \_\_\_\_\_

Is your child currently taking any medication?                      Yes                      No

If yes, please list the medical condition and medication: \_\_\_\_\_

Does your child have any physical restrictions?                      Yes                      No

If yes, please describe: \_\_\_\_\_

Is there anything else you would like to share about your child's needs?                      Yes                      No

If yes, please provide details: \_\_\_\_\_

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



## **AUTOMATIC MONTHLY DRAFT AUTHORIZATION FORM**

The Club Kid registration fee is \$90.00 (per family) for the 2022-2023 school year. If you opt to have your Club Kid payments drafted from your checking, savings, or credit card account, the registration fee will be reduced to \$45.00. **The registration fee is waived for those with an active YMCA Family Membership.** If you sign up for the draft program and then change your payment option later in the school year, you will be responsible for paying the additional \$45.00 registration fee. **To have your payment automatically deducted from your account, please complete this form and hand it in at the time of registration.**

**A fee of \$25.00 will be charged for any returned draft. At no time can this fee be waived.**

Signing below validates that I give permission for the YMCA of Middletown to draft my child's Club Kid monthly payment from the account designated below. I understand that my monthly draft will occur on the 1<sup>st</sup> of each month and if my 1<sup>st</sup> of the month draft is returned, it will be redrafted on the 7<sup>th</sup> of the month. I understand that the YMCA will also redraft any EFT payments on the next business day. I also understand that all 2<sup>nd</sup> drafts include a \$25.00 return fee.

Child's Name \_\_\_\_\_ School \_\_\_\_\_

My child will attend **AM only** beginning \_\_\_\_\_ **Select:** \_\_\_ 2-3 Days OR \_\_\_ 4-5 Days Per Week

My child will attend **PM only** beginning \_\_\_\_\_ **Select:** \_\_\_ 2-3 Days OR \_\_\_ 4-5 Days Per Week

My child will attend **AM&PM** beginning \_\_\_\_\_ **Select:** \_\_\_ 2-3 Days OR \_\_\_ 4-5 Days Per Week

### **SELECT PAYMENT OPTION:**

#### \_\_\_ **OPTION #1: Credit/Debit Card Account**

Please make sure your card will not expire prior to the end of the school year. If that should occur or if your credit card on file has been compromised, you must notify us of any changes to your card in time to enable us to make the change prior to our draft date of the 1<sup>st</sup>.

**Select Card Type:** \_\_\_ **VISA**      \_\_\_ **AMERICAN EXPRESS**      \_\_\_ **MASTERCARD**      \_\_\_ **DISCOVER**

\_\_\_\_\_ **Credit/Debit Card Number**

\_\_\_\_\_ **Expiration Date**

\_\_\_\_\_ **Billing Zip Code**

\_\_\_\_\_ **Security Code**

#### \_\_\_ **OPTION #2: Checking Account**

I have enclosed a copy of a voided check from my checking account.

I also give permission to the YMCA to draft an additional **\$1.00 per month** that will go directly to the YMCA's Annual Strong Kids Campaign, which helps scholarship families in need for camp, Club Kid, and family membership.  
\_\_\_\_\_ (if yes, please initial)

\_\_\_\_\_ **Billing Party First & Last Name**

\_\_\_\_\_ **Phone Number**

\_\_\_\_\_ **Billing Party Signature**

\_\_\_\_\_ **Date**



# YMCA OF MIDDLETOWN CLUB KID PAYMENT AGREEMENT

## CLUB KID FEES

The monthly fees are determined by taking the yearlong cost of the program and dividing it into ten equal monthly payments. **The fee is the same for each month, regardless of the number of program days provided each month (i.e. the number of days that school is open each month).** Therefore, there are no credits or adjustments for holidays, school closures, delayed openings, early dismissals, or absences and we will not prorate the month of December or for Spring Recess. If your child begins the program before the 15<sup>th</sup> of the month, you are responsible for the full monthly fee. If your child is beginning the program on or after the 15<sup>th</sup> of the month, you are responsible for half of that month's fee. **The parent/guardian who enrolled his/her child in the program is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in collecting fees from non-custodial parents or others and cannot allow delays in payments due to delays in child support or other funding.**

## MONTHLY PAYMENTS

Monthly Payments are due on the 1<sup>st</sup> of the month and may be made in person at the Y or through an automatic monthly draft by completing the Automatic Monthly Draft Authorization Form.

## LATE PAYMENTS/FEES

The YMCA understands that circumstances arise that may require special payment arrangements. **Requests for special late payment arrangements must be put in writing.** If you anticipate having to make a late payment, you must contact the Billing Coordinator **3 days prior to the 1<sup>st</sup> of the month** at (P) 845 395 1004 or (E) [af@middletownymca.org](mailto:af@middletownymca.org) to avoid late fees. **Payment arrangements will be extended on a case-by-case basis, and may not be approved.** If notification is not received and payment is not made by the 1<sup>st</sup> of the month you will incur a **\$20.00 late fee** that must be paid along with the outstanding monthly program fee by the 10<sup>th</sup> of the month. If payment remains outstanding by the 10<sup>th</sup> of the month, your child will no longer be permitted to attend the program until the outstanding balance is paid in full. The school will also be notified that your child(ren) can no longer attend our program.

## RETURNED PAYMENTS

A \$25.00 fee will be charged for each returned payment. You may also be required to make the payment and all future payments with cash or Money Order at the branch by the 1<sup>st</sup> of each month.

## CHANGING PROGRAM OPTIONS

A \$10 fee will be charged to your account in order to make changes to your child's enrollment. This includes modifying the number of days, adding or subtracting program times, or temporarily canceling for any period of time. **A Club Kid Change Form must be submitted 30 days prior to the 1<sup>st</sup> of the month.**

## REFUNDS

The registration fee is NON-REFUNDABLE. Refund requests for monthly payments must be submitted prior to the 5<sup>th</sup> of the month. Changes or cancellations made on or after the 5<sup>th</sup> of the month are not eligible for any compensation. **The maximum refund amount issued is half a month.** To request a refund request form, contact the Billing Coordinator at (P) 845 395 1004 or (E) [af@middletownymca.org](mailto:af@middletownymca.org). Once your child's attendance is verified and the original payment has cleared, a refund check will be issued within 4 weeks.

## FINANCIAL ASSISTANCE

Financial assistance is available to families through the YMCA's ACCESS program. Financial assistance applications are accepted throughout the year. If you apply mid-year, your current payments must remain up to date and on time in order to be eligible to apply for ACCESS. All requested documentation must be submitted with your application. Failure to do so will delay determination. Please allow at least 4 weeks to process your application. **Children will not be admitted to the program while financial assistance is pending, unless all payments are current. Financial assistance is not retroactive.** Financial assistance may not be applied to the registration fee.

I have read, understand, and agree to the Payment Agreement as outlined above.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



YMCA OF MIDDLETOWN CLUB KID  
**LATE PICK-UP POLICY AGREEMENT**

The following is the late pick-up policy from the YMCA of Middletown Club Kid handbook.

**LATE PICK-UP POLICY**

Our Club Kid Program ends promptly at 6:00 p.m. There is neither space nor staff to properly accommodate your child after that time. Late pickup will result in a fee of \$1.00 per minute that you are late. While we understand that there might be an unforeseen lateness, please be advised that after **three** late pickups, you will be unable to utilize our program. Failure to pay late fees may result in termination of your child's enrollment in Club Kid.

**LATE PICK-UP FEE PAYMENT OPTIONS:** Please select an option below.

- \_\_\_ **OPTION #1:** I am on draft and agree to have any late fees drafted with my next monthly payment. I understand that I may be drafted during the next monthly cycle, or the following one, depending on the date of late pick up.
- \_\_\_ **OPTION #2:** I am on draft but prefer to pay the late fee in-person. Please add a note to my account and I will pay this fee in person. If this fee is not paid within 30 days, I give my permission to draft this payment with the following monthly payment.
- \_\_\_ **OPTION #3:** Please add a note to my account and I will pay late fees in person with my next monthly payment. I understand that this fee may not be posted before my next monthly payment, depending on the date of late pick up, and will pay the fee with the monthly payment after it has been added.

**I have read the Late Pick-Up Policy and agree to abide by its terms.**

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date