

2026-2027 RYE YMCA MORNING PROGRAM REGISTRATION FORM

Please print clearly - One form is required for each participant - Complete in full and sign

CHILD'S NAME (FIRST, MIDDLE, LAST)						
BIRTHDATE	AGE (as of 9/03/2026)	GENDER	HOME PHONE #		BEST PHONE #	
STREET ADDRESS			CITY		STATE	ZIP
PARENTAL CUSTODY (If applicable)			ALLERGIES			
PARENT/GUARDIAN 1			PARENT/GUARDIAN 2			
CELL PHONE			CELL PHONE			
WORK PHONE			WORK PHONE			
EMAIL			EMAIL			

PARENTAL CUSTODY/SPECIAL ARRANGEMENTS (PLEASE LIST HERE) _____

NAME OF PARTICIPANT'S SCHOOL: _____

CHECK YOUR CHOICE:

2 DAY PROGRAM ☐ 3 DAY PROGRAM ☐ 4 DAY PROGRAM ☐ 5 DAY PROGRAM ☐

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

EMERGENCY CONTACTS

In addition to parents/guardians, those listed below will be authorized to contact/ pick up the child identified on this registration form. In the event (emergency, last minute change) an individual needs to pick up your child that is not on this list, please call or email Kathy Lynam 914-967-6363 ext. 250 kathy@ryeymca.org or Liliana Gudino 914-967-6363 ext. 116 liliana@ryeymca.org stating the name, relationship and telephone numbers applicable of the individual picking up that day. Children will not be released at any time to any individual that is not listed below or has not been documented as the specific pickup for the corresponding day. We will contact you if the individual has picked up in the past, but is not listed on this form and is there to pick up. You are welcome to add or delete from this list at any time (via telephone/email). Please indicate if a non-custodial parent has limits on visitation or pick up. **If a non-custodial parent had been denied visitation or has limited or restricted visitation by court order, a copy of the order must be given to the YMCA and kept on file.** No child will be released without direct teacher to guardian transfer.

ADDITIONAL AUTHORIZED PICK UP & CONTACTS - Guardian, Additional Parents, Friends, Nanny, Babysitter, Relatives, etc.

NAME & RELATIONSHIP	CELL #	HOME/WORK #
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MORNING PROGRAM PARTICIPANT HEALTH HISTORY INFORMATION

This section is required for your child's care

☐ May participate in all activities

☐ Please restrict from these activities: _____

Current Medical, Mental or Psychological Condition pertinent to routine care of participant including any current treatment/care: _____

Please describe any past medical treatment that this child has received: _____

Allergies? No_____ Yes_____ If yes, please list: _____

Medications? No_____ Yes_____ If yes, Please list (oral, topical, inhalant medications): _____

(If your child will need any kind of medication administered throughout the day - including epi pens, inhalers, etc. a "Medication and Over-The-Counter Authorization Form" must be completed and submitted. We cannot administer medication without this form complete. This form must be submitted to the Director on the first day of attendance).

Insurance Carrier: _____

Insurance Policy #: _____

Child's Physician: _____

Physician's Phone #: _____

REGISTRATION RELEASE

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW. YOUR CHILD IS NOT CONSIDERED REGISTERED WITHOUT A SIGNATURE.

I give permission for my child to participate in all program activities. He/she is in good health and may participate in normal program activities unless I specify otherwise on the registration form. I consent that photographs taken of my child are the property of the Rye YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of an emergency, I authorize the staff of the Rye YMCA to seek emergency care for my child and/or provide First Aid by a trained staff member. I understand that medical information and personal data will be used in the programs, when necessary, to protect my child's well-being. I indemnify and hold harmless the Rye YMCA, any officer, volunteer or employee of the Rye YMCA and all involved with the Rye YMCA before school program, from liability for any harm that befalls my child as a result of participation in Rye YMCA before school program.

RYE YMCA MORNING PROGRAM REFUND POLICY

There are no refunds available after the 15th of each month. Exceptions to this include family emergencies or health-related events accompanied by a doctor's note. All exceptions must be communicated to the Director ASAP.

We follow the Rye Neck Union Free School District Calendar, including inclement weather.

ANNUAL CAMPAIGN CONTRIBUTION

Every year the Rye YMCA helps more than 400 families afford child care, camp, family memberships and other rewarding and necessary programs for their own development. Your contribution can help a family experience the magic of programs that the Rye Y has to offer! I would like to pledge the following amount to a family in need:

____\$50 ____\$100 ____1 Week Of Camp(\$421) ____Other

RYE YMCA MORNING PROGRAM

You will be charged each month on the 15th.

You must notify us if your card information changes or expires.

2026- 2027 School Year Registration begins NOW. In the event that you need to adjust the amount of days, we ask for 10 days notice.

Two-day option	Three-day option	Four-day option	Five-day option
\$131	\$170	\$205	\$219

PAYMENT METHOD: Billing will automatically take place on the 15th of the month.



Credit / Debit Card (circle one)

VISA Discover AMEX Mastercard

Name on Card: _____

Card Number: _____

Exp Date: _____

By providing my signature below; I authorize the Rye YMCA to charge me \$_____

Sign _____

Date _____

By signing below I acknowledge and accept the stated Registration Release, Refund Policy/ Processing Fee and Rye YMCA Policies

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____