



**WINDWARD YMCA  
Before School Care Registration  
School Year 2020-2021**

**BEFORE SCHOOL CARE PROGRAM REGISTRATION PROCEEDURES**

Need at least 20 children to run program

1. Complete and submit the Before School Care Youth Registration Form.
2. Attach a check or money order for **\$65.00** per child. No daily rates or proration available. Sorry, CASH WILL NOT BE ACCEPTED. Your child's registration will be deemed incomplete and will be placed on a waitlist if payment is not attached. Through the generosity of Windward YMCA donors, financial assistance is available for those who qualify. This is separate from the A+ subsidy forms. Before school care financial assistance forms available at the Windward YMCA.

Avoid late fees and complete the Electronic Funds Transfer (EFT) Draft Authorization Form. Your first EFT auto draft will be processed on August 15<sup>th</sup>. Thereafter, EFT auto drafts will be processed on the first day of the month.

3. CONFIRMATION/ADMISSION STATUS FORM: You will receive your admission status and start date shortly after we receive your completed registration forms and payment. You will receive your confirmation by **E-MAIL**. Please be sure that you list a current email on your registration form.

**PLEASE DO NOT SUBMIT ANY PAPERWORK OR PAYMENTS TO THE SCHOOL OFFICE.** Registration and payments should be mailed or dropped off at the Windward YMCA.

Windward YMCA  
1200 Kailua Road  
Kailua, Hawaii 96734

Windward YMCA A+ Registrar Office: 262-1487



**Youth's Information:**

Youth's Last Name		Youth's First Name		Gender
Home Address			City	Zip code
Birthdate (Month, Date, Year)	Age as of Aug 1, 2020	Current Grade	School	
Ethnicities (Optional):			Who does child reside with?	
Any Medical Conditions/Allergies/Limitations:				
Physician		Phone:	Alt. Phone:	Choice of Hospital
Name of Medical Insurer:			Card/Policy Number:	

**YMCA Photo Release Waiver**

The YMCA of Honolulu has my permission to use my, and my youths' photograph, video, artwork, profile and/or story and any likeness in any of its publications, web pages, and other promotional materials produced, used by, and representing the YMCA of Honolulu. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me or my youth for this use. This includes photographs, videos, and artwork from during program hours as well as special events, camps, and other YMCA related outings outside of regular program hours.

- YES, I agree     
  NO, I do not agree     
  YES, I agree to the photo waiver; however, I would like to see each item prior to it being publicized

**Medical Release**

If in the judgement of the YMCA staff, my youth requires medical care, I authorize and instruct the YMCA to inform me or an authorized person listed. The YMCA may take my youth in for medical treatment to the physician, hospital or clinic I designate, or contact 911 per my request. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to contact 911 and have an ambulance or YMCA transport my youth to the nearest hospital or clinic for medical treatment.

Parent's Full Name Printed:	Parent's Signature:
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**Parent/Guardian's & Family Information:**

<b>Mother/ Legal Guardian</b>	Last Name	First Name	
	Home Address (If not the same as child)		
	Primary Number	Work Number	Other Number
	Email		
<b>Father/ Legal Guardian</b>	Last Name	First Name	
	Home Address (If not the same as child)		
	Primary Number	Work Number	Other Number
	Email		

Are the Youth's Parents/Guardians Divorced or Separated?	___ Yes	___ No	If YES, who has Custody?
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Non-Custodial Parent's Full Name:	Primary Number:	Secondary Number:
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Home Address (Street, City, Zip code)	Email
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- Should the Non-Custodial Parent/Guardian (Check all that apply)
  Be an authorized pick up person     
  Be contacted in case of emergency     
  Receive duplicate mailings     
  Receive invoices

**Additional Authorized Pick Up Persons - Not Including Parent/Guardians Listed Above**

Last Name, First Name	Relation to Youth	Primary Number	Secondary Number