



# AUTHORIZATION FORM

Please check off the dates below your child(ren) will be attending.

Select Week: Week of 3/30 \_\_\_ Week of 4/06 \_\_\_ Week of 4/13 \_\_\_ Week of 4/20 \_\_\_ Week of 4/27 \_\_\_

Circle Days: M T W T H F M T W T H F M T W T H F M T W T H F M T W T H F

Our Program hours are 7:00am-6:00pm. What time will you be utilizing the program \_\_\_ AM to \_\_\_ PM  
\$250 per week or \$185 for 3 days a week

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

Location of Child Care (please circle): FLORIDA MIDDLETOWN MINISINK

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Please initial the following:

\_\_\_\_\_ I understand that I will be charged at a weekly rate of \$185.00 for part time care (2-3 days per week) or a weekly rate of \$250.00 for full time care (4-5 days per week) for each week my child attends the program, with a 10% discount for any additional child in my family.

\_\_\_\_\_ I hereby enroll my child in the above YMCA of Middletown program. In signing this application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representative's full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. 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 and/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 when necessary.

\_\_\_\_\_ I authorize the YMCA of Middletown to take payment for emergency child care services. I understand that payments must be made at the time of registration by cash, credit, or money order only. Checks cannot be accepted.

\_\_\_\_\_ I have received the information sheet attached to this packet and agree to all terms listed.

### AUTOMATIC PAYMENT AUTHORIZATION

Parent/Guardian First & Last Name (Please print) \_\_\_\_\_

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

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

VISA

AMERICAN EXPRESS

MASTERCARD

DISCOVER

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

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

\_\_\_\_\_ Cardholder's Name

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