



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only
Participant #: _____
Date Received: ____/____/____ By: _____
Scan to CCYD@FCYMCA.org

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 _____

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 _____
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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 ____/____/____

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.* Drop-in: \$25 per day.
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: ____/____/____