

Start Date: _____
Amount Paid: _____
Staff Initials: _____



Misawa Instructional Registration Form

Youth's Name: _____

Guardian's Name(s) _____

Guardian Email Address _____

Child Date of Birth _____ **Age:** _____ **Grade** _____

Class/ Program: _____

Instructor: _____

Class Day/s: _____ **Time:** _____

- 1. Class Frequency/Fee:** Instructor contracts vary, but generally classes are taught once or twice per week. Federal Holidays, PACAF days, scheduled instructor absences, and available lesson days all impact the number of sessions scheduled in any given month. It is the responsibility of the instructor to inform the parents and the youth center of any changes in schedules. Fees are due the first of every month and the amount is based on the number of scheduled sessions during that month. All instructional classes are continuous in nature. Your child is in the class until you decide to remove them from the class by providing a two week written notice of termination. Termination also would happen if the instructor has advanced your child to the next level, or the instructor, in coordination with the program coordinator, has determined that they are unable or unwilling to teach your child due to irreconcilable difficulties with behavior, compliance, or communication.
- 2. Make Up Classes/ Class Cancellation:** Make up classes will be held for classes that are cancelled at the fault of the instructor. Each instructor is responsible for scheduling make-up dates and notifying students. There will be no credit or refunds given for illness, inclement weather, disciplinary suspension, emergency closing, or days parents choose not to bring their child to the program.
- 3. Mutual Contract Obligations:** Once the sponsor pays the first monthly class fee and the child has attended one class, a mutual contract obligation is in effect. Class payments are collected for a participant to have a slot in a class. There is no refund or credit given if a child does not attend a regularly scheduled class. Refund requests will be considered with proper documentation for injury or emergency leave lasting two weeks or more when accompanied by a doctor's statement or emergency leave orders. In these cases, class positions can be held for a maximum of two months. These will be considered on a case by case basis and all decisions are made by the Youth Programs Director. Failure to provide verification will result in automatic financial responsibility for the full amount even if the child does not attend class.
- 4. Waiting Room:** All parents are required to wait in the waiting room of Lunney Youth Center for children participating in classes located in the building. It is mandatory for all parents to sign in at the front desk. For the safety of the other children in the youth center and accountability reasons, parents and children are **NOT** allowed to linger outside of the waiting room while the Youth Center is open to youth. Classes located outside of Lunney Youth Center all have designated waiting areas which will be pointed out by the instructor.



Child and Youth Programs Flight Payment Agreement and Credit Card Autopay Authorization

Child(ren) Last Name, First: _____

Name of Sponsor _____ ADAF AD Other DOD Civ Other

Cell Phone: _____ Duty Phone: _____

Email Address: _____

Program Site: CDC SAC Youth Programs

Program Services: (select all that apply)

- Full Day CDC Part-day Preschool Before & After
- Before School After School Instructional Class/ Sport/ Hourly

Payment Schedule: 1st of Month 1st & 15th of Month Weekly (SAC/ PDE Only)

Would you like to enroll in Auto Pay?

Yes. By selecting yes, I understand that Chase Paymentech Orbital online system will automatically charge my card per my payment schedule. **If my payment declines, and fees not paid by 1730 on my payment schedule I will be charged an additional \$5 per day late fee.**

No. By selecting no, I understand that I will have to make a payment to the front desk on my payment schedule. **Fees not paid by 1730 on my payment schedule will be charged to the credit card on file. If the payment declines, I will be charged a \$5 per day late fee.** By selecting no, I understand that I still have to provide a credit card to be kept on file.

By signing below, I authorize the Child Development Center, School Age Care or Youth Programs to automatically charge my account for any balance due for services I have agreed to pay as stated above.

Signature

Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397.
Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.

Credit Card Number:

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Type of Card: Club Card Master Card Visa Mastercard

Cardholder Name (as it appears on the card): _____

3 Digit CVV Code: _____ Expiration Date (MM/YY): _____ Billing Address Zip Code _____