

**2016-2017 REGISTRATION AGREEMENT  
LEBANON YMCA SCHOOL AGE CHILD CARE PROGRAM**

1. The SACC program will assume full responsibility for my child from the time he/she is signed into the program until dismissal or signed out. The child must be signed in upon arrival and signed out only by an authorized person. The time of arrival and departure must also be noted along with a full signature (first initial and full last name.)
2. I understand my child will not remain in care if not in proper attire (play clothes and sneakers).
3. I understand through this program my child will be offered homework assistance and will be engaged through weekly themes that include art projects, science projects, literacy projects and various community service projects.
4. I agree to inform the SACC staff, in writing, each Tuesday, prior to the week of care if my child will not attend the following week. I will pay for the session for which my child is scheduled, even though he/she may not attend for the entire week due to illness.
5. I agree to inform the staff if my child(ren) will not be following the regularly scheduled contract (i.e. grandparents visiting, doctor/dentist appointment, going to a friend's for the day.)
6. I will return a current Health Appraisal within 1 MONTH of registration, or the child may not attend. THIS MUST BE FILLED OUT BY A PHYSICIAN.
7. I understand that whenever possible I will be notified prior to medical treatment of my child. If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child's behalf.
8. I agree to adhere to the Lebanon YMCA SACC registration policies as outlined in this parent handbook and give my child permission to participate fully in this program.
9. In the event the children in the program are included in any newspaper, videotape, photographs or television publicity, I give my permission for my child to be included in the pictures.
10. I understand that I must pay a \$25, nonrefundable registration fee. I will pay the contracted rate for the first week's tuition, for each child, prior to the week of care. Payment is due each Tuesday, prior to the week of care, by 6 p.m. or additional charges will accrue.
11. If SACC payment is not received at drop off time on Monday, my care will be immediately terminated.
12. I agree to give a two week written notice if leaving the program.
13. I agree to pay a \$10 late-pickup fee per child for 6:01 p.m. (closing time) to 6:15 p.m. and an additional \$20 for every 15 minutes or fraction thereof after 6:16 p.m. according to the facility clock. After 6:30 p.m. proper authorities will be notified.
14. I understand that the YMCA will provide a year-end statement.
15. I understand there may be care offered at another location due to building emergencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's name (please print) \_\_\_\_\_

YMCA  
Personnel \_\_\_\_\_ Date \_\_\_\_\_