

STAFF USE ONLY

Date received: _____

Staff Initial: _____

Y-Club

Membership Form

2018-2019 School Year



Student Information

Name: _____

Gender: _____ Age: _____ DOB: ____ / ____ / ____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

School Attending: (circle one) Ballard Eastside Howard-Ellis Northside

List other siblings in the program: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Additional Emergency Contacts & Pick Ups

Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Medical Information

Does your child have any medical conditions? _____

Does your child take any medications? (circle one) YES NO

If so, please list _____

Does your child need any medication administered during Y-Club? (circle one) YES NO

If so, please list _____

Is your child allergic to anything? (circle one) YES NO

If so, please list _____

I certify that the documentation of physical examination and immunizations in accordance with the public schools health requirements are on file at my child's school.

I also agree to keep all information, as it relates to this paperwork, up to date for the safety of my child.

By signing, I hereby release Niles Community Schools and the YMCA of Southwest Michigan, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Please note, no refunds will be given by the YMCA of Southwest Michigan once payment has been processed for Y-Club.

Parent Signature: _____ Date: _____



**YMCA of Southwest Michigan
& Niles Community Schools
Y-Club Pricing**

2018-2019 School Year

Please initial next to the weeks you would like to register for.

**Initial below to sign up
for all weeks.**

Costs are based on \$6 a day with additional costs added for half day care.

Week	Cost	Initials
September 2	\$36	
September 9	\$30	
September 16	\$30	
September 23	\$30	
September 30	\$30	
October 7	\$24	
October 14	\$30	
October 21	\$30	
October 28	\$30	
November 4	\$30	
November 11	\$30	
November 16	\$60	
November 25	\$30	
December 2	\$42	
December 9	\$30	
December 16	\$42	

Week	Cost	Initials
January 6	\$30	
January 13	\$30	
January 20	\$36	
January 27	\$30	
February 3	\$30	
February 10	\$30	
February 17	\$24	
February 24	\$36	
March 3	\$30	
March 10	\$30	
March 17	\$30	
March 24	\$42	
March 31	Spring Break No Y-Club	----- ---
April 7	\$30	
April 14	\$30	
April 21	\$42	
April 28	\$30	
May 5	\$30	
May 12	\$30	
May 19	\$42	
May 26	\$24	
June 2	\$30	
June 9	\$42	