



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN, GROW, AND THRIVE

EARLY BIRD PROGRAM

**Children Kindergarten–6th grade
Monday–Friday, 6:30–7:45 am
Every day School is in Session!**

A new school year means a fresh start for kids—a chance to start new routines and habits, build new friendships and discover new possibilities and interests. The Y's Early Bird program provides a caring and safe environment during the critical hours before school. Children in this program will keep active, busy, and engaged through sports, mentorship, academic support & more! Program includes FREE breakfast at the School.

PROGRAM STARTS WEDNESDAY, AUGUST 23.

*Program will not be held when school is delayed, closed or cancelled.

REGISTER TODAY!

Y-member: \$100 for entire school year*

Community member: \$150 for entire school year*

For information on Financial Assistance and Payment Plans contact Jenny Cole, Branch Director at 563.864.9622 or jcole@neiaymca.com.

QUESTIONS

Stop by the Y or call our
Member Service desk at
563.867.9622.





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REGISTRATION FORM

Child's Full Name _____ Birth Date _____ Male Female

Address _____ City _____ State _____ Zip _____

Phone Number _____ Grade for '17-18 School Year _____

Medical Concerns, Allergies, or Disabilities _____

First Parent's Full Name _____ Email Address _____

(primary contact)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell or Work Number _____

Second Parent's Full Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell or Work Number _____

Emergency Contact Full Name _____ Relationship to Child _____

(person will be notified in an emergency when parents/guardians cannot be reached.)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell or Work Number _____

****If you need assistance completing this form please stop by the Y.****

PLEASE NOTE: PROGRAM WILL NOT BE HELD WHEN SCHOOL IS DELAYED, CLOSED OR CANCELLED.

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2017-2018 EARLY BIRD PROGRAM

Payment & Release of Liability Information

DEPOSIT PAYMENT METHOD (Check one)

A non-refundable, non-transferable deposit of \$10, per family is due at the time of registration. Deposit holds the registered spot(s) and will be applied to full school year program payment.

- Cash Check Credit Card

SCHOOL YEAR CARE PAYMENT METHOD* (Check one and completed the required information)

- Cash (Bi-annual or Full program payment)

- Bi-Monthly Bank Draft

Parent Name _____ Bank Name _____

Bank Address (City, State, & Zip) _____

Transit Routing Number _____ Account Number _____

- Bi-Monthly Credit Card Draft

Name on Credit Card _____ Credit Card Number _____

Expiration Date ____/____/____ 3-digit Security Code (Back of Card) _____

*For additional information on Financial Assistance or Payment Plans, please contact:
Jenny Cole, Branch Director at 563.867.9622 or jcole@neiaymca.com.

Payment Authorization Agreement

I authorize you and the financial institution listed to initiate electronic Debit entries to my account to be payable to the order of the Northeast Iowa YMCA. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of membership.

Cancellations must be submitted in writing to Jenny Cole (jcole@neiaymca.com) via email or handwritten and delivered to the Northeast Iowa YMCA (P.O. Box 268, 313 West Post Street, Postville, IA 52162). Cancellations must be received a minimum of 3 weeks prior to the start of the month of care.

Parent Signature _____ Date _____

Release of Liability

I, the undersigned, fully recognize the inherent and potential risk of my child(ren) participating in the Northeast Iowa YMCA Early Bird program. I hereby release the Northeast Iowa YMCA from any liability, claims, damages, losses and expenses of any kind for property damage or injury arising from any occurrence, whether foreseen or unforeseen, in connection with the Early Bird program.

Parent Signature _____ Date _____

Photo/Video Release

I release consent and allow the Northeast Iowa YMCA to use my child's photograph/video, as it pertains to participation with the Northeast Iowa YMCA, in any manner of promotional efforts without expectation of any reimbursement in connection with its use.

Parent Signature _____ Date _____

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