



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y LEARNING ACADEMY REGISTRATION FORM 2020-21

FOND DU LAC FAMILY YMCA
90 W. Second Street, Fond du Lac WI 54935
Phone 920.921.3330 • Fax 920.921.3376 • www.fdlymca.org

DATE ____/____/____

<p>PARTICIPANT NAME (Child)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p>	<p>PRIMARY PARENT/GUARDIAN</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: (Home) _____</p> <p>(Cell) _____ - _____</p> <p>Phone: (Home) _____</p> <p>Email address: _____</p> <p>Additional email: _____</p>
<p>EMERGENCY CONTACT</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>(Work) _____</p> <p>(Cell) _____</p> <p>(Work) _____</p>	

2020-21 Y Learning Academy Fees:		
Commitment is by school semester.		
(X) Please check the option you enrolled in.		
	Monday/Tuesday	\$60/week
	Thursday/Friday	\$60/week

Weekly Payment Choice:	
(X) Please check the payment option you prefer.	
	<p>Please draft me weekly using a (check one): ___ bank account or ___ debit/credit card (circle type of card: Visa, MC, Discover) on file.</p> <p>FIRST DRAFT DATE: ____/____/____ (The Friday before the 1st week of program start date)</p>
	<p>I will make weekly payments to the Y (cash, check, debit/credit card). I understand payments are due weekly by Friday for the following week. I understand that if payment is not received on time, my child will not be able to attend the Y Learning Program until the weekly fee is received.</p>

I understand that if I choose to cancel enrollment for my child(ren) before the semester is over, I will be required to give a 2 week notice and pay for those two weeks whether my child attends or not. I understand that payment is expected for any days my child misses for any reason, in order to continue enrollment in the program.

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____