


# VENDOR ENRICHMENT CLASSES

## Mead PTSA & YMCA



Session 2 will be running from October 29th through December 18th with registration open online and in person through October 22nd.

Participant Legal First Name	MI	Participant Legal Last Name
Phone Number		Date of Birth

CHECK BOX TO REGISTER	VENDOR CLASS	DAY AND TIME	SESSION COST	REGISTRATION LINK
<input type="checkbox"/>	 Scratch Coding*	Tuesdays 3:20PM-4:30PM	\$213.00	<a href="http://bit.ly/2yfKV50">http://bit.ly/2yfKV50</a>

\*Descriptions can be found at the registration links above.

### Additional Questions:

1. Is there a family situation that you want us to be aware of that would affect who picks up your child? (If yes, we will follow up with you.)

2. Please indicate any health concerns or allergies that we need to be aware of. List NONE if not applicable to your child.

3. List any behavioral needs or concerns we should be aware of.

4. List any medications that need to be administered during program hours.

5. Please provide an emergency contact number (other than the number provided above).

**EMAIL COMPLETED FORMS TO EASTSIDECHILDCARE@SEATTLEYMCA.ORG**



# PAYMENT AUTHORIZATION FORM

YMCA OF GREATER SEATTLE

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Accepted By
Customer ID

## 1 PRIMARY MEMBER

Please print legibly

Check ID

Legal First Name	MI	Legal Last Name		
Street Address	Apt	City	State	Zip Code
Primary Phone			Date of Birth	

## 2 PAYMENT AUTHORIZATION

**YMCA Membership**     **YMCA Activities & Programs**

**Electronic Funds Transfer**

Please attach a voided check and fill out the following account information.

**Recurring Credit Card or Debit Card**

Please fill out the following account information.

**Type of Account:**  Checking  Savings

Debit date will be recurring based on transaction date or established payment plan.

**Type of Account:**  Visa  MC  Amex  Discover

Charge account date will be recurring based on transaction date or established payment plan.

Name on Account (please print)

Name as it appears on Credit Card (please print)

Last four digits of Routing Number

Last 4 digits on Credit Card

Last four digits of Account Number

Expiration Date

I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or \*ACT.

Initials

I hereby authorize the YMCA to charge my credit card on a monthly basis for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or \*ACT.

Initials

## 3 FINANCIAL POLICIES

**I further stipulate the following conditions (please read and sign at bottom):**

I understand that the YMCA membership and programs are continuous and that monthly charges or debits, as indicated above, will continue until I give seven (7) days written notice to change or terminate the membership or program. The frequency and occurrence of my visits has no bearing on my monthly dues.	Initials
I understand that my automatic payment will repeat monthly on the same date as today's date. Any changes made to my membership account will change my automatic payment date to the date of the account change.	Initials
I understand that the YMCA will notify me at least 30 days in advance of any increase to my monthly membership dues or program fees. I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.	Initials
I understand that I must inform the YMCA seven (7) days in advance of any changes to my name, address, phone number or payment information. Failure to provide the YMCA with current information may result in non-refundable fees. I understand I am personally responsible for any payments not processed by my financial institution and/or the YMCA.	Initials
I understand and authorize that NSF or collection of fees may be charged to me for any declined or returned payments. Such non-sufficient fees will be the maximum amount allowed by law and will included applicable taxes.	Initials
I understand that I may cancel at any time, but my membership will be valid through the last day covered by my most recent automatic payment (valid through the membership expiry date). Any outstanding balances will be due at the time of cancellation. I am liable for any fees that the YMCA may incur in its effort to collect any remaining balance due.	Initials
I understand that this authorization includes any future payment methods I add/update to my YMCA online account, and/or payment information automatically updated by my financial institution	Initials
Signature	Date