



Seasonal Childcare Enrollment Form

Please Circle the Program you are registering for:

Fun Day

Parent's Night Out

Break Camp

Start Date of the program: _____ Child's Name: _____

Birth Date: _____ Gender: _____ Grade Entering: _____

Address: _____ City: _____ State: _____

Parent 1's Name: _____ Parent 2's Name: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Employed by: _____ Employed by: _____

Email: _____ Email: _____

Are Both parents allowed to pick up this child? _____

Who has Custody of this child? _____ Relationship to child: _____

Please list anyone who is allowed to pick up this child:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Allergies: _____ Date Of DPT or Tetanus: _____

Insurance Covering the Child: _____

Any Special Circumstances we should be made aware of: _____

Please read and initial the following to acknowledge agreement:

___Photography: I give the YMCA permission to publish any photo the make be taken of me or my children for YMCA use.

___Payment: fees are due at registration and must be paid in full. I am aware that there may be a onetime NON – Refundable registration fee due at time of registration if you would like to stop a draft, you must let us know 30 days in advance. I also understand registration is a first come, first serve basis.

___Returned Payments: a \$25 fee will be charged for any returned checks/ EFT after 2 insufficient fund returns, we will accept your payments by money order or by cash only.

___Refunds: Refunds are only given under special circumstances such as serious injury or illness. Refunds will not be given for only a few sick days. Program cancellations will result in a system credit unless the YMCA cancels the program.

___Staff Solicitation: the YMCA staff cannot babysit or transport children at any time outside of the YMCA. Please do not solicit our staff for these purposes.

___Permission for enrollment and release of YMCA from liability: I give my child permission to participate at the YMCA program activities. I understand that when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and all its staff members from all liability for any injury or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, its directors, members and guests. I have read and am voluntarily signing this authorization and release.

___Risk of physical injuries: By the very nature of athletic activities, there is risk of physical injury including catastrophic injuries such as paralysis and even death. The risk of injuries can be minimized but never eliminated.

___Change in programs: The YMCA reserves the right to add, change, limit or cancel classes and/ or teams according to enrollment.

___Safety procedures: Children suffering from injury at or during the YMCA programs will be assessed by the site director for necessary care. When necessary, parent/ guardian will be notified at the time of the injury or illness and given the option of picking up their child at that time. If not available, the child's emergency contact will be notified. In the event of serious injury, EMS will be summoned.

___Discipline policy: children will be given basic rules of safety and good conduct for their program. A progressive discipline policy is used for guidance at the discretion of the staff involved. If it is determined to be a great threat to the safety of other children, self or staff, or if it is disruptive to the program, the child will immediately be removed from the program and parents will be called to pick up the child. This may result in the child being terminated from the program after a review of the circumstances.

___Dismissal/ Authorized persons: When an authorized person picks up your child, they MUST. 1) Enter the YMCA program area 2) show photo I.D. and 3) sign them out daily. Only those persons listed on the child's registration form are authorized to pick up the child. If there is any doubt, phone verification will be made to the child's parent before any child is released. In the event that a parent cannot be reached, the child will not be released. Should any authorized person arrive to pick up a child and appear to be under the influence of drugs or alcohol, the child will not be released and staff may have to contact the police.

___Medication/illness: every effort will be made to administer prescription medication. You are responsible for providing the medication in its original container. The bottle must have a legible pharmacy label with the child's name, current dosage, frequency, and name of prescribing physician. For liquid medications, please send a measuring spoon or cup marked with the child's name. A medicine release form must be completed by parent/guardian before medication can be administered. Children cannot administer medication themselves. If your child has a contagious condition (i.e.: pink eye, lice, fever, rash, etc.) they will not be admitted to the YMCA programs. You will be required to pick your child up immediately.

I acknowledge I have read and agree to the above written statements:

Signature: _____

Date: ____/____/____