

Contract Highlights

➤ **Documentation required for all new enrollees before starting:**

- Birth Certificate
- Current immunization records – Must be signed or stamped by the doctor's office
- Copy of your child's latest physical

➤ **New policy for adding or dropping a week during the Summer:**

You must submit your added or dropped weeks via email to cancel@altavistaymca.com

This must be done NO LATER THAN the Wednesday prior to the week involved

****No phone calls or verbal messages will be accepted concerning adds and drops****

➤ **CAMP FEE: \$115.00 FOR 1ST CHILD ENROLLED PER WEEK - \$110.00 FOR EACH ADDITIONAL CHILD ENROLLED PER WEEK *** This fee includes Swimming, Field Trips, Activities and Food.**

➤ **Updated payment information:**

You must check one of the boxes below to indicate the frequency of your payment plan. Your initial payment will include your Non-refundable registration fee plus the weekly fee X your choice of frequency of payment.

Registration fee: \$50 By 05/08/20 \$60 By 05/22/20 \$75 after 05/22/20

Payments: Every week
 Every 2 weeks

****Reg Fee (50/60/75) + (1 or 2 weeks X \$115) for 1st child +**

Reg Fee + (1 or 2 x \$110) for each additional child = Payment required at Registration**

*** 1 Child Paying every week = \$50 + (1 X 115) = \$165**

*** 2 Children Paying every 2 weeks = \$50 + (2 x \$115) + \$50 + (2 X \$110) = \$550**

- Does your child have allergies? (Will they require special _____)
- Does your child require the YMCA to administer Medication, Inhaler or EpiPen during the day or for emergencies?
- Does your child receive assistance from Social Services for their childcare payment?
- If you answer yes to any or all these questions, you will receive additional forms to fill out during registration. These forms must be turned in before the child can start!***

➤ **NOTE:**

- No open toe shoes are allowed during Summer Camp.
- Check the information board weekly for event/announcements.
- Pack a lunch on Field Trip days
- Field Trip shirts must be worn on Field Trip days
- No crop tops allowed

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date Signed _____

PITTSYLVANIA COUNTY

START DATE: _____ (Office Use Only)

SHIRT SIZE: _____

Social Services: Y/N

ALTAVISTA AREA YMCA FAMILY CENTER
CONTRACT FOR SCHOOL AGE FOR SUMMER CAMP 2020

MUST COMPLETE ONE CONTRACT PER CHILD

Date Contract Signed: _____

Parent/Person Responsible for Payment: _____

Child's Full Name: (first & last) _____

**(PLEASE CIRCLE SITE
CHILD WILL ATTEND)**

Altavista YMCA

Gretna Elementary

Registration fee for each child****\$50.00 if received by 5/8/20. ****\$60.00 if received by 5/22/20
****\$75 if received after 5/22/20. REGISTRATION FEE INCLUDES CAMP T-SHIRT

**ALL ABOVE BLANKS MUST BE COMPLETED OR THE CONTRACT WILL BE RETURNED AND A SPACE WILL NOT BE HELD
FOR YOUR CHILD UNTIL RECEIVED BACK.**

**CAMP FEE: \$115.00 FOR 1ST CHILD ENROLLED PER WEEK
\$110.00 FOR EACH ADDITIONAL CHILD ENROLLED PER WEEK**

ALL SCHOOL ACCOUNTS MUST HAVE A ZERO BALANCE BEFORE STARTING THE SUMMER CAMP PROGRAM

PLEASE CIRCLE EACH WEEK THAT THE CHILD WILL ATTEND:

**(Your account will be charged for each week circled whether the child attends or not, unless canceled per our
cancellation policy stated on the reverse side of this contract.)**

MAY 25-29
(Closed May 25th)

JUNE 15-19

JULY 6-10

JULY 27 -31

JUNE 1-5

JUNE 22-26

JULY 13-17

AUG 3-7

JUNE 8-12

JUNE 29-JULY 3
(Closed July 3RD)

JULY 20-24

ALL ACCOUNTS MUST BE PAID IN ADVANCE - NO EXCEPTIONS.

PAYMENT

- **A NON-REFUNDABLE** registration fee: \$50.00 by 5/08/20, \$60.00 by 5/22/20 or \$75 if received after 5/22/20 is required along with the first payment. Space will not be reserved until paid. The undersigned party agrees to pay the Altavista Area YMCA \$_____ per week for every week in which the child is enrolled in camp. No bills will be sent. **Absence from part of the week shall not affect the responsibility for full payment. This agreement requires full payment on each Friday prior to starting on the following Monday OR YOUR CHILD CANNOT START ON MONDAY, unless canceled in writing as stated on the reverse side of this contract.**

- Payments can be made online. You may visit altavistaymca.com – click on childcare tab – click childcare dropdown – register at the bottom of the page. The family center can also set up automatic payments per request. Payment by check, credit card, money order or cash can be made to the FRONT DESK of the Family Center located at 1000 Franklin Ave., Altavista, Va. or you may mail a check or money order to YMCA Child Care 1000 Franklin Ave. Altavista, VA 24517.
- **STAFF CANNOT ACCEPT PAYMENTS AT ANY SCHOOL SITE LOCATION.**
- Returned checks are subject to a service fee of \$25.00. If two checks are returned on the same account, the account must become a “cash, credit or money order” account.
- A LATE FEE of \$1.00 per minute per child is calculated starting at 6:01 PM.
- If the childcare center and county sites are closed for more than two (2) days due to inclement weather in a week, you will not be charged for the days closed. Late payments are subject to a 5% late charge.
- We are aware that you may not know your schedule at this time, but PLEASE CIRCLE all weeks you anticipate needing. If you need to change a week, do so BY WEDNESDAY prior to the week you want to add or delete. You will not be charged for the deleted week. If you do not let us know to cancel a week by the deadline and your child does not attend, you will be responsible for that week. All changes must be emailed to cancel@altavistaymca.com

ENROLLMENT/TERMINATION

SPACE FOR YOUR CHILD WILL NOT BE RESERVED UNTIL THE REGISTRATION FEE IS PAID ALONG WITH THE FIRST PAYMENT.

- The YMCA reserves the right to terminate immediately a child’s enrollment in camp for any act, word or condition of the child or parent causing disruptions, safety concerns or health concerns for the child, other children or employees of the YMCA. You are subject to dismissal if your account is not kept current, after missing 1 WEEK PAYMENT.
- *****THE CHILD’S ENROLLMENT CAN BE CANCELED BY THE UNDERSIGNED RESPONSIBLE PARTY BY GIVING A WRITTEN NOTICE BY 12:00 NOON ON WEDNESDAY PRIOR TO THE WEEK OF CAMP. NOTIFICATION MUST BE EMAILED TO cancel@altavistaymca.com NO PHONE CALLS FOR CANCELLATIONS WILL BE ACCEPTED.

RESPONSIBILITIES

- The parties agree that the Altavista Area YMCA shall not be responsible for medical expenses, incurred by or for the child, not covered by insurance.
- If this account becomes delinquent, the undersigned responsible party shall be responsible for all service charges, expenses, court cost, attorney’s fees or collection agency fees incurred to collect this debt.

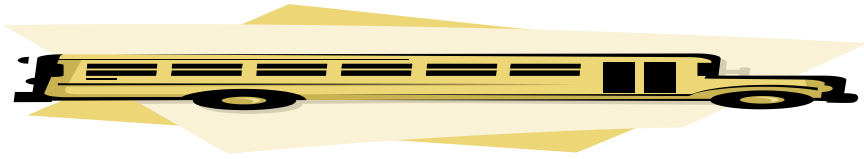
POST OFFICE BOXES ARE NOT ACCEPTABLE ON THIS CONTRACT. ALL INFORMATION HAS TO BE COMPLETED. THE HOME & WORK ADDRESS MUST BE COMPLETELY FILLED OUT WITH THEIR PHYSICAL 911 ADDRESS.

I/WE hereby agree to the terms of this contract.

DO NOT SIGN CONTRACT FOR SPOUSE.

Mother’s Signature: _____
 Mother’s Printed Name _____ Mother’s DOB _____
 Mother’s Physical Home Address: _____ Zip Code _____
 Mother’s Place of Employment and 911 Employment address: _____
 _____ Zip Code _____
 Phone Numbers: Home _____ Work # _____
 Cell # _____ Email address _____

Father’s Signature: _____
 Father’s Printed Name _____ Father’s DOB _____
 Father’s Physical Home Address: _____ Zip Code _____
 Father’s Place of Employment and 911 Employment address: _____
 _____ Zip Code: _____
 Phone Numbers: Home _____ Work # _____
 Cell # _____ Email address _____



FIELD TRIP/EMERGENCY INFORMATION FORM

Child's Name _____

Street Address _____

State _____ **Zip Code** _____

Home Phone _____ **Birth Date** _____

Mother's Name _____

Business & Cell Phone _____

Father's Name _____

Business & Cell Phone _____

Child's Physician _____

Physician's Phone _____

List any allergies or intolerance to food, medication, etc.

In case of allergic reaction what steps do you authorize the YMCA staff to take:

EMERGENCY CONTACTS: (MUST HAVE 2) (DAY TIME CONTACTS)

Name _____ **Relation to child** _____

Home Phone _____ **Business Phone** _____

Name _____ **Relation to child** _____

Home Phone _____ **Business Phone** _____

Parent or Guardian's Signature _____

