



YMCA OF THE COASTAL BEND
AFTERSCHOOL REGISTRATION FORM AT:

Incarnate Word Academy, 2910 S. Alameda 78404

Child's Name Start Date
Child's Address Grade (2023-2024)
City State Zip Date of Birth
Male Female

Parent/Legal Guardian 1:
Name Email
Address City Zip
Home Phone # Cell # Other #
Employer Work Phone #

Parent/Legal Guardian 2:
Name Eligible to pick up child? Yes No
Address City Zip If NO, attach copy of legal document
Home Phone # Cell # Other #
Employer Work Phone #

Local person other than those listed above to contact in case of emergency if the parent/legal guardian cannot be reached:

Name Relationship to child
Contact Number Contact Number
Address

In addition to parent/legal guardian and local person listed above, I hereby authorize the YMCA staff to allow my child to leave the facility ONLY with the following person(s):

Name Relationship to child
Contact Number Contact Number
Address

Name Relationship to child
Contact Number Contact Number
Address

Name Relationship to child
Contact Number Contact Number
Address

All information on this form is required by the Texas Department of Family and Protective Services or the YMCA to ensure the safety of your child. This information can only be changed through the Afterschool office by an authorized parent or guardian.



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**MEMBERSHIP, TRANSPORTATION, PROGRAM PARTICIPATION, PHOTO AND INFORMATION  
RELEASE FORM**

**Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services.**

*The YMCA of the Coastal Bend (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs and to participate in YMCA program and activities. Transportation may be provided by a private provider; a YMCA owned and operated vehicle and/or public transportation systems in the area. We the undersigned parent(s) and/or guardian(s) of:*

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Name of participant: First, Middle and Last Age Birth Date

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*Address, City, State, Zip Code*

I understand and authorize the Association, to allow my child to participate and to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the "Association" and it's agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the participation and transportation in any program. We fully understand the nature of child care, sports, recreation and transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the "Association", its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.

4. THE UNDERSIGNED HEREBY PERMITS THE YMCA, KRIS, KIII, KZTV, KORO, the Caller Times, the Corpus Christi Daily and other media outlets o make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting/and/or the internet at the said media stations. The material will be used for news and/or YMCA purposes. It will also be utilized in YMCA print materials, and any forms of media release, and or video produced to help the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE (Parent and/or Guardian #1)**

\_\_\_\_\_  
Printed Name (First, Middle, Last, Suffix (Jr./Sr./III/III))

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

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Signature of parent or guardian



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**PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS**

**PART I**

Please initial all lines to indicate received written policies/materials and agree to terms.

\_\_\_\_\_ **Parent Guide:** I acknowledge that I received a copy of the YMCA Afterschool Parent Guide. I accept responsibility to read and adhere to billing procedures and all policies as set forth in the Parent Guide.

\_\_\_\_\_ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Afterschool staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_\_ **Waiver for Participation (Required):** I understand that YMCA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the YMCA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

\_\_\_\_\_ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, trainings or display.

\_\_\_\_\_ I understand that my child will walk from his/her classroom to the YMCA After School Program location.

\_\_\_\_\_ I understand that the YMCA of the Coastal Bend/IWA school staff are not required to receive vaccines for preventable diseases i.e. annual flu vaccine.

**PART II**

**TUITION INFORMATION-**

I understand that a non-refundable \$35 registration fee is due at the time of registration. This fee is charged per child for registration processing and curriculum materials.

I understand withdrawal from the program requires 2 weeks written notice. The YMCA reserves the right to disenroll a participant for non-payment and/or behavioral issues.

I understand that my tuition is due either by bank draft on the 2<sup>nd</sup> or the 2<sup>nd</sup> and 16<sup>th</sup>; or by check on the Friday before the servicing week. Failure to pay tuition in a timely manner will result in a \$10 late fee unless prior arrangements have been made with the Child Care Director and could possibly result in removal from program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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**EMERGENCY INFORMATION**

**MEDICAL INFORMATION:** In the event of an emergency and a parent/guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Refer to medical waiver on page 2.

**IMMUNIZATION:** My child's immunization record is current and on file at IWA Elementary School. \_\_\_ Initial

Please check which hospital would be contacted in case of emergency.

Check one	Licensed Physician	Phone	Address	City/Zip
<input type="checkbox"/>	Driscoll Children's Hospital	361-694-5000	3533 S. Alameda St.	Corpus Christi 78411
<input type="checkbox"/>	Naval Health Clinic	361-961-2688	E. Street	Corpus Christi 78419
<input type="checkbox"/>	Other			

**ALLERGIES :** My child has the following allergies: \_\_\_\_\_

In order to best meet your child's needs we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_  
**Treatment to be given:** \_\_\_\_\_

**Contract of Fees:**

I \_\_\_\_\_ am choosing the following payment option for the 2023-2024 school year. I understand that I may only switch payment options with at least a two week written notice prior to my transfer date.

\_\_\_ Monthly Draft on the 2nd of each month in the amount of \$220.

\_\_\_ Semi-Monthly Draft on the 2nd and 16th of each month in the amount of \$110.

*I understand that if the draft is returned as insufficient funds that I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.*

\_\_\_ Weekly Payment Plan Option due on the Friday before the servicing week in the amount of \$55.

*I understand that if payments are not received in a timely manner a \$10 late fee will be added to my account unless prior arrangements have been made with the Child Care Director. \*\*Some of the months will be prorated due to the holidays or school breaks.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Director Signature

\_\_\_\_\_  
Date

**Regular After School Program Fees:**

# of Children	Draft on 2nd	Draft on 2nd & 16th	Weekly Fee
1	\$220.00	\$110.00 each period	\$55.00 each week

**YMCA OF THE COASTAL BEND**  
**Child Care Agreement ACH/CC Automatic Payment Option**

**STEP #1**

Child's Full Name	
Child's Address	
City, State, Zip	
Phone Number	(Day) (Evening)
Child's School	

**STEP #2**

Begin Draft Date: ____/____/____
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**STEP #3**

OPTION A: Use current information on file.	OPTION B: Add new information
ACCOUNT TYPE: (circle one)	Checking (Need Voided Check) Savings (Need Voided Check) Credit Card
Credit Card Number:	Expiration Date:
Name on Card:	Security Code (3 numbers on back):

**STEP #4**

Monthly Drafted on the 2 <sup>nd</sup>	\$
Monthly Drafted on the 2 <sup>nd</sup> & 16 <sup>th</sup>	\$

**AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK. DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY.**

1. I understand that this transfer will occur weekly, monthly on the 2<sup>nd</sup>, semi-monthly on the 2<sup>nd</sup> and 16<sup>th</sup> of each month for checking/savings and credit card payments. First draft/payment begins September 2nd
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types, or Child Care Plan in anyway, I must provide the YMCA with a least a 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee the amount will be drafted from my account on the next draft date.
6. The YMCA only accepts Visa, MasterCard, and American Express
7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become a weekly account and payment must be made by check or money order the Friday before each servicing week.

\_\_\_\_\_  
Account Holders Signature

\_\_\_\_\_  
Date

STAPLE VOIDED CHECK HERE