



Sonoma County Family YMCA Before & After School Registration 2026-2027

FOR OFFICE USE

ONLY

Reg Rec'd by _____

Reg. Paid _____

Tuition Paid _____

Start Date _____

Rec'd Parent Pkt _____

Site called _____

Child's Name _____ Gender _____

Age _____ Birthdate _____ Grade (As of Start Date) _____ Start Date _____

School/Site
Attending _____

Subsidizing Agency/ELOP Code (If Applicable) _____

Agency Contact _____ Agency Phone # _____

Option plan:

☐ -Traditional School Schedule

☐ -Year-Round School Schedule (Richard Crane only)

☐ -Flex 10: 10 hours per month ☐ -Flex 20: 20 hours per month ☐ -Flex 30: 30 hours per month (choose one)

Kindergarten

Please circle days needed:

AM Care: M T W Th F

K Time: M T W Th F

Afterschool: M T W Th F

1st - 6th Grades

Please circle days needed:

AM Care: M T W Th F

Afterschool: M T W Th F

Parent/Guardian Financially Responsible for Care:

Name: _____ Best Contact # _____

SSN or DL # _____ DOB ____/____/____

Email Address _____

Mailing Address _____ City _____ Zip _____

Optional: Parent/Guardian/Other to be listed on account (will have account access and ability to change schedule)

Name: _____ Best Contact # _____

DOB ____/____/____

Email Address _____

Mailing Address _____ City _____ Zip _____

Other persons to contact in case of emergency (we will always call parents first, please list alternate contacts).

#1-Name _____ Relationship _____ Phone _____

#2-Name _____ Relationship _____ Phone _____

PERMISSION, RELEASE AND HOLD HARMLESS AGREEMENT

GENERAL RELEASE OF LIABILITY: In consideration for being allowed to participate in YMCA activities and programs, I agree to assume and accept all responsibility of the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA program. I further agree to release, discharge and hold harmless from any liability whatsoever the Sonoma County Family YMCA, all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only to me, but my heirs, administrators, executors, successors and assigns.

Parent/Guardian Signature _____

Date _____

SONOMA COUNTY FAMILY YMCA HEALTH HISTORY FORM

CHILDCARE/CAMP SITE LOCATION _____ SCHOOL _____

To be filled in by parents/guardians of minors or by adult staff members themselves.

Name _____ Birth Date _____ Age _____ Sex: M / F

Parent/Guardian/Spouse _____ Phone _____

Home Address _____ Phone _____

Business Address _____ Phone _____

2nd Parent/Guardian _____ Phone _____

Home Address _____ Phone _____

Business Address _____ Phone _____

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP MY CHILD:

Name/Relation _____ Phone – Wk: _____ Hm: _____

Name/Relation _____ Phone – Wk: _____ Hm: _____

Name/Relation _____ Phone – Wk: _____ Hm: _____

MEDICAL HISTORY: (Check – giving approx. dates)

Frequent Ear Infections _____
Heart Defect/Disease _____
Convulsions _____
Diabetes _____
Bleeding/Clotting Disorders _____
Hypertension _____
Foot & Mouth _____

Mononucleosis _____
DISEASES
Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

ALLERGIES
Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Other Drugs _____
Asthma _____

RECORD OF IMMUNIZATION: My child has the necessary immunizations to attend school.

Tetanus Booster: Date _____ Tuberculin Test: Date _____

Current Medications: (Send with instructions) _____

Chronic / Recurring Illness: _____

Dietary modifications: _____

Any specific activities to be encouraged or limited by physician's advice? _____

Insurance Carrier: _____ Policy or Group # _____

Name of family physician: _____ Phone: _____

Name of dentist / orthodontist: _____ Phone: _____

The following questions will help us to better understand and serve your child:

1. Is your child in a special needs class at school? (ESL, ID, please describe) _____
2. Teacher's Name _____
3. Have there been any important events in your child's life in the last few years that you would like us to know about in order to help us to better understand you and your child's family situation? Divorce _____ Death in Family _____ Move _____
Other (family stress, peer problems, medical problems, etc.) _____
4. Are there any special considerations we should make for your child? (behavioral / physical rules or regulations) _____
5. What are your child's special interests? _____
6. Would you like your child to do his/her homework at the center? _____

IMPORTANT – THIS INFORMATION MUST BE COMPLETED FOR ATTENDANCE

The health history information I've provided is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted on the attached forms.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the site staff to order X-rays, routine tests, treatment and necessary transportation for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the site staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me or my child as named above. Any costs incurred for treatment of sudden illness or accident shall be paid by me. I understand that the YMCA does not carry accident insurance.

Signature of parent/guardian or adult staffer

Date

** If, for religious reasons, you cannot sign this, then the program should be contacted for legal waiver, which must be signed for attendance.

PARENT AGREEMENT: I agree to and understand the following guidelines: If my child will not be attending the program, I will call the YMCA and notify them of such. I will sign my child out each day. I realize that the on-site staff cannot accept cash payments at the childcare site.

Signature of parent/guardian

Date

I also authorize pictures taken of my child at the Childcare or Preschool Program (whichever is applicable) to be used for YMCA promotion purposes.

Signature of parent/guardian

Date

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Signature of parent/guardian or adult

Date



SONOMA COUNTY FAMILY YMCA

26-27 ACH Bank/Credit/Debit Card Draft Payment Agreement

REC, Childcare or Camp Program

Participant's Information

Today's Date: ____/____/____

Child's Last Name: _____ First Name: _____

Site: _____ Starting (Month/Year): _____

Billing Information (authorizing party MUST sign this form below.)

Last Name: _____ First Name: _____ DOB: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Email: _____

1. I authorize a bank draft or credit/debit card charge for the REC, Childcare, or Summer Camp Program on the scheduled due dates for the balance on my account. I understand that any scheduling changes, cancellations, or payment method updates must be submitted in writing at least two weeks prior to the scheduled payment date.

If a bank draft is returned unpaid for any reason, the bank draft will not be re-run. The returned payment, including any applicable return fees, must be paid by cash at the YMCA, 1111 College Ave, Santa Rosa, or by credit/debit card through our website at scfymca.org or new ACH authorization form. If a credit/debit card payment is declined or returned, the YMCA may attempt to re-run the payment, or the payment source may be updated by completing a new ACH Authorization Form or by updating the payment method through our website at scfymca.org.

2. I understand that should any transfer not be honored by my bank/credit/debit card for any reason, that rec/childcare/camp services may be suspended until balance is paid in full.

3. The YMCA will have the right to initiate legal action for collection of fees, or outstanding balances, and the undersigned will be responsible for all collection fees, including court expenses, and reasonable attorney fees.

4. Any account information changes you make to the bank or credit card draft accounts listed below need to be communicated to the YMCA. If your automatic draft is declined for any reason you may be charged \$25 for the draft. Changes can be communicated to afleming@scfymca.org or childcare@scfymca.org

Bank Draft (MUST ATTACH VOIDED CHECK)

Credit/Debit Card Draft

Name on Account: _____

Name on Card: _____

Account Type: ☐ Savings ☐ Checking

Card Type: ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

Routing Number: _____

Card Number: _____

Account Number: _____ Expiration Date: ____/____/____ CVV# ____

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO ABOVE POLICIES

Signature: _____ Date: ____/____/____



Financial Agreement 2026-2027

Sonoma County Family YMCA, 1111 College Ave SR CA 95404

Child's Name: _____

Registering Parent/Guardian Name _____

Date Care Begins: _____

1. My child will attend the YMCA Program at _____ School on the following **contracted** schedule:

Days attending: ☐-Mon ☐-Tue ☐-Wed ☐-Thu ☐-Fri OR ☐ I am choosing a Flex Plan (below) – my days will vary.

Before School Drop Off Time To Site _____ After School Arrival Time To Site _____

Time to Be Picked-Up From Site in afternoon _____

2. I have applied for financial assistance: ☐-YES ☐-NO

3. I am selecting the following financial options

☐-Traditional School Schedule (3 Day Minimum)

☐-Year Round School Schedule (3 Day Minimum) – Richard Crane School only

☐-Flex 10 Plan: 10 hours per month ☐-Flex 20 Plan: 20 hours per month ☐-Flex 30 Plan: 30 hours per month

FOR STAFF USE ONLY

Monthly Rate _____

Sibling Discount _____

Financial Assistance % _____

Total Fee _____

Processed By _____

4. My estimated monthly tuition amount for these days, hours and option will be: \$ _____ (Billing Department will complete if you are unsure of the amount.)
5. Fees are paid in advance for the month and due/payable by the 1st of each month. Fees paid after the 1st are subject to a **late charge of \$25**. The YMCA **reserves the right to discontinue service** until balance is paid in full. Payment is due whether or not an emailed invoice is received. It is my responsibility to ensure the YMCA has a current email address on file.
6. Monthly tuition is paid through ACH. Declined ACH drafts are subject to a \$25 returned fee and must be cleared at the Main YMCA, 1111 College Ave Santa Rosa by cash or credit/debit card. I understand that payments cannot be made at my child's site.
7. For **Flex Plan options**, hours will be deducted from the monthly contracted amount (either 10, 20 or 30 hours) in minimum increments of 1 hour per visit AM and PM care used on the same day are each considered a separate visit. Hours may be used throughout the month as needed. Any unused flex plan hours will **not** be carried over to the next month or credited to my account.
8. For all plans **any hours of care provided over those specified by the contracted amount will be charged at a rate of \$18 per hr with a minimum charge of one hour per visit**. Extra hour charges will be posted to my account the following month. I understand that if I go over my contracted number of hours on a regular basis, I will be counseled to switch to a different plan.
9. If my child is picked up after closing time, a **charge of \$15 per child in increments of 15 minutes until child is picked up** will post to my account the following month.
10. **No credits are given** for illness, vacations or suspension of services by the YMCA for any reason other than outlined in the Parent Handbook.
11. A **Registration Fee** of \$65 (\$45 for each additional child) is required each school year to enroll or re-enroll in the program. This fee is non-refundable.
12. **ALL CHANGES AND CANCELLATIONS must be submitted via the Change Request Form, verified email or a signed letter at least two weeks in advance.** I am held responsible for the fees stated on the contract and/or revised through an approved written change/cancellation request. **Changes/cancellations will not go in effect until received and approved by the billing department.** Any changes/cancellations are also subject to Site Director and/or Program Office approval. There could be **additional fees** due at the time of the change/cancellation for care already used.
13. The monthly fees are based on actual days of YMCA care available during the school year. Fees are prorated and spread evenly over the school year. Therefore, the **fee is the same every month of the regular school year** regardless of any school breaks, holidays or if I choose to keep my child out of the program for any reason on a day care is available. There will be an adjustment made of 25% or 50% for the **month of August and/or June**, if the current regular year for my child's school starts or ends during those months. **Care on non school days and breaks will be offered at some locations(available to all) and can be registered for a separate fee. This fee will be added to your next month's invoice.**
14. If I default on this agreement, **I will pay the reasonable** cost incurred by the YMCA to collect what I owe, including attorney fees, court costs, collection agency fees and fees paid for other reasonable collection efforts.
15. If my childcare is paid for by an outside agency, any **underpayments/non-payments by the agency** will be my responsibility. I am also responsible for signing all paperwork in a timely manner, or I will be liable for full tuition and childcare services will be suspended.
16. **Summer Camp** requires an additional registration, regardless of my chosen option during the school year.

I have read this contract and the corresponding Parent Handbook (available on the Y website) and I agree to abide by the policies and stated financial obligation.

Parent Signature _____

Date _____

YMCA Staff Signature _____

Date _____