



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Office Use Only**

Participant #: \_\_\_\_\_  
Date Received: / / By: \_\_\_\_\_

# BEFORE & AFTER SCHOOL REVISION FORM

YMCA of Florida's First Coast

**PLEASE NOTE: Only the individual whose signature appears on the original registration form is authorized to make changes to the registration.**

Child's First & Last Name \_\_\_\_\_ BAS Site \_\_\_\_\_  
Parent/Guardian's First & Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PROGRAM CHANGE:**

From \_\_\_\_\_ to \_\_\_\_\_ Effective date of change \_\_\_\_/\_\_\_\_/\_\_\_\_

*Example (from am care to am/pm care Effective date of change 4/21/2014)*

*All program changes will begin on the Monday of the week of change. No prorated weeks.*

**ADDENDUM TO AUTHORIZED PICK UP:**

Authorization is granted to add the following adult(s) to the Emergency Contact and Authorized Pick-Up List for the above child.

Name of Adult _____	Phone # _____	Relationship _____
Name of Adult _____	Phone # _____	Relationship _____
Name of Adult _____	Phone # _____	Relationship _____

**LATE PICK UP:**

Failure to pick up child by 6:00pm will result in a late fee (per child) of \$1.00 for every minute thereafter.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Pick-up Time \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Signature of person picking child up \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NON-ATTENDANCE REQUEST:**

Week Requested (dates) \_\_\_\_\_

*When submitted one week in advance with written notice, the YMCA Before and After School allows you two (2), one-week sessions of non-attendance at no charge. No partial weeks can be applied to this time off policy.*

**PROGRAM CANCELLATION:**

Effective date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Cancellations require a 2-week written notice)

Reason for cancellation of program \_\_\_\_\_  
\_\_\_\_\_

**DROP-IN:**

Drop-in is based on space availability. Sites must maintain current approved staff/child ratios. **Registration Form MUST be completed and processed prior to any Drop-In Service provided. Payment must be paid in advance of attendance.** *Extended day/early release for AM only will be considered PM drop-in.*

Date Attending: \_\_\_\_/\_\_\_\_/\_\_\_\_ Program (please circle): AM Care, PM Care, AM/PM Care

Payment Received (Amount) \$ \_\_\_\_\_

Site Director acknowledges that Registration Form has been processed and is on file at site and that staff student ratios have been maintained. (Site Director's signature) \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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Parent/Guardian's First & Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**CHANGE:**  Address  Phone  Email

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**PAYMENT HISTORY REQUEST:**  
Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Program(s) \_\_\_\_\_  
Email or fax # for delivery \_\_\_\_\_

**TAX STATEMENT REQUEST:**  
Year: \_\_\_\_\_ Program(s) \_\_\_\_\_  
Email or fax # for delivery \_\_\_\_\_

**OTHER CORRESPONDENCE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**METHOD OF PAYMENT:**  
**EFT Authorization** I hereby authorize the YMCA to initiate debits on my account with the bank indicated on the attached voided check or on my current credit card/bank account set up for membership for above mentioned program payment(s). It is understood that my EFT for the above mentioned program is to remain in effect until the YMCA has received 30 days written notice from me for the termination of this agreement. Should my program and this agreement be terminated by the YMCA, the bank, or me I agree to return all applicable YMCA items. I understand any draft returned from my bank will be automatically redrafted on a future date with a service charge.

Checking  Savings  
**Note:** If using a checking or savings account, please include a voided check

VISA  MasterCard  
Last 4 Digits of Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Note:** Full card #s must be entered prior to the draft beginning. Please call or stop by the branch of your choice to complete this task. For your safety, full credit card information should never be written down

**Signature of Account Holder:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Member Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_