GREATER WICHITA YMCA EARLY LEARNING CENTER (ELC) 2019-2020 REGISTRATION/ENROLLMENT FORM

IMPORTANT REGISTRATION/ENROLLMENT NOTES
A. $85 ENROLLMENT FEE, FIRST WEEK OF STATED WEEKLY FEES, and COMPLETED REGISTRATION FORM is required no less than seven (7) days prior to anticipated start date.
B. ALL enrollment forms, including CACFP (food program) enrollment and Greater Wichita YMCA payment agreement must be complete and submitted to the appropriate ELC Program Director by 5PM Monday one full week prior to your desired/anticipated start date. Incomplete forms will not be accepted and will delay consideration/start date.
C. Families that have been awarded Greater Wichita YMCA Income-Based Financial Assistance (IBFA) must provide a copy of the award letter (email) to the director before discount can be applied.
D. You MUST complete this form, separately and in its entirety, for each child you wish to register/enroll.

I have been awarded Greater Wichita YMCA Child Care and Camp Branch Income-Based Financial Assistance (IBFA)* at a RATE REDUCTION of ____%.

<table>
<thead>
<tr>
<th>PAYMENT DUE AT ENROLLMENT/REGISTRATION</th>
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<tbody>
<tr>
<td>ANNUAL ENROLLMENT FEE ($85/Child/Year fee is NON-REFUNDABLE and NON-TRANSFERABLE)</td>
</tr>
<tr>
<td>WEEKLY FEE / TUITION (ONGOING Fees Payable by Cash, Check/Money Order, Credit/Debit Card, or AutoDraft)</td>
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<tr>
<td>TOTAL INITIAL PAYMENT (ENROLLMENT FEE + FIRST WEEK’S FEES / TUITION)</td>
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**OFFICE USE ONLY**
PARTICIPANT NAME ____________________________
ID# ____________________________
ELC SITE FOR ENROLLMENT ____________
DR. JIM FARHA ANDOVER YMCA ELC
EAST YMCA ELC
RICHARD A. DEVORE SOUTH YMCA ELC
INITIAL PAYMENT MADE YES NO
Cash Check/Money Order (# ______)

FIND MORE INFORMATION, ENROLLMENT FORMS, AND MORE AT YMCAWICHITA.ORG/ELC

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**TERMS OF AGREEMENT**

Your signature confirms your agreement with the following:

1. I/We understand that a minimum **$10** late pick-up fee will be charged for each child picked up after the scheduled ELC closing time, and an additional **$1 per minute** fee will be assessed after the first ten minutes. All outstanding balances, including late fees, must be paid in full before a participant may return to the ELC. If a child is not picked up by 7PM and no attempt has been made by the parent/guardian to contact ELC program staff, Greater Wichita YMCA (YMCA) policy requires the notification of program site supervisors as well as police and/or child protective services (9-1-1). Chronic late pick-up is grounds for suspension or dismissal from ELC services.

2. I/We understand that, per KDHE regulations, a child cannot attend an ELC for more than ten (10) hours/day.

3. I/We understand that written notice of intent to exit the program must be given to the ELC Program Director a MINIMUM OF TWO WEEKS IN ADVANCE. If adequate notice is not given, I/We understand that two weeks of full payment will be billed to my/our account even though my/our child is not in attendance. If I/We choose to return to the program, I/We understand availability is not guaranteed.

4. I/We below signed person/parent(s) having legal custody/legal guardianship of said minor, give permission for said minor to attend any Greater Wichita YMCA program activities supervised by authorized ELC and/or Greater Wichita YMCA staff. Said minor is physically able and mentally prepared to participate in all activities, including nutrition and wellness curriculum.

5. I/We release the Greater Wichita YMCA and its staff from all claims of injury which may be sustained by the enrolled child while participating in any Greater Wichita YMCA-sponsored activity, whether caused by the negligence of the Greater Wichita YMCA or otherwise. If medical attention is required, I give my permission for such medical care.

6. I/We do hereby grant permission for photos and/or videos of my/our child to be used by the Greater Wichita YMCA for promotional purposes. I/We understand that I/We will receive no compensation for such use.

7. I/We understand fully and will abide by the Greater Wichita YMCA’s policy concerning drop-off and pick-up of children. I/We shall be prepared DAILY to present photo ID to on-site staff to determine my/our identity as authorized persons to pick up my/our child. Further, I/We shall inform others who are authorized to call for my/our child to present photo ID when picking up my/our child.

8. I/We understand that in the event of withdrawal from the ELC program, my/our participant’s records are available upon request.

9. I/We have read and understand the Greater Wichita YMCA ELC Program Parent Information and all ELC program policies and procedures set forth by the Greater Wichita YMCA. I/We shall abide by said policies/procedures. I/We support the Greater Wichita YMCA in its enforcement of these policies/procedures. I/We understand that the Greater Wichita YMCA reserves the right to dismiss any participant who fails to adhere to Greater Wichita YMCA ELC policies/procedures.

10. I/We agree to pay the first week of the stated weekly fees prior to enrollment and will pay the above stated weekly rates for weekly services by **10PM Monday** on the week prior to paid services for the entirety of my/our child’s enrollment in the ELC program.

**SIGNATURE**

(Parent, Legal Guardian, Legal Custodian)  

/ / 

**DATE**

**IMPORTANT:** Retain a copy of this enrollment form and receipt of payment. Weekly fees are based on the above schedule. Fees will not be prorated for absences, in-service days, or unscheduled closures. Find full list of policies, billing information, payment methods and more at ymcawichita.org/elc.

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**FOR OFFICE USE ONLY**

**DATE RECEIVED**  / /  

**TIME RECEIVED**  / / AM / PM  

**STAFF INITIALS:**

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**SPECIAL INSTRUCTIONS**

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**STAFF SIGNATURE**  / / 

**OFFICE USE ONLY**

**PARTICIPANT NAME**  

**ID#**

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**UNAUTHORIZED CONTACTS / PICK-UP**

Please list any individuals that are NOT allowed access to site/participants including pick-up. Note that legal documentation may be required for some restrictions. See Site Director for details.

**FIRST AND LAST NAME**

**RELATIONSHIP TO PARTICIPANT**

**PHONE#**

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**ELC WEEKLY FEE AUTODRAFT PLAN**

The (stated) ELC weekly fee amount indicated above will be automatically deducted (drafted) from/charged to my (check one) as part of an ongoing, continuous payment plan.

☐ **BANK ACCOUNT** (Checking, Savings)  

☐ **CARD** (Credit, Debit)

This AutoDraft payment plan is a continuous program.

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**STATEMENTS OF UNDERSTANDING**

**I UNDERSTAND THAT:**

- If I wish to exit the ELC program and/or discontinue the agreed weekly draft amount before the program’s end date (above), I must notify the Greater Wichita YMCA IN WRITING (CHILD CARE@YMCAWICHITA.ORG)

- **TWO (2) WEEKS PRIOR TO THE FINAL DRAFT.**

- **EFFECTIVE JUNE 1, 2019** - Weekly payment of the agreed amount, is due by 10PM on the Monday of the week prior to paid services.

- Any/all late payment will result in a **$10** fee.

- Any/all returned/payment refusal checks or drafts will carry a **$20** fee.

- Should any transfer/AutoDraft not be honored by my provided financial institution/card issuer for any reason I am responsible for that payment PLUS any/all applicable service fees assessed.

- Children will be denied access to ELC sites/services until any/all balance(s) due are paid.

- Consistent or ongoing late payment or payment issues may result in a required alternative payment method or schedule or suspension or termination of ELC services.

- ELC rates are subject to change and I will be notified, in writing, prior to fee adjustments.

- It is my responsibility to notify the Greater Wichita YMCA of any changes to my above-provided payment method prior to the next weekly AutoDraft of fees.

- It is my responsibility to notify the Greater Wichita YMCA of any changes to my address, phone number, email address, or other provided contact information.

- My Credit card information may be updated with ‘Account Updater Services’ offered by Card Networks.

- The voided check provided with this enrollment form, if applicable, is for information purposes only.

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**PARENT/GUARDIAN/CUSTODIAN INITIALS:**

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**RELATIONSHIP (CHECK ONE):**

_ Parent  _ Legal Guardian  _ Legal Custodian

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