



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Remote Learning Days District 27

2020 Registration Form

1 APPLICANT INFORMATION

Child's Name _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

School Attending: _____ Grade: _____

Father's Name: _____ Email: _____ Work Phone: _____

Mother's Name: _____ Email: _____ Work Phone: _____

2 PRICING 2nd, 3rd, 4th, & 5th Grade (8:15 am - 3:15 pm)

_____ Daily Member (\$40/day) _____ Daily Non-Member (\$60/day)

3 REGISTRATION - Circle days attending

| DECEMBER 2020 | | | | |
|---------------|-----|-----|-----|-----|
| MON | TUE | WED | THU | FRI |
| | 1 | 2 | 3 | 4 |
| 7 | 8 | 9 | 10 | 11 |
| 14 | 15 | 16 | 17 | 18 |
| 21 | 22 | 23 | 24 | 25 |
| 28 | 29 | 30 | 31 | |

Yellow - Not in Attendance

*Deadline to register monthly is the Monday before that month begins.

*In order to run program, we will need a minimum of 10 participants.

*Late registrations can be considered on a case by case basis. Please note there will be a \$35 processing fee for each request per child.

4 Total Monthly Cost _____ X \$40 YM OR \$60 NM = _____
of circled days circle cost Total

5 Credit Card Information:

Name on Credit Card: _____
Credit Card Number: _____
Exp Date: _____

6 Waiver of Risk & Release and Policies:

I agree to abide by the facility, program, and membership policies of the NSYMCA at all times while on the premises. I give permission for the above-named participant to be included in photos for publicity purposes. I understand the NSYMCA is not responsible for personal property or personal injury sustained by the participant and I hereby agree to identify and hold harmless the NSYMCA from such losses or injuries. In the event I cannot be reached in an emergency situation involving the above-named participant, I hereby give permission to the program leader to seek medical treatment for the above-named participant. The NSYMCA reserves the right to change or alter any program without notice.

Membership must remain current throughout the entire program period to qualify for member rates. Prices are subject to change. A full refund will be issued if you cancel prior to the registration deadline, or if the NSYMCA cancels program. Refunds will be given by check or NSYMCA credit voucher only. The NSYMCA does not turn anyone away due to inability to pay. If you need assistance, please stop by the Guest Services Desk. Policies are subject to change. By signing below, I acknowledge all of the NSYMCA's Policies.

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. I understand that my participation in NSYMCA programs and/or accessing NSYMCA facilities could increase the risk of contracting COVID-19. The NSYMCA in no way warrants that COVID-19 infection will not occur through participation in NSYMCA programs or accessing NSYMCA facilities.

Signature: _____

Please contact Shannon Cartier at scartier@nsymca.org if you have any questions. Contact Nicole Hatfield at registrar@nsymca.org for registrations.



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Additional Information

1 AUTHORIZED PICK UP

Name

Cell

Name

Cell

Name

Cell

2 ADDITIONAL SUPPORT

YES OR NO

Does your child have an IEP?

Please describe any additional support your child receives at school and/or during the year. (EG speech, behavior therapy, social work, etc.)

3 ALLERGIES:

Does your child have any allergies?

YES OR NO

Does your child need an epipen?

YES OR NO

If yes, please list allergies and attach your action plan:

WHAT TO BRING? Make sure to bring these items everyday.

1. Chromebook or laptop
2. Charger
3. Headphones
4. Lunch
5. Snack - additional snacks available for purchase
6. Water bottle