

First Name: _____ Last Name _____

D.O.B. _____ Age: _____

Program days reserved:

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

Parent / Guardian # 1 Information

Name: _____

Address _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Employer: _____

Employment #: _____

Parent / Guardian # 2 Information

Name: _____

Address: _____

City / State / Zip code: _____

Telephone #: _____

Mobile #: _____

Employer: _____

Employment #: _____

Emergency Contact Information

Name: _____ Relationship to participant _____

Telephone #: _____ Mobile #: _____

School Information

School Name: _____ Grade: _____ Telephone #: _____

[] Yes my child will need transportation from the White Plains Bus Company to the Kids' Connection program. (Please see enclosed application). Please be sure to include a copy of the transportation form with the registration packet.

[] No, I have other arrangements for my child to arrive at the Kids' Connection program from the White Plains School District.

Pick up Authorization

Please fill out all the information requested below. The YWCA will only allow authorized individuals (18) years or older to pick up your child. Prior written consent and proper I.D. is required if any other individual will pick up your child from Kids' Connection that is not indicated on this form.

The following individuals are authorized to pick up my child:

1. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

2. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

3. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

4. Name: _____ Relationship to participant: _____

Telephone #: _____ Mobile #: _____

Parent / Guardian Signature: _____

Date: _____

This contract serves as a contractual agreement with the YWCA Kids' Connection Program. Please provide your initials indicating that you are consenting to the agreement.

_____ I understand that I am registering for the entire program year with Kids' Connection from [September 2009 through June 2010] (the "Program Year")

_____ I understand that a **\$200.00** non-refundable registration fee is due to secure my child's space along with a membership fee of **\$50.00**.

_____ I understand that payments are due in eight monthly installments on or before the first day of each month beginning September 2008 through April of 2009.

_____ I understand that the YWCA **DOES NOT** send out monthly invoices. Without prior notification, after one full week of a grace period, I will be charged a **\$15.00 late fee** for each week that the tuition for the month remains past due.

_____ I understand that **NO REFUNDS** are given for membership fees or registration fees.

_____ I understand that **NO REFUND, CREDIT, OR DISCOUNT** is allowed for absence due to illness, holidays, changes in the school year calendar, vacations taken by families, inclement weather closing, or any other circumstances.

_____ I understand that if I withdraw my child on or before December 31, 2009, I am still **RESPONSIBLE FOR THE TUITION** until this date. (A child may be withdrawn for the 2009 portion of the program year without charge, provided that prior notification has been given to the Kids' Connection Director on or before December 1, 2009 and the vacancy is filled).

_____ I understand that if I pay by credit card, monthly payments will be charged to my card automatically on the first (1st) of each month. (Please fill out the information below).

_____ I understand that Vacation days / Half days are not included with these payments.

_____ I understand that by signing this document, I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the YWCA Kids' Connection Program, to the greatest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Kids' Connection Director in writing.

FEES FOR KIDS' CONNECTION

3 Days Monthly	3 Days Yearly	4 Days Monthly	4 Days Yearly	5 Days Monthly	5 Days Yearly
\$210.00	\$1880.00	\$297.50	\$2580.00	\$335.00	\$2880.00

TRANSPORTATION FEES

(For participants arriving from outside of the White Plains School District **ONLY**)

3 Days Monthly	3 Days Yearly	4 Days Monthly	4 Days Yearly	5 Days Monthly	5 Days Yearly
\$86.00	\$688.00	\$113.00	\$904.00	\$140.00	\$1120.00

Name of card holder _____ Visa / MasterCard
(please circle one)

Card # _____ Exp. Date _____

Please charge the \$200 registration fee, \$50 membership fee, & monthly payments on the 1st of every month

Please charge the \$200 registration fee and the \$50 membership fee **ONLY**

Signature: _____ Date ____/____/____

YWCA Release/Hold Harmless Policy

I (Guardian's Name) _____, represent and certify that I am at least 18 years of age, am the legal Guardian of (Child's Name) _____. I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the Kids' Connection program, to the greatest extent allowed by law.

By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Kids' Connection Director in writing.

Signature: _____ Date: _____

Photography Release Policy

I further grant permission to the YWCA of White Plains & Central Westchester to use photographs of my child taken at the Kids' Connection program for publicity purposes.

By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any photograph, I understand that I must notify the Kids' Connection Director in writing.

Signature: _____ Date: _____

Emergency Treatment Consent

In the event of an emergency, I _____ the parent of _____ give permission for immediate first aid to be administered by a qualified member of the YWCA staff or other authorized personnel. If the situation should require medical attention, the YWCA staff will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The Kids' Connection Director or another staff member will call the designated physician and / or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives.

When a Kids' Connection participant becomes ill / injured and does not require emergency care, he/she will be monitored by the medical staff. Parents will be notified and the child will be dismissed to parental care.

I have read and understood this policy of the YWCA of White Plains and Central Westchester.

Parent / Guardian's Signature: _____ Date: _____

Participant's Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Participant's Dentist: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____