



YMCA of Metropolitan Chicago School-Age Care Program

2011-2012 Before & After School Registration Form
(Please complete one form per child, copies may be made if needed.)

Before School Fee Schedule:

# of Days	Daily M/NM (Draft)**	Daily M/NM (No Draft)
3	\$10.50/\$12.50	\$10.75/\$12.75
4	\$10/\$12	\$10.25/\$12.25
School Year Rate * (per month)		
5 only	\$160/\$197	\$165/\$202

After School Fee Schedule:

# of Days	Daily M/NM (Draft)**	Daily M/NM (No Draft)
3	\$20/\$22	\$20.50/\$22.50
4	\$19.50/\$21.50	\$20/\$22
School Year Rate * (per month)		
5 only	\$335/\$375	\$347/\$384

*** YMCA SCHOOL YEAR MONTHLY RATE:**

Your child is guaranteed a spot in the Before and/or After school program for every day that the program is offered. Payment applies to the entire 5-day week even if not all days are utilized. The first payment is due Sept 1st and the last payment is due May 1st.

**** YMCA DRAFT RATE:**

Your child care fees will be drafted monthly from your credit at a lower rate.

Please check the option that applies and select the days of attendance.

Options include 3-5 days a week and days must remain consistent from week to week for either the 3 or 4 -day option.

✓	Rate	Days
	3 days (M) Draft	M T W Th F
	3 days (M) No Draft	M T W Th F
	3 days (NM) Draft	M T W Th F
	3 days (NM) No Draft	M T W Th F
	4 days (M) Draft	M T W Th F
	4 days (M) No Draft	M T W Th F
	4 days (NM) Draft	M T W Th F
	4 days (NM) No Draft	M T W Th F
	5 days (M) Draft	---
	5 days (M) No Draft	---
	5 days (NM) Draft	---
	5 days (NM) No Draft	---

(M) – Member, (NM) – Non-Member



PLEASE PRINT CLEARLY

Child's Name Gender (M/F) Date of Birth

School Grade (11-12 school year) Age as of 9/7/11

Home Address City State Zip

Home Phone Email Address

Mother's/Guardian's Name Work Phone Cell Phone

Father's/Guardian's Name Work Phone Cell Phone

Emergency Contact Emergency Phone Cell Phone

YMCA Member? Yes No Returning Participant? Yes No

Membership #

Membership must be valid at the time of registration to receive member rates and must remain valid until June 16, 2012. If there is a change in your membership status you must contact the Youth & Family Director.

Please return this form with a \$30 deposit to:

Leaning Tower YMCA
6300 W. Touhy Avenue
Niles, IL. 60714
Fax: 847.647.7736
Phone: 847.410.5108

Parents/guardians are responsible for payment in full for each month of the Before/After School Program and their child may be released from the program if payments have not been made. PAYMENT IN FULL IS DUE PRIOR TO THE 1ST OF THE MONTH FOR WHICH YOU ARE BEING CHARGED (i.e. December payment is due before December 1st). Any changes to your selected days must be communicated to the Youth & Family Director by the 10th of the month prior to the month in which the change will occur. (i.e the Director must be informed of October's changes by September 10th), however, there is no guarantee that a spot will be available for the days you are requesting. A \$10 processing fee will be charged if these changes are not communicated prior to the 10th of the month prior. All emergency packets must be completed and returned to the Leaning Tower YMCA no later than August 1, 2011. Your child will NOT be able to participate in the Before/After School Program if their emergency packet has not been completed and submitted.

I, (parent/guardian) have read and agree to all the conditions of this registration form.

Parent/Guardian Signature

Date