



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Office Use Only

Participant #: _____

Date Received: ____/____/____ By: _____

Scan to YD@FCYMCA.org

BEFORE & AFTER SCHOOL PROGRAM - REVISION FORM

YMCA of Florida's First Coast

Child's First & Last Name _____ Site _____

Parent/Guardian's First & Last Name _____

How to add/change your child's Authorized Pick-Up List:

Please log-in to your account at www.FCYMCA.org. Once logged in, click on the "My Account", then choose "Authorized Pick-Ups" from the drop-down menu. **Must have ID when picking up.**

To make changes to your child's registration:

***Register for program:** please visit our website at www.FCYMCA.org to register.

***To change programs:** please email our Youth Development office 7 days in advance.

***Cancel program:** please email our Youth Development office (YD@FCYMCA.org) to submit your cancellation in writing.

CANCELLATION POLICY:

Cancellations with a 7 day notice will be refunded any money paid towards future program weeks minus the \$50 registration fee. All cancellations must be submitted in writing by emailing our Youth Development office at YD@FCYMCA.org. Individual weeks cannot be cancelled, only the entire program. Non-attendance does not entitle a participant to a refund.

REFUND POLICY:

Non-attendance does not entitle a participant to a refund. No refunds or adjustments will be granted for partial weeks missed due to illness, vacation or when YMCA programs are cancelled due to inclement weather. The YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. The registration fee is non-transferable, non-refundable.

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. **Late fee must be paid in full before returning to the program. The card on file with your YMCA account will be charged for late pick-up, or you can use a new card by entering the information below.**

Date ____/____/____ Pick-up Time _____ Amount Due: _____

Signature of person picking child up _____ Date ____/____/____

AUTHORIZATION FOR LATE PICK UP FEE:

Draft from a Credit/Debit Card

Use Account On File
(Must list last 4 digits of card):

Add New Account

Change Account

Name on Card:

Address:

Zip Code:

Card Number:

Card Type:

Expiration Date (month/year):

Draft Terms of Agreement

- I understand that authorization is to remain in full force, and if I wish to terminate or change my draft in any way, I must give the YMCA a 30 day written notice.
- Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee that my bank may charge.
- I hereby authorize the YMCA of Florida's First Coast to initiate weekly debit entries to my account indicated above.

Signature: _____ Date: ____/____/____