



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only

Participant #: _____
Date Received: / / By: _____

BEFORE & AFTER SCHOOL REVISION FORM

YMCA of Florida's First Coast

PLEASE NOTE: Only the individual whose signature appears on the original registration form is authorized to make changes to the registration.

Child's First & Last Name _____ BAS Site _____
Parent/Guardian's First & Last Name _____ Phone Number _____

PROGRAM CHANGE:

From _____ to _____ Effective date of change ____/____/____

Example (from am care to am/pm care Effective date of change 4/21/2014)

All program changes will begin on the Monday of the week of change. No prorated weeks.

ADDENDUM TO AUTHORIZED PICK UP:

Authorization is granted to add the following adult(s) to the Emergency Contact and Authorized Pick-Up List for the above child.

Name of Adult _____ Phone # _____ Relationship _____

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LATE PICK UP:

Failure to pick up child by 6:00pm will result in a late fee (per child) of \$1.00 for every minute thereafter.

Date ____/____/____ Pick-up Time _____ Amount Due: \$ _____

Signature of person picking child up _____ Date ____/____/____

NON-ATTENDANCE REQUEST:

Week Requested (dates) _____

When submitted one week in advance with written notice, the YMCA Before and After School allows you two (2), one-week sessions of non-attendance at no charge. No partial weeks can be applied to this time off policy.

PROGRAM CANCELLATION:

Effective date ____/____/____ (Cancellations require a 2-week written notice)

Reason for cancellation of program _____

DROP-IN:

Drop-in is based on space availability. Sites must maintain current approved staff/child ratios. **Registration Form MUST be completed and processed prior to any Drop-In Service provided. Payment must be paid in advance of attendance.** *Extended day/early release for AM only will be considered PM drop-in.*

Date Attending: ____/____/____ Program (please circle): AM Care, PM Care, AM/PM Care

Payment Received (Amount) \$ _____

Site Director acknowledges that Registration Form has been processed and is on file at site and that staff student ratios have been maintained. (Site Director's signature) _____

Member Signature: _____ Date: ____/____/____



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Child's First & Last Name _____ BAS Site _____
Parent/Guardian's First & Last Name _____ Phone Number _____

CHANGE: Address Phone Email

Street Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

PAYMENT HISTORY REQUEST:
Dates: ____/____/____ - ____/____/____ Program(s) _____
Email or fax # for delivery _____

TAX STATEMENT REQUEST:
Year: _____ Program(s) _____
Email or fax # for delivery _____

OTHER CORRESPONDENCE:

METHOD OF PAYMENT:
EFT Authorization I hereby authorize the YMCA to initiate debits on my account with the bank indicated on the attached voided check or on my current credit card/bank account set up for membership for above mentioned program payment(s). It is understood that my EFT for the above mentioned program is to remain in effect until the YMCA has received 30 days written notice from me for the termination of this agreement. Should my program and this agreement be terminated by the YMCA, the bank, or me I agree to return all applicable YMCA items. I understand any draft returned from my bank will be automatically redrafted on a future date with a service charge.

Checking Savings
Note: If using a checking or savings account, please include a voided check

VISA MasterCard
Last 4 Digits of Card # _____ Expiration Date ____/____/____
Note: Full card #s must be entered prior to the draft beginning. Please call or stop by the branch of your choice to complete this task. For your safety, full credit card information should never be written down

Signature of Account Holder: _____ Date ____/____/____

Member Signature: _____ Date ____/____/____