

YWCA of Niagara

PARENT FINANCIAL OBLIGATION /ACKNOWLEDGMENT STATEMENT

FINANCIAL OBLIGATION

- The last day for you to **DROP** weeks without being financially responsible is **Friday, June 11, 2010**. After this date, you will be responsible for all weeks registered. Please plan carefully.
- Deletion of Summer Day Camp weeks is not accepted after June 11th 2010. Should your child not attend a week for which he or she was registered, the parent is financially responsible.
- The YWCA reserves the right to suspend children from the Summer Day Camp program due to non-payment of fees.
- Under no circumstances should payments be made to the Summer Day Camp site staff.
- Under no circumstance should the addition of Summer Day Camp weeks be done at the Summer Day Camp site. Additions require payment at the time of the addition and must be done at the 32 Cottage Street location.
- All Niagara County Department of Social Services clients must have a letter of approval at the time of registration. The YWCA cannot accept your child without approval. The Department of Social Services can fax the approval letter to the attention of Sylvia Baptiste at 433-1929.
- Niagara County Department of Social Services will only pay for days and hours that the client is working or attending training. If your child attends Summer Day Camp on a day that is not approved by the Department of Social Services, you are financially responsible. Each day is \$21.00 and must be paid in advance. If you choose to send your child to the program on a field trip day and you are not working on that day, you are responsible for payment in advance. This cost is \$25 per trip.

REFUNDS

- YWCA of Niagara memberships are non-refundable.
- Only fees for programs cancelled by the YWCA are refundable.
- Suspension or dismissal from the program does not result in refund.
- Absence from program does not reduce operation costs.
- A credit or refund will **NOT** be given for absences.

PARENT ACKNOWLEDGEMENT

- **Medical Release Consent** - In an emergency situation concerning my child, (i.e. accident or sudden medical problem), I do authorize the YWCA staff/volunteer to be my agent in obtaining emergency medical treatment. I understand that the 911 Emergency team and emergency department staff at Lockport Memorial Hospital/or nearest hospital will be utilized.
- **Photo Release/Consent** - I understand that any photographs taken of me/my children while at the YWCA will be used for public relations purposes and promotions of YWCA programs and services.
- **Acknowledgement of Parent Responsibility** – I understand that I am responsible to notify the YWCA of any changes in writing of my child's normal schedule.
- **Liability Waiver** - We agree to hold the YWCA and the Program staff harmless with regard to any injuries that may be sustained by our child during the operation of this program. Furthermore, we understand that the YWCA is insured against any such contingencies. I give my permission that this disclosure information relating to my child, such as pictures, name and other pertinent information may be used at the discretion of the YWCA staff.
- I give **consent for my child to take part in field trips or excursions away from the facility** under proper supervision.
- I acknowledge the receipt of the Summer Day Camp handbook.
- I acknowledge responsibility for receiving this handbook.
- I understand that I am to contact the Summer Day Camp Director at 433-6714 if there are any questions about policies outlined in this handbook.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.

Signature

Date