

Franklin County Family YMCA
2024-2025 OUT OF SCHOOL FUN CLUB PARTICIPATION FORM

This form must be completed EACH TIME a child attends the YMCA Fun Club. All participants must complete the Fun Club Registration form when registering the first time for the 2024-2025 school year.

PRINT legibly the name of child attending YMCA Fun Club.

 Last Name Given First Name GOES BY NAME Grade currently enrolled in

Name of Legal Guardian(s) _____ Best Day Time Phone # _____

MEDICATION: ___ NO, meds are not needed.
 ___ YES, my child will need medication. A Medication Authorization Form is attached and meds will be given to Y staff.
ALLERGIES: (If any) _____

PAYMENT PROCEDURE

- Multiple sessions may be selected (below). Payment for all session(s) selected must be attached.
- Payment deadline is two days prior to the day of care.
- Please check (below) each day attending

SCHEDULED FUN CLUB (*) notes scheduled field trip (additional \$15.00 required)

No Fun Club 8/19/24, 8/20/24 & 8/21/24
 September 2024: Closed for Labor Day- Monday, 9/2
 October 2024: Thursday, 10/24 Friday, 10/25
 November 2024: Tuesday, 11/5 Wednesday, 11/27* **Closed Thanksgiving Day & Black Friday– 11/28 & 11/29**
 December 2024: Monday, 12/23 **Closed Christmas Eve & Christmas Day** Thursday, 12/26 Friday, 12/27* Monday, 12/30
Closed New Year’s Eve and New Year’s Day
 January 2025: Thursday, 1/16 Friday, 1/17 Monday , 1/20
 February 2025: Monday, 2/17
 March 2025 : Monday, 3/24 Tuesday, 3/25
 April 2025: Monday, 4/14 Tuesday, 4/15 Wednesday, 4/16 Thursday, 4/17 **Closed Good Friday 4/18**
 May 2025: **Closed for Memorial Day– Monday, 5/26**
 June 2025: **Closed 6/6/25 & 6/9/25**

UNSCHEDULED FUN CLUB

DATE: _____

- I understand that this Fun Club Participation form must be submitted with payment each time my child registers for Y Out-of-School Fun Club and that **my child IS NOT registered** until this form and payment are received by the Y and availability of space is confirmed by Y staff.
- I understand and agree that I am fully responsible for reading the SAFE Parent Handbook and any other information distributed to parents and will comply with all policies.
- I understand that by signing this form, I am giving my permission for my child to attend all scheduled outings with Franklin County YMCA Fun Club staff.
- Attached is payment which includes:

\$ _____ **Registration Fee** \$0 for current SAFE participants \$25.00 (Non SAFE— Payable once per year for oldest child, 2nd child - \$10)

\$ _____ **Session Fee** Scheduled Fun Club—\$30 Un-scheduled Fun Club—\$30, or \$15 SAFE (if day has been paid)

\$ _____ **Additional Fee** Field trip fee \$15

\$ _____ **TOTAL PAYMENT ATTACHED** E-Wallet cash check # _____ credit / debit card

(Staff will not accept Fun Club Participation Forms without full payment and completed Fun Club Registration Form)

Guardian Signature _____ Date: _____ / _____ / _____

YMCA STAFF: Staff is responsible for verifying the following BEFORE parent leaves front desk.

_____ **ALL of the above has been completed and signed.**

_____ Registration Packet on file OR has been completed and attached along with physical, birth certificate and immunizations (If NOT on file)

Date Received _____ / _____ / _____ Staff Name _____