

Child's Name \_\_\_\_\_ School \_\_\_\_\_

**ED & RUTH LEHMAN YMCA**

950 Lashley St., Longmont, CO 80504

Youth Development Director: Giselle Lehmann

[glehmann@longmontymca.org](mailto:glehmann@longmontymca.org)

720-652-4731

Please charge my authorized autodraft account.

My payment is attached.

I have a scholarship: % \_\_\_\_\_  I have CCAP

| LOCATIONS:  |           |      |  |
|-------------|-----------|------|--|
| SVVSD       | IMAGINE   | TPCA |  |
| ASPEN RIDGE | ALL SITES |      |  |

**Daily Rates**

| Program           | Minimum 1-week notice |              |                            | Minimum 24-hour notice |              |                            |
|-------------------|-----------------------|--------------|----------------------------|------------------------|--------------|----------------------------|
|                   | Fee                   | Y Member Fee | Consistent B&A Participant | Fee                    | Y Member Fee | Consistent B&A Participant |
| Out of School Day | \$38                  | \$35         | \$20                       | \$43                   | \$43         | \$43                       |
| Late Start        | \$12                  | \$10         | \$8                        | \$16                   | \$16         | \$16                       |
| Early Release     | \$20                  | \$17         | \$10                       | \$25                   | \$25         | \$25                       |

**PLEASE CIRCLE THE DATES YOUR CHILD WILL BE ATTENDING**

Out of School  
  Late Start  
  Early Release  
  B&A Program Closed

**AUGUST 2011**

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |    |    |    |

**SEPTEMBER 2011**

| S  | M            | T  | W  | T  | F  | S  |
|----|--------------|----|----|----|----|----|
|    |              |    |    | 1  | 2  | 3  |
| 4  | <del>5</del> | 6  | ☆  | 8  | 9  | 10 |
| 11 | 12           | 13 | 14 | 15 | 16 | 17 |
| 18 | 19           | 20 | 21 | 22 | 23 | 24 |
| 25 | 26           | 27 | 28 | 29 | 30 |    |

**OCTOBER 2011**

| S  | M  | T  | W  | T  | F             | S  |
|----|----|----|----|----|---------------|----|
|    | 3  | 4  | ☆  | 6  | 7             | 8  |
| 9  | 10 | 11 | 12 | 13 | <del>14</del> | 15 |
| 16 | 17 | 18 | 19 | 20 | 21            | 22 |
| 23 | 24 | 25 | 26 | 27 | 28            | 29 |
| 30 | 31 |    |    |    |               |    |

**NOVEMBER 2011**

| S  | M             | T             | W             | T             | F             | S  |
|----|---------------|---------------|---------------|---------------|---------------|----|
|    |               | 1             | ☆             | 3             | 4             | 5  |
| 6  | 7             | 8             | 9             | 10            | 11            | 12 |
| 13 | 14            | 15            | 16            | 17            | 18            | 19 |
| 20 | <del>21</del> | <del>22</del> | <del>23</del> | <del>24</del> | <del>25</del> | 26 |
| 27 | 28            | 29            | 30            |               |               |    |

**DECEMBER 2011**

| S  | M             | T             | W             | T             | F             | S  |
|----|---------------|---------------|---------------|---------------|---------------|----|
|    |               |               |               | 1             | 2             | 3  |
| 4  | 5             | 6             | ☆             | 8             | 9             | 10 |
| 11 | 12            | 13            | 14            | 15            | 16            | 17 |
| 18 | <del>19</del> | <del>20</del> | <del>21</del> | <del>22</del> | <del>23</del> | 24 |
| 25 | <del>26</del> | <del>27</del> | <del>28</del> | <del>29</del> | <del>30</del> | 31 |

**JANUARY 2012**

| S  | M             | T            | W  | T  | F  | S  |
|----|---------------|--------------|----|----|----|----|
| 1  | <del>2</del>  | <del>3</del> | 4  | 5  | 6  | 7  |
| 8  | 9             | 10           | 11 | 12 | 13 | 14 |
| 15 | <del>16</del> | 17           | 18 | 19 | 20 | 21 |
| 22 | 23            | 24           | 25 | 26 | 27 | 28 |
| 29 | 30            | 31           |    |    |    |    |

**FEBRUARY 2012**

| S  | M             | T             | W  | T  | F  | S  |
|----|---------------|---------------|----|----|----|----|
|    |               |               | ☆  | 2  | 3  | 4  |
| 5  | 6             | 7             | 8  | 9  | 10 | 11 |
| 12 | 13            | 14            | 15 | 16 | 17 | 18 |
| 19 | <del>20</del> | <del>21</del> | 22 | 23 | 24 | 25 |
| 26 | 27            | 28            | 29 |    |    |    |

**MARCH 2012**

| S  | M             | T             | W             | T             | F             | S  |
|----|---------------|---------------|---------------|---------------|---------------|----|
|    |               |               |               | 1             | 2             | 3  |
| 4  | 5             | 6             | ☆             | 8             | 9             | 10 |
| 11 | 12            | 13            | 14            | 15            | 16            | 17 |
| 18 | 19            | 20            | 21            | 22            | 23            | 24 |
| 25 | <del>26</del> | <del>27</del> | <del>28</del> | <del>29</del> | <del>30</del> | 31 |

**APRIL 2012**

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | ☆  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 |    |    |    |    |    |

**MAY 2012**

| S  | M             | T             | W             | T             | F             | S  |
|----|---------------|---------------|---------------|---------------|---------------|----|
|    |               | 1             | ☆             | 3             | 4             | 5  |
| 6  | 7             | 8             | 9             | 10            | 11            | 12 |
| 13 | 14            | 15            | 16            | 17            | 18            | 19 |
| 20 | 21            | 22            | 23            | 24            | <del>25</del> | 26 |
| 27 | <del>28</del> | <del>29</del> | <del>30</del> | <del>31</del> |               |    |

Notes/Clarifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_



# Out of School, Late Start, Early Release Registration Form

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Child Information

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
**Child's Gender**  Male  Female **Grade** \_\_\_\_\_ **School** \_\_\_\_\_  
**Child Lives with:**  Both Parents  Mother  Father  Other: \_\_\_\_\_

## Parent Information

|   |   |
|---|---|
| <b>Mother's Name</b> _____              | <b>Father's Name</b> _____              |
| Birthdate _____                         | Birthdate _____                         |
| Full Address _____ City _____ Zip _____ | Full Address _____ City _____ Zip _____ |
| Home Phone _____                        | Home Phone _____                        |
| Cell Phone _____                        | Cell Phone _____                        |
| Work Phone _____                        | Work Phone _____                        |
| E-mail _____                            | E-mail _____                            |
| Employer _____                          | Employer _____                          |
| Employer Address _____                  | Employer Address _____                  |

## Authorized & Emergency Pick-Up

The following people (must be 18 years or older) have my permission to sign my child out of the YMCA Program and may also be contacted in case of an emergency. Parents will *always* be called first in an emergency.

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_

**Special instructions for staff** for my child (medical, ehavioral, or other): \_\_\_\_\_

## Authorizations

**Insurance** It is the responsibility of every individual, or their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The Ed & Ruth Lehman YMCA does not provide any accident or health coverage for its participants.

**Medical Treatment** I hereby give permission for my child to be given CPR and First Aid treatment, including application of baking soda for bee stings and sunscreen to prevent sunburn, by a qualified staff member of the YMCA. I also give permission for my child to be transported by ambulance to an emergency center for treatment. In the event I cannot be contacted, I further consent to the needed medical, surgical and hospital care treatment, and procedures to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed necessary or advisable by the physician to safeguard my child's health.

**Participation** I give permission for my child to participate in activities, swimming, field trips, and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

**Payment** \*If I have CCAP or a Scholarship, I am responsible for full payment until the CCAP or Scholarship paperwork is completed and validated by Childcare Billing. I must disenroll from the YMCA if I will no longer be attending to prevent being charged full price.

\*I agree to pay prior to care. If not, a late fee will be added and my child may lose his/her spot in the program. I am financially responsible for full payment for days I have registered even if my child does not attend.

\*I understand that 1-week written notice using the "Schedule Change Form" is required for refunds or cancellations. Refunds are not given for days cancelled due to inclement weather.

\*\*In the even of default, I agree to pay, whether or not legal proceedings are instituted, a reasonable COLLECTION FEE which shall be 35% of the principal balance for any debt incurred hereunder and to pay all reasonable cost of collection including but not limited to ATTORNEY FEES as a result of my default. I also agree to pay interest at the rate of 12% per annum on any balance of mine not paid within three months.

## Signature (Required)

Responsible Party Name (please print): \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ *required* Date: \_\_\_\_\_ *required*