

STAFF USE ONLY

Date received: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

# Y-Club

## Membership Form

### 2018-2019 School Year



#### Student Information

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Attending: (circle one) Ballard Eastside Howard-Ellis Northside

List other siblings in the program: \_\_\_\_\_

#### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

#### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

## Additional Emergency Contacts & Pick Ups

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information

Does your child have any medical conditions? \_\_\_\_\_

\_\_\_\_\_

Does your child take any medications? (circle one)      YES      NO

If so, please list \_\_\_\_\_

\_\_\_\_\_

Does your child need any medication administered during Y-Club? (circle one)      YES      NO

If so, please list \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to anything? (circle one)      YES      NO

If so, please list \_\_\_\_\_

\_\_\_\_\_

I certify that the documentation of physical examination and immunizations in accordance with the public schools health requirements are on file at my child's school.

I also agree to keep all information, as it relates to this paperwork, up to date for the safety of my child.

By signing, I hereby release Niles Community Schools and the YMCA of Southwest Michigan, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Please note, no refunds will be given by the YMCA of Southwest Michigan once payment has been processed for Y-Club.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**YMCA of Southwest Michigan  
& Niles Community Schools  
Y-Club Pricing**

**2018-2019 School Year**

Please initial next to the weeks you would like to register for.

**Initial below to sign up  
for all weeks.**

\_\_\_\_\_

Costs are based on \$6 a day with additional costs added for half day care.

<b>Week</b>	<b>Cost</b>	<b>Initials</b>
September 2	\$36	
September 9	\$30	
September 16	\$30	
September 23	\$30	
September 30	\$30	
October 7	\$24	
October 14	\$30	
October 21	\$30	
October 28	\$30	
November 4	\$30	
November 11	\$30	
November 18	\$60	
November 25	\$30	
December 2	\$42	
December 9	\$30	
December 16	\$42	

<b>Week</b>	<b>Cost</b>	<b>Initials</b>
January 6	\$30	
January 13	\$30	
January 20	\$36	
January 27	\$30	
February 3	\$30	
February 10	\$30	
February 17	\$24	
February 24	\$36	
March 3	\$30	
March 10	\$30	
March 17	\$30	
March 24	\$42	
March 31	Spring Break No Y-Club	----- ---
April 7	\$30	
April 14	\$30	
April 21	\$42	
April 28	\$30	
May 5	\$30	
May 12	\$30	
May 19	\$42	
May 26	\$24	
June 2	\$30	
June 9	\$42	