



YMCA PRICING

PAYMENT INFORMATION

REGISTRATION PROCEDURES:

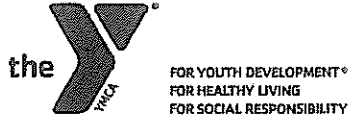
Please complete ALL information requested on the registration form. Incomplete forms will delay processing and your child's acceptance into the program. New forms must be submitted every new school year.

Month	Fee
August 2021	\$80
September 2021	\$160
October 2021	\$128
November 2021	\$128
December 2021	\$112
January 2022	\$144
February 2022	\$152
March 2022	\$136
April 2022	\$144
May 2022	\$160
June 2022	\$16

PROGRAM INFORMATION: Drop off begins as early as 6:00am. Please walk your child(ren) into the elementary school building foyer and sign in with the staff. Children are released at 7:45am to walk to their classrooms. Kindergarten children are escorted by the YMCA staff to their classrooms.

FINANCIAL OBLIGATION: Children CANNOT attend the program in the new school year until all past financial obligations have been met. If monthly tuition was delinquent all outstanding fees must be paid. A \$25 service fee is also assessed for each returned payment. Payments are promptly due by the 1st school day of every month.

BEFORE SCHOOL REGISTRATION FORM



YMCA OF HONOLULU Youth Programs Registration Form

YOUTH'S INFORMATION				
Youth's Last Name		Youth's First Name		Gender
Home Address			City	Zip Code
Birthdate (Month, Date, Year)	Current Age	COMPLETED Grade in 19-20 SY	School	
Ethnicities (Optional)			Do you have a Family Membership? __ Yes __ No	
Any Medical Conditions/Allergies/Limitations				
Physician		Phone	Alt. Phone	Choice of Hospital
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.				
Name of Medical Insurer			Card/Policy Number	
Parent's Full Name Printed			Parent's Signature	

PARENT/GUARDIAN'S & FAMILY INFORMATION			
Parent/Legal Guardian 1	Last Name		First Name
	Home Address (If not the same as child)		
	Primary Number	Secondary Number	Other Number
	Email		

Parent/Legal Guardian 2	Last Name		First Name
	Home Address (If not the same as child)		
	Primary Number	Secondary Number	Other Number
	Email		

Are youth's parents/guardians divorced or separated? __ Yes __ No	If Yes, who has custody?
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Non-Custodial parent/guardian name:

Email:	Primary Number:	Secondary Number:
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Should non-custodial: (Check all that apply)	__ Be authorized pick up person	__ Be contacted in emergency	__ Receive duplicate mailings	__ Be contacted regarding payment
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Please specify any related notes regarding relationship with child that will be helpful to staff:

ADDITIONAL ADULTS AUTHORIZED FOR PICK UP (NOT INCLUDING PARENTS)

Authorization list is the **SAME** for all YMCA programs (including A+). Changing this list will change the list for all programs.

Use the list currently on our account

Replace the current list in entirety with the names below

Amend the current list to add/drop the names below

Add/Drop	Last Name, First Name	Relation to Youth	Primary Number	Secondary Number

Need to add a minor as a pick up person? Ask us for the form to authorize a minor.

YMCA PHOTO RELEASE WAIVER

Photos, videos, artwork, and profiles help us tell the Y story.

I am 18 years of age or older (if not, my parent or legal guardian has also provided their consent by signing below) and grant the YMCA of Honolulu, National Council of Young Men's Christian Associations of the United States of America and its chartered YMCA member associations in the United States ("YMCA") and collaborating third parties permission in perpetuity to use my, and those of my minor children and persons listed on this registration form; image, voice, and personal story in photographs, videos, social media, artwork, profiles and all forms of promotional materials and venues without limitation or obligation to provide compensation for the purposes of promotion or interpreting YMCA programs. I release YMCA and collaborating third parties from any and all claims, causes of action, and liability arising out of any use of my, and those of my minor children and persons listed on this registration form; images or likeness.

Yes I agree to the above statement

No, I do not agree to the above statement

Parent's Full Name Printed:

Parent's Signature:

PROGRAMS REGISTERING FOR

Program Name	Barcode	Cost of Program

To apply for Financial Assistance please see our Welcome Center or a Youth Program Director.

Payment Plans are available for select Youth Programs and can be automatically drafted on the 1st and 15th of each month. Please see our Welcome Center or speak to a Youth Program Director for details.

Sub Total	
Financial Assistance or Employee Discount (Restrictions Apply)	
Final Cost	



YMCA of Honolulu Electronic Funds Transfer (EFT) Draft Authorization Form

For your convenience you are able to set up monthly recurring draft payments to pay for YMCA programs. Simply fill out the form below and turn it in at your YMCA Branch for processing. Please note:

- You must make the initial payment prior to the draft going into effect.
- If changes are made to the information listed below, immediately contact your YMCA branch to update your information.
- A \$25.00 service charge will be assessed by the YMCA for any draft returned as uncollectible.
- Draft payments must be cancelled in writing one month prior to the final draft.
- YMCA of Honolulu Withdrawal and Refund policy applies to all withdrawals/cancellations.

PARTICIPANT'S INFORMATION

Name Printed: _____ Program: _____

DRAFT PAYMENT INFORMATION:

Please start my monthly draft: Month: _____ Year: _____ OR See attached payment plan if applicable

***Account Holder Information

Last Name: _____ First Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zipcode: _____

Email Address (required for draft payments): _____

***Drafts from Checking or Saving Accounts

Financial Institution: _____ Branch/Location: _____

Last Four Digits of Account Number: _____ Routing Number: _____

***Drafts from a Credit/Debit Card

Credit Card Type (Circle One): AMEX DISCOVER VISA MASTERCARD JCB

Last Four Digits of Card Number: _____ Expiration Date: _____ / _____

I authorize the YMCA of Honolulu to draft monthly or bi monthly (in the case of a payment plan) payments from my account with the financial institution named above or charge the credit card above for payment of fees.

***Account Holder's Name (Print): _____ Account Holder's Signature: _____

COMPLETE BELOW: DETAILED DRAFT PAYMENT INFORMATION

In an effort to protect your personal information this portion will be entered in a secure database, detached, and destroyed within 180 days from date of receipt.

Account Holder's Name Printed As It Appears On Account/Card: _____

Checking: Full Account Number _____ Routing Number: _____

Savings: Full Account Number _____ Routing Number: _____

Credit Card: Type _____ Full Card Number _____

Expiration Date _____ / _____ Card Billing Zipcode _____