



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENROLLMENT AGREEMENT

Child's Name _____ Gender _____ Date of Birth _____
 Address _____ City _____ Zip _____
 Parent/ Guardian _____
 Home Telephone _____ Cell Phone _____
 Allergies _____ Restrictions _____
 Parent/ Guardian's Name: Mother _____ Father _____
 Marital Status _____ Child living with _____
 Email Address _____
 Email Address _____

Weekly Schedule

Please fill in days/times (start and end) needed:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

START DATE _____

Weekly Tuition Rate

Child One \$ _____ \$ _____
 Child Two \$ _____ 10% discount \$ _____
 Child Three \$ _____ 10% discount \$ _____

TOTAL TUITION DUE WEEKLY \$ _____

I agree:

1. I have received a copy of the Parent Handbook. I have read and agree to all of the policies and procedures outlined in the Parent Handbook.
2. I will sign my child/ren in and out daily.
3. I understand that this agreement may be changed or cancelled with 2 full weeks written notice.
4. I understand that tuition rates may change with 2 full weeks written notice.
5. I agree to pay \$ _____ weekly.
6. I agree to adhere to the YMCA's bank draft policy and understand the payment plan.
7. I am aware that the Center maintains a licensing notebook that contains reports from all licensing inspections, renewal inspections, special investigations, and corrective action plans and I may review this material at any time. In addition, I may find this information on the licensing website at www.michigan.gov.

I am the parent or legal guardian of the child/ren I am enrolling and understand that it is my responsibility to keep all information, authorization, required forms, and health records pertaining to my child/ren, current and up to date.

Parent/ Guardian's Name (please print) _____

Parent/ Guardian's Signature _____ Date _____