

Summer Odyssey registration 2010

(FORM MUST BE FILLED OUT COMPLETELY—PLEASE PRINT LEGIBLY.)

Today's Date _____ Start Date _____ Site at which attending _____

Child's Name _____ Grade entering _____

Sex M F Date of Birth _____ Member# _____ YMCA Family Member? YES NO

Parent(s) Name _____ Parent SS# _____

Address _____ City _____ Zip _____

Phone _____
(Home) (Cell)

Email _____

Business Name _____ Business Phone _____

Emergency Contact other than Parent or Guardian _____

Address _____ City _____ Zip _____

Phone _____
(Home) (Cell)

Business Name _____ Business Phone _____

DFS Child Care Caseworker Name _____ Phone# _____

(If applicable please check one) Foster Adopt State Assist

Enrolling for (Check all that apply.) Full Time (4-5 days/wk) Part Time (1-3 days/wk) Summer School Weeks Only

Vacation Week (s) Check up to 2 weeks your child will not be attending the program.

May 24-28 May 31-june 28 June 7-11 June 14-18 June 21-25 June 28-July 2
 July 5-9 July 12-16 July 19-23 July 26-30 Aug 2-6 Aug 9-13

T-shirt Size _____

NOTE: CONTAINS A RELEASE AND WAIVER OF LIABILITY

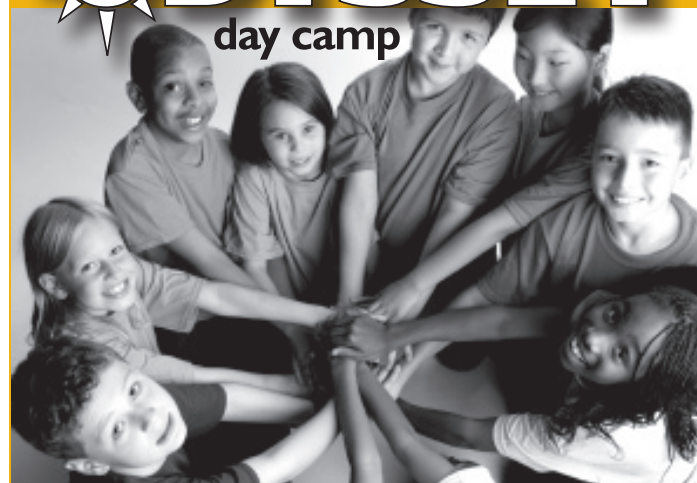
In consideration for Ozarks Regional YMCA ("the YMCA") agreeing to allow me to use the facilities and services of the YMCA, I, agree to the following: I am fully aware of the risks inherent in the physical activities and programs at the YMCA, and I agree to only engage in and only permit my family members to engage in activities and programs at the YMCA which are appropriate for me and my family. I will indemnify, defend, and hold harmless the YMCA and its agents, officers, employees, and volunteers for any claims against them as a result of any use of YMCA facilities and programs by me or my family. I consent to the YMCA using, for publicity and promotional purposes, the names and photographs of me and my children, participating in any YMCA program. The laws of the State of Missouri shall govern this Agreement. Jurisdiction and venue of any legal action regarding this Agreement shall be exclusively in the Circuit Court of Greene County, Missouri. If any provision of this Agreement is held to be unenforceable or void, the remaining provisions shall remain in force and effect. I have read and understand the terms and conditions of this Agreement. I am above the age of 18 years.

Parent/Guardian Signature _____

FOR OFFICE USE ONLY Receipt # _____ Received by _____ Date Paid _____ Amount _____ Child ID# _____

SUMMER ODYSSEY

day camp



Lebanon Family YMCA
We build strong kids, strong families, strong communities.
www.lebanon-ymca.org

Early Registration Night

APRIL 20th

4-7pm at Lebanon Family YMCA SAVE \$5 on Registration

For more information, contact the
Lebanon Family YMCA at 417-588-1177

summer odyssey provides children entering grades K-6 with a variety of activities to have an AWESOME summer.

What to Bring

Your child should bring a sack lunch and drink [snacks will be provided]. Bring a swim suit and towel on swimming days and sunblock and a water bottle for outdoor activities. Please label all of your child's belongings. A list of activities will be provided.

Fees and Schedule

Lebanon Family YMCA Summer Odyssey
Date & Time: May 24-Aug 13, 6:30am-6:00pm
Full Time Fee: \$80/95 per week
Part Time Fee: \$50/65 per week

** We will not have a program on May 31st.

Payment Schedule

Tuition fees are billed two weeks in advance and are due on the 1st and 16th of each month. You may pay your bill on-line, at either Welcome Center location, mail payment to the Downtown YMCA, or sign up for electronic funds transfer. A late fee of \$20 will be applied to all late payments. The first payment will include the first three full weeks fees. A tuition rate sheet schedule will be enclosed with your first bill to provide you with specific dates and fees.

Important Billing Changes

We understand that many families like to take a vacation in the summer months. For your convenience, each participant has the option of selecting up to 2 weeks (taken Mon-Fri, in one week increments) of vacation in which your child will not be in attendance for which you will receive credit. Due to on-going operating expenses, there will be no rate reductions for further absences. **Please select your weeks (if any) of vacation on The Registration form.**

Registration Information

Register at Lebanon Family YMCA

To register, please fill out the registration form completely and return it to either YMCA location with your \$20 registration fee. Registration fees are per child and are non-refundable.

Once registered, you will receive an Emergency Contact Form, Parent Guide and Parent Contract that is to be filled out completely and turned into you Summer Odyssey Site Director on the first day of the program.

CONTACT INFORMATION

Cody McChristian, Program Director
Lebanon Family YMCA 500 E. Elm
Lebanon, MO 65536
p. 417-588-1177 f. 417-588-1140
cmcchristian@lebanon-ymca.org



Semi-Monthly Electronic Funds Transfer Information

The YMCA is pleased to offer Electronic Funds Transfer for payments for our Summer Odyssey Care Program. To enroll your family in the YMCA's electronic funds transfer system, please complete the authorization form and return to: Childcare Billing at Ozarks Regional YMCA, 417 S. Jefferson Springfield, MO 65806.

DRAFT & PAYMENT DATES—The YMCA will deduct our posted program fee from your bank account on the 1st and 16th day of each month or the next working business day if this falls on a weekend or holiday.

STARTING DATE FOR YOUR FIRST ELECTRONIC FUND TRANSFER—It takes the YMCA two weeks to activate your electronic funds transfer. As a result, it may be necessary for you to prepay for one period of care before your electronic fund transfer begins. If you are registering after the current payment due date, your first draft will include all days attended from the registration start date. Please completely fill out and return the Electronic Funds Transfer Authorization Form.

CANCELLATION & CHANGES—The YMCA needs two weeks (14 days) written notice before the electronic funds transfer date to alter or cancel your scheduled funds transfer. Any program changes that affect our monthly fees also require 14 days notice in writing. Changes and cancellations cannot be made by telephone. If we do not hear from you in time to cancel or change your electronic funds transfer, the subsequent payment will be non-refundable. The YMCA will notify you in advance if any increase in your monthly electronic funds transfer is necessary due to program changes or fee increases.

Online Payments

Make Summer Odyssey payments online at orymca.org. Just click on the "child care payment" button and follow the directions from there. You will need your child's member ID# [found on your bill] and your child's preset password; see example below.
EXAMPLE: John Doe born 02/01/1968
CORRECT PASSWORD FORMAT: JD020168

Semi-Monthly electronic funds transfer authorization

I authorize my financial institution to honor pre-authorized debit entries initiated by the YMCA on my account for child care payments. It is understood that my child care electronic funds transfer will end 14 days after written notification has been received by the YMCA. When my financial institution honors the electronic funds transfer by debiting my account, such transaction constitutes my receipt for payment. Should any electronic funds transfer not be honored by said financial institution when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus service fee. Such Non Sufficient Funds (NSF) fees will be the maximum amount allowed by law, will include any applicable taxes, and will be electronically debited from my account. If at any time there is a charge, deletion, or cancellation of my child care program, it is to be submitted in writing to the YMCA branch where the child care is provided 14 days prior to the day the electronic funds are to be debited to my account. Failure to do so may make the subsequent transfer non-refundable. Changes or cancellations cannot be made by telephone. The YMCA will notify me, in advance, of any increase in my monthly child care amount. A voided check or credit card number with expiration date and signature is required with all electronic funds transfer applications.

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U. S. law. Electronic fund transfer is to be debited to my (initial one type of account.)

Checking Savings Credit Card

The electronic funds transfer will occur on the first & 16th of each month or the next working business day if this falls on a weekend or holiday in advance of the period of child care.

Child(ren)'s Name(s) _____

Name on Account _____

Credit Billing Address _____

Credit Card # _____ Security Code _____

Signature of Account Holder _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE STAPLE A VOIDED CHECK FROM THE APPROPRIATE BANK ACCOUNT OR A COPY OF YOUR CREDIT CARD WITH THE EXPIRATION DATE.

YMCA Financial Assistance Information & Application

Our goal is to provide financial assistance for those who need help with the cost of child care. A matching tuition grant (half price) is available to all qualifying students who participate in any of the Ozarks Regional YMCA School Age Child Care Programs. To be eligible for financial assistance, all of the following requirements must be met:

1. Meet income guidelines.
2. Full-Time working parent/guardian(s).
3. Full-Time program participant.

The following, _____ will participate in the Ozarks Regional YMCA School Age Summer Program at _____ school. I would like to apply for the "Matching Tuition Scholarship" and agree to pay one half the cost of full time child care semi-monthly if accepted.

Parent #1 info:

Parent's Signature _____

Print Parent's Name _____

Place of Employment _____

Work Phone Number _____

Parent #2 info:

Parent's Signature _____

Print Parent's Name _____

Place of Employment _____

Work Phone Number _____

Please attach the 2 most recent paystubs for all adults in the home showing full time employment (minimum of 35 hours a week). We will need school schedule if fulltime student (Minimum 9 hours if Graduate student-12 hours if Undergraduate student).

Tuition Financial Assistance made available by the following:

United Way of the Ozarks,
Ozarks Regional YMCA-
Strong Kids Financial Assistance Program