



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ANNUAL REGISTRATION AGREEMENT YMCA CHILDREN'S ACADEMY

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

## ATTENDANCE

1. I understand that my enrollment is based on a minimum of two, three, or five days per week. Vacation time will be offered as follows: 5 day enrollment = 10 vacation credits, 3 day enrollment = 6 vacation credits, 2 day enrollment = 4 vacation credits. No payment is due for these days off with at least a minimum of a two-week notice. Vacation time will be prorated the first year depending on the month of enrollment. I understand I am responsible for all other days, including holidays, throughout the school year, regardless of my child's attendance.
2. I understand that if my child needs special accommodations, I must indicate them on the blue Emergency Card.
3. I understand that I must notify the YMCA Children's Academy in the event my child will not attend a scheduled day. Please call prior to 8:00 AM.
4. I understand that I may change my child's schedule by giving two weeks advance written notice to the YMCA Children's Academy. Requests for switching times are on a space available basis. In addition, a two week written notice is required to terminate enrollment. Payment is required during this two week time frame.

## PARENTAL CONSENT

1. I give my permission for my child to appear in any media coverage approved by the YMCA of Greater Waukesha County.
2. I give my consent for the YMCA of Greater Waukesha County to act on my behalf to obtain emergency care and treatment if deemed necessary for my child. I give permission for my child to have sunscreen applied which is provided by the YMCA Children's Academy. If you choose not to use our Generic SPF 50 sunscreen, please provide your labeled bottle and sign the permission form for your child to use a family provided product.

## PAYMENT OF FEES

1. Payment will be deducted via credit card or bank draft only. Only one individual may be responsible for a child's account. The YMCA Children's Academy will only bill one account per child.
2. I understand that the registration fee and first week's tuition are due at the time of my registration. Both are nonrefundable and nontransferable. I understand it is my responsibility to pay tuition one week in advance. Fees will be deducted via credit card or bank draft each Wednesday for the following week of enrollment.
3. I understand that fees will not be prorated between billing periods if my child's schedule changes. I am responsible for a consistent payment throughout the year regardless of my child's actual attendance. I understand that the YMCA Children's Academy will not offer credits if my child is absent or if I choose to keep my child home when the YMCA Children's Academy is open.
4. I understand that if I am receiving financial assistance, I am responsible for any amount not covered by my funding source. Written verification must be on file with billing information prior to my child's attendance. NOTE: Parents will be responsible for full payments until the paperwork is received verifying the funding source, or for any remaining amount that is not paid by the funding source.
5. I understand that a \$10 fee is assessed for each Non-Sufficient Funds (NSF) Bank Draft or late payment.
6. I understand that I am responsible to pick up my child on time. I may be assessed a late pick up fee. This fee must be paid in full within one week, and continual late pick up will result in termination from the program.

I have read and understand the above agreement and agree to abide by all the policies and procedures stated within the agreement.

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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# WISCONSIN SHARES INFORMATION YMCA CHILDREN’S ACADEMY

## FINANCIAL ASSISTANCE/WISCONSIN SHARES

The YMCA Children’s Academy participates and accepts the Wisconsin Shares child care subsidy program. It is the parent’s responsibility to contact their local Human Services Office (listed below) to determine eligibility. Parents are responsible to cover whatever Wisconsin Shares does not subsidize. This includes days your child does not attend. All policies listed do apply.

Waukesha County Health and Human Services  
514 Riverview  
Waukesha, WI 53188  
262-548-7212

### What you need to know

- The \$60 registration fee is due at the time of registration. This fee can be paid with your Wisconsin Shares subsidy.
- The first week’s tuition is due at the time of registration. If you do not have proof of an approved subsidy amount at the time of registration, you will need to pay the entire balance due.
- In order to begin attending without full financial responsibility, you may provide proof of an approved amount the county will be paying towards your enrollment fee.
- The YMCA Children’s Academy will charge on a weekly basis, and you will be responsible for what is not covered. In addition, it is the parent’s responsibility to know and understand their parent financial responsibility. Parents can easily do this by accessing their Wisconsin Shares account through the [ebtedge.com](http://ebtedge.com) website or by calling the county.
- All YMCA Children’s Academy participants are required to be signed up for an automatic weekly draft for their portion of the fees. If proof of an authorized amount is not provided, parents will be drafted for the full amount due until a transfer of funds is authorized on the [ebtedge.com](http://ebtedge.com) website or over the phone with the number listed on the back of your [mychildcare](http://mychildcare) ebt card.
- Wisconsin Shares families must follow billing deadlines. Any remaining balance after the Wisconsin Shares subsidy is applied is the responsibility of the parent and must be set up on a bank or credit card draft. A \$10 fee will be assessed for any payments not made on time through the FIS portal via authorized transfer or if draft information has not been provided prior to the draft.

An actual copy of this form must be read and signed prior to registering at the YMCA Children’s Academy.

I have read and understand that I am responsible for the portion of my child care payment that is not covered by Wisconsin Shares. I understand that all YMCA Children’s Academy policies applies.

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Child’s Name (print)

Date

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Parent/Guardian Name (print)

Parent/Guardian Signature