Hale Family YMCA - Quincy Afterschool Program
Enrollment Packet 2023-2024

Dear Families,

Thank you for inquiring about the South Shore YMCA’s Quincy Afterschool Program! Attached, you will find our 2023-2024 enrollment packet. To enroll your child, the following items are required:

- A Completed Registration Packet & Recent Photograph
- First Week Tuition Deposit + $95.00 Registration Fee, Non-Refundable
  (Maximum of $150 per family)

**Any enrollment packet that is not completed in full will not be accepted.**

These items should be returned to the Quincy Branch of the South Shore YMCA 79 Coddington Street or the Germantown Neighborhood Center at 366 Palmer St. All checks and money orders should be made payable to the South Shore YMCA. Please DO NOT mail cash. Financial Assistance for families may be available through the South Shore YMCA. For more information please visit our website at [www.ssymca.org](http://www.ssymca.org).

Program space is limited and registrations are accepted on a first come, first serve basis. If our program is full at time of registration, your child will be placed on a waitlist. No registrations will be processed unless the full deposit and registration fee are submitted. I look forward to meeting you and your child in the near future!

Thanks,
Ervica Fanfan, Director [efanfan@ssymca.org](mailto:efanfan@ssymca.org)
South Shore YMCA Afterschool
Quincy, MA
Our Program Sites

Germantown Neighborhood Center
366 Palmer St
Quincy, Ma 02169

Children in this program attend Beechwood Knoll, Lincoln Hancock, Montclair, Parker, Snug Harbor, Squantum, Bernazzani, and Merrymount Elementary Schools. Children will be transported from their elementary schools to the Germantown Neighborhood Center via program van. We are located in the main room downstairs and main area upstairs. We will also use the field behind Snug Harbor School. This site provides ample room for homework time, active games, arts & crafts, as well as all of our curriculums. Children are transported to the Hale Family YMCA Branch of the South Shore YMCA for a free swim time one day each week! Please ask the Site Coordinator for specifics including what day, time, and necessary attire. You may pick your child up any time before 6:00pm. When you arrive park in the lot and enter the building using the front door.

State Street Early Learning Center
79 Coddington St
Quincy, Ma 02169

Children in this program attend Lincoln Hancock, and Merrymount Elementary Schools - kindergarten only. Children will be transported from their elementary schools to the State Street Early Learning Center via program van. We are located in the Hale Family YMCA – State Street Early Learning Center in classroom 8. We will also use the ELC playroom. This site provides ample room for homework time, active games, arts & crafts, as well as all of our curriculum. Children participated in free swim time one day each week at the Haly Family YMCA Branch. Please ask the Site Coordinator for specifics including what day, time, and necessary attire. You may pick your child up any time before 6:00pm. When you arrive park in the lot and enter the building using the State Street Early Learning Center Main door.

Clifford H. Marshall Elementary School
200 Moody Street
Quincy, MA 02169

Children in this program attend the Clifford Marshall School. The Clifford Marshall site does not accept children from other schools. We are located primarily in the cafeteria, but also use the gymnasium, library, and playground on a regular basis. Children are transported to the Hale Family Branch of the South Shore YMCA for a free swim time one day each week! Please ask the Clifford Marshall Site Coordinator for specifics including what day, time, and necessary attire. You may pick your child up any time before 6:00pm. When you arrive at the Clifford Marshall School, you may drive up to the lower, street level parking (adjacent to the playground) and walk up to the school. For the safety of all, parking at the top level next to the school is not permitted. Thank you for your cooperation!

Broad Meadows Middle School
50 Calvin Road
Quincy, MA 02169

The Broad Meadows Site will be for our middle school students. Children at this site attend different middle schools throughout the city of Quincy (Point Webster, Atlantic, Broad Meadows, Central, and Sterling). Located primarily in the cafeteria with access to a large outdoor field, outdoor basketball court, and indoor gym, the Broad Meadows site provides children with a variety of spaces to use for many different activities. Children will participate in homework assistance, teambuilding, active indoor & outdoor games, social and emotional skills development, and all of our curriculums! Children are transported to the Hale Family Branch of the South Shore YMCA for a free swim time one day each week! Please ask Site Coordinator for specifics including what day, time, and necessary attire. All students will be transported from their respective schools to Broad Meadows via program vans. Children must be picked up prior to 6:00pm. Families may park at the parking lot to the right of the school and enter through the cafeteria doors.

*For details regarding daily schedules, curriculum, transportation, staffing, etc. please email Ervica Fanfan, efanfan@ssymca.org
2023-2024 Tuition Page

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Price</th>
<th>Price Including Early Release Day*</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Days</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td></td>
<td>$173.00</td>
<td>$173.00</td>
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<tr>
<td>3</td>
<td></td>
<td>$127.00</td>
<td>$139.00</td>
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<tr>
<td>2</td>
<td></td>
<td>$105.00</td>
<td>$116.00</td>
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</tbody>
</table>

The South Shore YMCA is a charity. Dollars raised through charitable gifts to our Annual Campaign ensure financial assistance and accessibility to programs and services for all.

Included in our tuition is a USDA CACFP approved nutritious daily snack (fresh fruit/vegetables, whole grains) and early release day lunch (low fat milk, turkey/ham, and cheese on wheat bread with a fruit and vegetable), transportation from school, and open swim program (transportation provided from all sites). We also provide USDA CACFP lunch and daily snack during our vacation programs (separate registration required).

Registration Fee
There is a required $95.00 registration fee for each enrollment. The maximum registration fee for a family (2 or more children) is $150.00.

Full Day Program Rate
An additional $49.00 fee will be added to your bill for any full day program if you choose to register for the day. (i.e. snow days/holidays).

Vouchers
State issued child care vouchers are accepted. You may be required to pay your parent fee for the first week when you register. EEC defines Excessive Absences as more than 45 non-attended days, including unexplained absences, within a 12-month authorization period, or more than 15 non-attended days during an initial 12-week Provisional Authorization. Parent(s) will have to pay for all non-attended days that are over the 45 or 15-day limit. Excessive Unexplained Absences are defined as failure to attend the program for more than three consecutive days without contacting the provider. **You must contact your provider every day that your child (ren) will not attend.** Parent fees are due the Friday prior to the week of care.

Billing
**First week tuition plus $95.00 non-refundable** (maximum registration fee for a family (2 or more children) is $150.00) **registration fee is due before your child may start at the Afterschool Program.** Every week thereafter you will be billed on a weekly basis. Your weekly bill is due the Friday prior to the week of care. Parents are able to access their account on the SSYMCA.org website to make payment and print off receipts. Please direct all payments to Child Care Department, and can be dropped off at the Welcome Center in the Hale Family Branch or mailed to:

Attn: Kathy Crompton, Director of Child Care Business Operations, South Shore YMCA, 1075 Washington St., Hanover, MA 02339

*Please make checks payable to South Shore YMCA with your child’s name in the memo line of the check.*

Express Payment Plan
Our Express Payment Plan is designed to make payment easier for parents. In order to utilize this program, you must fill out the credit card authorization form. Your credit card will be charged every Friday for the next week’s fee. A weekly or monthly receipt of all charges will be available upon request.
Withdrawal Policy

In the event that you wish to dis-enroll your child from the Afterschool Program, we require two weeks’ notice in writing. If two weeks’ notice is not provided prior to dis-enrolling, you will still be charged for two weeks’ following the dis-enrollment.

Late Payment Policy

Payments are due the Friday prior to the week of care. Payments paid on Friday apply to the following week. If your payment is more than 5 days late, you will receive a letter of termination for your child the following Monday.
Child’s Enrollment Form 2023-2024

Child’s Information:

Child’s Name: _____________________________________________ Date of Birth: _____________________

Child’s Home Address: _______________________________________________________________________

City: ______________________________________ State: __________ Zip Code: _________________

Home Phone Number: _____________________________________________ Gender: __________________

Primary Language: __________________________________Identifying Marks: ______________________

Height: ______________ Weight: ______________ Skin Color: _____________________________

Eye Color: ______________ Hair Color: ______________ Age at Admission: _________________

Desired Start Date: __________________________

Parent / Guardian Information:

Name: _______________________________________ Name: ________________________________

Date of Birth: ________________________________ Date of Birth: ________________________________

Relationship to Child: __________________________ Relationship to Child: __________________________

Address: ____________________________________ Address: ________________________________

City/Zip: ____________________________________ City/Zip: ________________________________

Home Number: _______________________________ Home Number: _______________________________

Cell Number: _________________________________ Cell Number: _______________________________

E-Mail Address: ______________________________ E-Mail Address: ______________________________

Business Name: ______________________________ Business Name: ______________________________

Business Address: ______________________________ Business Address: ______________________________

City/Zip: ____________________________________ City/Zip: ________________________________

Business Number: ______________________________ Business Number: ______________________________

Hours at Work: _______________________________ Hours at Work: _______________________________
School Information:

School in September: ___________________________ Grade in September 2023: __________________

School Address: _____________________________________________________________________________

City: _________________________________________ State: _____________ Zip Code: _________________

School Phone Number: _______________________________________

Does your child have an IEP on file at their school? ___________ if yes, please provide copy.

* An IEP is an individualized education program that is developed by the public school system to assist children with succeeding in school. Your child’s school would have provided you with a copy of their IEP.

Site Information:

Please indicate the program site your child will attend:

_____ Germantown Neighborhood Center – 366 Palmer Street, Quincy Ma 02169
(Students Attending Beechwood Knoll, Lincoln Hancock, Montclair, Parker, Snug Harbor, Atherton Hough, Bernazzani, Merrymount, Montclair, Wollaston and Squantum)

_____ Clifford H. Marshall Elementary School – 200 Moody Street, Quincy, MA 02169
(Students Attending the Clifford Marshall Elementary School)

_____ State Street Early Learning Center– 79 Coddington Street, Quincy, MA 02169
(Students attending Lincoln Hancock & Merrymount Kindergarten)

_____ Broad Meadows Middle School – 50 Calvin Ro, Quincy, MA 02169
(Students attending Middle Schools, Atlantic, Broad Meadows, Central, Point Webster, Sterling)

Please indicate the number of days your child will attend:

_____ 2 Days       _____ 3 Days       _____ 5 Days

Please indicate the days your child will be attending:

_____ Monday       _____ Tuesday       _____ Wednesday       _____ Thursday       _____ Friday

Transportation Plan:

Child’s Name: ______________________________________________________________________________

My Child Will Arrive at the Program:

_____ Afterschool Program Bus/Van
_____ Parent Drop-Off
_____ Supervised Walk
_____ Unsupervised Walk (6 grade and above)
_____ Private Transportation Arranged by Parent

My Child Will Depart the Program:

_____ Parent Pick-Up
_____ Supervised Walk
_____ Unsupervised Walk (6 grade and above)
_____ Private Transportation Arranged by Parent

_____ Other Describe: ____________________________

Parent Signature: ____________________________ Date: ________________
First Aid and Emergency Medical Care Consent Form

Child’s Name: _____________________________________________ Date of Birth: _____________________

I authorize staff members in the Afterschool Program who are trained in the basics of First Aid/CPR to give my child First Aid/ CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____________________________________________, and to secure necessary medical treatment for my child.

Child’s Physician Name: ______________________________________ Phone Number: ___________________

Address: __________________________________________________________________________________________

Child’s Allergies/Special Diets: _______________________________________________________________________

Medications: _________________________________________________________________________________________

Chronic Health Conditions*: _________________________________________________________________________

Special Limitations or Concerns: ______________________________________________________________________

Health Insurance Coverage: __________________________________________ Policy #: ___________________

Will your child take any medications while at the Afterschool Program? Please explain so we may provide you with an Individual Health Care Plan to be completed by your child’s medical provider prior to participation in the program.

Yes: _____ No: _______ Medication: _____________________________________________________________ *

Please attach any Individual Health Plans regarding chronic health conditions for your child.

If you have any questions or concerns, email:
Ervica Fanfan – efanfan@ssymca.org
Emergency Contacts/Authorized Pick-Up List

*The following people will be contacted in the order listed below and are authorized to pick up my child.*

Name: _____________________________________________ Relationship to Child: _____________________
Address: _____________________________________________ Phone #: ________________________
Do you give permission for child to be released to this person?   Yes ______  No ______
Name: _____________________________________________ Relationship to Child: _____________________
Address: _____________________________________________ Phone #: ________________________
Do you give permission for child to be released to this person?   Yes ______  No ______
Name: _____________________________________________ Relationship to Child: _____________________
Address: _____________________________________________ Phone #: ________________________
Do you give permission for child to be released to this person?   Yes ______  No ______
Name: _____________________________________________ Relationship to Child: _____________________
Address: _____________________________________________ Phone #: ________________________
Do you give permission for child to be released to this person?   Yes ______  No ______
Name: _____________________________________________ Relationship to Child: _____________________
Address: _____________________________________________ Phone #: ________________________
Do you give permission for child to be released to this person?   Yes ______  No ______
Name: _____________________________________________ Relationship to Child: _____________________
Address: _____________________________________________ Phone #: ________________________
Do you give permission for child to be released to this person?   Yes ______  No ______

*Must be 18 years old or older to pick up*

Parent Signature: _____________________________________________ Date: ________________________
Additional Information

Are there custody agreements, court orders, or restraining orders pertaining to your child? _____ Yes* _____ No

* If so, you must attach copy and briefly describe here: ___________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Is there any other information we should be aware of prior to your child starting in our program?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Physical Examination and Immunizations

I certify that documentation of physical examination and immunizations in accordance with the public school health requirements and lead poisoning screening in accordance with public health requirements for my child are on file at their school.

Parent Initials: _____________

Release of Information

To best meet the personal and educational needs of my child, I give permission to the leadership staff of the Afterschool Program to speak to teachers and administrators at my child’s school. I understand that all information shared will be kept confidential and will only be used to work towards my child’s personal and educational goals.

Parent Initials: _____________

Sunscreen Application

By initialing below, I give permission for the Afterschool Program to help apply sunscreen with UVB and UVA protection with SPF 15 to my child when necessary.

Parent Initials: _____________

Restroom Supervision

Staff members are to make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff members will stand in the doorway of the rest room while children are using the restroom. This policy allows privacy for the children and protection for the staff members (i.e. not being alone with a child). If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should be allowed to enter a bathroom alone on a field trip or at other off-site locations. Children will always be sent with at least one other child and a staff member, known as the rule of three.

Parent Initials: _____________
Childs’s Introduction Sheet

Parents/Guardians…please help your child complete this sheet so we can get to know your child better!

My full name is ________________________________________________________________

My birthday is ______________________________________

I go to the _________________________________________ School, and I am in the _____________ grade.

I was born in the City/State/Country of ______________________________________________

The names and ages of my brothers and sisters are ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

The names and types of pets I have are ________________________________________________
____________________________________________________________________________________

Who is the most important person to you? _____________________________________________

My favorite subject in school is: ________________________________________________________

My best friend is: __________________________________________________________________

My favorite music group/singer is: _____________________________________________________

My favorite food is: __________________________________________________________________

My favorite day of the week is: _________________________________________________________

My favorite activity in the Fall: ________________________________________________________

My favorite activity in the Winter: _____________________________________________________

My favorite activity in the Spring: _____________________________________________________

My favorite activity in the Summer: ___________________________________________________

When I grow up I want to be: _________________________________________________________
Swim Permission

It’s time for swim program registration!!! As a unique part of the YMCA Afterschool Program, open swim is offered from September to June. Please decide if you would like your child to participate in our South Shore YMCA Open Swim Program for the school year 2023-2024. Open swim will be offered at our YMCA pool in the Hale Family Branch. Children from all of the Afterschool Sites will be transported to the branch in our program vans and transported back to their respective sites after open swim is complete. The Afterschool Program Staff are participating in and around the pool with the children during your child’s specific swim time. The schedule varies for all sites so please contact your Site Coordinator for information regarding your child’s swim time.

There is no additional charge for your child to participate in the Open Swim Program. Please complete and sign the bottom portion of this form.

Swim Day Checklist

- Bathing Suit
- Towel

Child’s Name: __________________________________________________________

I give my child permission to participate in the South Shore YMCA Open Swim Program.

Parent Signature: ___________________________________________ Date: __________________________

I do not give my child permission to participate in the South Shore YMCA Open Swim Program.

Parent Signature: ___________________________________________ Date: __________________________
Permission Slip for Brushing Teeth

- THE CHILDREN WILL HAVE THE OPPORTUNITY TO BRUSH THEIR TEETH AFTER LUNCH. THE STAFF WILL CHOOSE WHICH TIME FITS BETTER IN THE SCHEDULE.
- THE TOOTHBRUSHES WILL BE KEPT IN INDIVIDUAL CASES WITH THE CHILD'S NAME ON IT
- THE CENTER WILL PROVIDE TOOTHBRUSHES EVERY THREE MONTHS AND/OR WHEN A CHILD IS SICK.
- THE CENTER WILL KEEP ALL EQUIPMENT CLEAN AND SANITARY

I give my child permission to brush their teeth at the YMCA Afterschool Program

Child's Name & Date: __________________________

Parent/Guardian's Name: __________________________

Signature & Date: __________________________

I do not wish to have my child participate in tooth brushing while in care at the YMCA Afterschool Program.

Child's Name & Date: __________________________

Parent/Guardian's Name: __________________________

Signature & Date: __________________________

If you have any questions or concerns, email:
Ervica Fanfan — efanfan@ssymca.org
South Shore YMCA Afterschool Program Statement of Understanding

I understand that I will receive a copy of the South Shore YMCA Afterschool Program Family Guide including policies and procedures. By signing below, I understand that it is my responsibility to read and understand all policies and procedures included in the South Shore YMCA Hale Family - Afterschool Program Family Guide.

I agree that my child will abide by the rules and regulations set by the South Shore YMCA’s Hale Family - Afterschool Program. I understand that failure to do so may result in termination from the program.

I understand that my child’s photo may be used in SSYMCA marketing photos and/or social media. Please see the Director if you wish to ensure your child’s photo is not used.

I understand that my child/family may be terminated from the program if there are concerns for the safety and well-being of the staff, program, and/or other children and/or if a parent or guardian is physically or verbally abusive to a staff member or child.

I agree that in case of an accident or emergency, emergency medical care may be given to my child in the event that I cannot be reached immediately. I understand that I will be held responsible for any medical related costs.

I understand that I must call the South Shore YMCA in the event my child is absent from his/her school. Failure to call may result in termination of transportation.

I understand that my child will not be allowed to leave the Afterschool Program with an unauthorized person. All persons authorized to pick up my child must be listed in this enrollment packet and have a valid driver’s license or picture ID with them at the time of pick up.

I understand that if a person arrives at the program to pick up my child and appears to be under the influence of drugs or alcohol, for the child’s safety, staff will have no other alternative but to contact the police.

I understand that the law mandates the South Shore YMCA to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

I understand that South Shore YMCA staff and volunteers are not allowed to babysit my child or transport my child in their own vehicle at any time even outside of the Afterschool Program. Immediate disciplinary action will be taken by the South Shore YMCA toward staff and volunteers if a violation of this rule is discovered.

I understand that the Afterschool Program ends promptly at 6:00pm. A $1.00 per minute/per child late penalty applies to each minute after 6:00pm that the parent/guardian is late for pick-up. Excessive late pick-up may result in termination from the program.

I understand that I am obligated to pay for holidays when the schools and the Afterschool Program are closed, as well as days that schools and the Afterschool Program are closed due to inclement weather or other emergencies.

I understand that a two-week notice must be given in writing to withdraw my child from the program, or to change program enrollment status (switching of days, etc.). If two weeks’ notice is not given and I made no initial deposit due to a voucher or other arrangements, I am obligated to pay for two weeks of care following my termination from the Afterschool Program.

I understand that the South Shore YMCA Vacation Programs and Summer Camps are separate from the Afterschool Program and require a separate registration.

I understand that I am not obligated to pay for school vacation programs unless I enroll for the school vacation program by completing a separate enrollment packet.

I understand that a space is reserved for my child and can’t be used by any other family on a daily basis. Therefore, I am obligated to pay for family-scheduled vacations and when my child is absent on a day that the Afterschool Program is open.

I understand that if I am a voucher client, I must pay my parent fee, according to my voucher agreement, to be considered current. I understand that I am responsible for keeping my voucher current, and if I do not, my child will be unable to continue to attend the Afterschool Program until it is renewed or private payment arrangements are made with the South Shore YMCA.

I understand that if I fall behind on my tuition payments and do not arrange a payment plan with the Afterschool Program, care for my child will be suspended immediately. Payment must be received for the care of my child to continue or I understand that my child will be terminated from the program. Any balance due must be paid off before registering for any other programs within the South Shore YMCA.

I agree to all policies/procedures listed on the 2023-2024 Policy Page at the beginning of this enrollment packet.

I understand that although we strive to meet the needs of every child there are circumstances where a child cannot function in our environment. If certain aggressive behavior causes a significant risk or harm to the health and safety of children and/or staff, the Afterschool Program may terminate the enrollment, without notice, of any child whose behavior creates a significant risk of harm to children or staff.

Parent Signature: ____________________________________________ Date: ____________________
South Shore YMCA – Hale Family Afterschool Program Checklist

Please be sure to have the following checklist completed. We will not register your child until we have everything listed below.

- Photo of Your Child
- Child's Enrollment Form
  - Complete Child’s Information Section
  - Complete Parent/Guardian Information Section
  - Complete School Information
  - Complete Site Information
  - Complete Transportation Plan
  - Parent/Guardian Signature & Date
- First Aid & Emergency Medical Care Consent Form
  - Child’s Name
  - Complete Medical Information Section
- Emergency Contacts/Authorized Pick-Up List
  - Name of Emergency Contacts/Authorized Pick-Ups
  - Full Addresses for Listed Contacts
  - Phone Numbers for Listed Contacts
  - Parent/Guardian Signature & Date
- Parent/Guardian Sign-Offs
  - Physical Examination & Immunizations Initialed
  - Release of Information Initialed
  - Sunscreen Application Initialed
  - Restroom Supervision Initialed
  - Tooth brushing Permission
- Child’s Introduction Sheet
  - Completed
- Swim Permission
  - Child’s Name
  - Parent/Guardian Signature & Date
- South Shore YMCA Photo Consent
  - Child’s Information
  - Parent/Guardian Signature & Date
- South Shore YMCA Afterschool Statement of Understanding
  - Parent Signature & Date
PAYMENT PAGE

Payment Method

Child’s Name:
____________________________________________________________________________________________________________________________________________________

*Please indicate below payment method accompanying enrollment packet by marking appropriate line(s)*

___________ Check Enclosed

___________ Credit Card:  Credit Card Number: ________________________________________________________________

                                      Exp. Date: ___________________________________________  CID #: _________

___________ Voucher

__________________________________________________________  ______________________
Parent/Guardian Signature  Date
#EXPRESSED PAYMENT PLAN

##Weekly Draft Responsibilities

**Authority to Draw ACH Debits or Drafts for Childcare Payments**

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>[ ] checking account</th>
<th>[ ] saving account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Depositor’s Account No:</td>
<td>Signature of Bank Depositor:</td>
</tr>
<tr>
<td>City, State and Zip:</td>
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</tr>
</tbody>
</table>

**Child’s Name:**

<table>
<thead>
<tr>
<th>Site*:</th>
<th>Amount:$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name:</td>
<td>Site*:</td>
</tr>
<tr>
<td>Child’s Name:</td>
<td>Site*:</td>
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</tbody>
</table>

*Site – Where is your child attending the program? (ex: SSELC., Clifford Marshall, etc.)*

**Full Name Of Your Bank:**

###Checking/Savings Account:

<table>
<thead>
<tr>
<th>Bank Transit Routing No:</th>
<th>Choose One:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depositor’s Account No:</td>
<td>[ ] checking account [ ] saving account</td>
</tr>
</tbody>
</table>

**Credit/Debit Card:**

<table>
<thead>
<tr>
<th>Card Number:</th>
<th>Expiration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Name on Card:</td>
</tr>
</tbody>
</table>

**Authorization:**

I hereby authorize the South Shore YMCA to charge the amount based on my payment schedule to the Checking/Savings Account or Credit/Debit Card listed above.

- It is my responsibility to notify the YMCA immediately of any account changes or account closing and to provide the YMCA with the current account information.
- The YMCA reserves the right to refuse entrance into the program if payments are delinquent. Full payment of delinquent balance will be required for reinstatement into the program.
- The Business Office will contact you for payment if your draft is declined, plus a service charge will be applied by the YMCA to my bank or Credit Card Company.

I have reviewed the above rules and understand the responsibilities of the weekly/monthly draft as written above.

Authorized Payer’s Signature: ________________________________  Date: __________

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