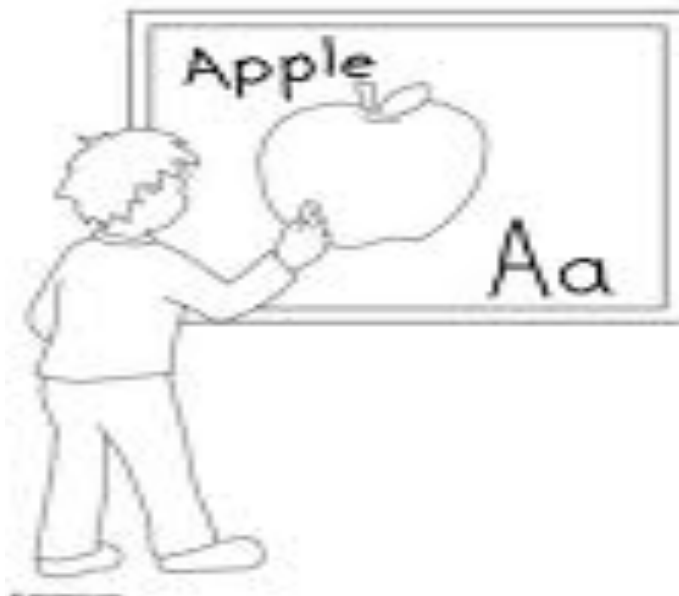


Buchanan YMCA



John Muir Elementary School

380 Webster Street

San Francisco, CA 94117

Program Contact: Maysha Jackson

415-749-2714 ~ mjackson@ymcasf.org

AM Care Program 2011 - 2012

August 15, 2011 - May 25, 2012

7:00am - 8:40am

Before Care for Children K - 5th Grades



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

What grade will your child be entering in the Fall? _____ Anticipated program start date _____

REGISTRATION DESC.	DAYS	FEES	COST
AM Care			
3-5 days AM Care	Monday-Friday	\$300 Year	\$ _____
		Subtotal	\$ _____

DEPOSIT

Deposits are due within 48 hours of enrollment. Deposit not required for subsidy recipients (Children's Council).

\$75 Deposit = \$ _____

PAYMENT

\$300 AM Care payment can be paid in 2-installments.

Payment 1 is due on September 2, 2011

Payment 2 is due in January 9, 2012

Strong Communities Campaign

The demand in our community for the programs and services that Buchanan YMCA provides has grown significantly, and continues to rise. Thanks to the generosity of donors, we have been able to respond to these needs and are working to preserve their benefits.

A contribution will directly impact the lives of the youth, teens, seniors and families of our communities.

Your contribution is tax deductible to the extent allowable by law.

I would like to send a child to afterschool.
I would like to make a Campaign donation.=
Total \$ _____

CREDIT CARD PAYMENT INFORMATION

Credit Card Number _____

Exp. ____/____

Signature _____

SUBSIDY OR THIRD PARTY PAYMENT

Name of Agency/Specialist _____

Direct Phone Number of Specialist _____



Strong
Communities
Campaign 

DREAM • INVEST • BUILD

REGISTRATION & MEMBERSHIP INFORMATION

Received by _____ Date _____ Time _____

Member # _____ Exp _____

Reg'd by/date _____ Date of admission _____

Date child left program _____

Registration Form

Child's Name _____ Female _____ Male _____

Birth date _____ Age in the Fall _____ School _____ Grade entering in the Fall _____

Membership Information (circle one) Program Member (\$50 annually) Family Facility Member (YMCA ID# _____)

Family Information

1. Parent/Guardian's Name _____ Home phone _____

Cell _____

Address _____ City _____

Zip Code _____

Employer _____ Work Phone _____

Email _____

2. Parent/Guardian's Name _____ Home phone _____

Cell _____

Address _____ City _____

Zip Code _____

Employer _____ Work Phone _____

Email _____

3. Name of Person Responsible for Child _____

Home phone _____ Cell _____

Address _____ City _____

Zip Code _____

Employer _____ Work Phone _____

Email _____

Emergency Care Information *(Physician or Dentist To Be Called in an Emergency)*

1. Name of child's doctor _____ Contact phone _____

_____ Address _____ City _____

_____ Zip Code _____

2. Name of child's dentist _____

Contact phone _____

Address _____ City _____

Zip Code _____

3. Hospital preference _____

Contact phone _____

Insurance company _____

Insurance policy number _____

If physician cannot be reached, what action should be taken?

Call Emergency

Other Explain:

Hospital _____

Are there any other allergy, fears, disability or other special needs that the program staff should know about?

The Buchanan YMCA invites children with cognitive, affective, social and/or physical disabilities to participate in inclusive settings at our programs. Inclusion is made possible through individualized support systems. Would you like to be contacted by a specialist? (initial here) _____

Emergency Contacts & Persons Authorized to Pick-up Child

Minimum of two emergency contacts other than parents/guardian required. Names of persons authorized to take child from the facility (child will not be allowed to leave with any other person without written authorization from parent or authorized representative). Names of additional persons who may be called in an emergency.

1. Name _____ Relationship _____
Home Phone _____ Work phone _____
Cell _____

2. Name _____ Relationship _____
Home Phone _____ Work phone _____
Cell _____

3. Name _____ Relationship _____
Home Phone _____ Work phone _____
Cell _____

Signature of Parent or Authorized Representative & Date
