# YMCA CHILD CARE ENROLLMENT

This form must be COMPLETED FULLY in order to enroll your child in YMCA child care. Incomplete forms will be put on hold. If your form is put on hold, you may lose your spot in YMCA child care.  Please double-check before submitting to the YMCA.

CHILD'S NAME:

DOB:

GENDER:

GRADE:

**CIRCLE:**     Y-MEMBER            NON-MEMBER            OUTREACH            FSD SUBSIDY            FOSTER/ADOPTED

CHILD'S STREET ADDRESS:

CITY & ZIP:

**PARENT/GUARDIAN**

NAME:                                                    DOB (required):

STREET ADDRESS:

CITY/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY & ZIP CODE:

WORK SHIFT:

WORK PHONE:

NAME:                                                    DOB (required):

STREET ADDRESS:

CITY/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY & ZIP CODE:

WORK SHIFT:

WORK PHONE:

**COURT DOCUMENTATION IS REQUIRED FOR ANY BIOLOGICAL PARENT BARRED FROM ACCESSING THEIR CHILD.**

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EMERGENCY CONTACT OTHER THAN PARENTS

NAME:

STREET ADDRESS:

CITY/ZIP:

PHONE:

RELATIONSHIP:

AUTHORIZED PICK UP: PLEASE LIST OTHER PEOPLE WHOM YOU AUTHORIZE TO PICK UP YOUR CHILD:

## AUTHORIZATION FOR MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.  If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize YMCA to contact the following:

DOCTOR:                            PHONE NUMBER:

HOSPITAL:                          PHONE NUMBER:

## PARENT'S HEALTH STATEMENT FOR SCHOOL–AGE CHILD

My child is in good health, is able to participate in group care, and has no special health or medical requirements. If my child is able to participate in group care but has special health or medical requirements, I have listed them here.  PLEASE LIST ANY SPECIAL HEALTH OR MEDICAL CONDITIONS, including chronic health problems (Asthma, seizures), behavioral disorders, special needs, etc:

An **INDIVIDUALIZED CARE PLAN FORM**  is **REQUIRED**  for any child with a condition as listed above.

PARENT SIGNATURE:                          DATE:

## COMMUNICATION

I understand that Y-Club used the Remind App for communication.  I have signed up to receive important information and updates throughout the school year.  It is my responsibility  to notify the Child Care Director or change my phone number on the Remind App to continue receiving texts and notifications.
Text: @sby-club to 81010 to sign up.

PARENT SIGNATURE:                          DATE:

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**ACKNOWLEDGEMENTS**

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| I have received a copy of the YMCA Child Care Parent Handbook, which contains policies regarding admission, care and discharge of children (Available online at www.southernbooneymca.org.  Printed copies by request). |
| I have been informed that a copy of the licensing rules for child care centers is available at this facility for review. |
| The YMCA and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs. |
| When my child is ill, I understand and agree that s/he may not be accepted for or remain in care. |
| I give the YMCA permission to transport my child if necessary.  I understand that YMCA will take field trips. |
| I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations, or exemptions from immunizations. |
| I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immuniztion exemption has been filed. |

**PARENT SIGNATURE:**                                              **DATE:**

**LIABILITY RELEASE**

I, the undersigned, request permission for _____to enter the Southern Boone Area YMCA

(hereinafter the YMCA) school age programs and to participate in the YMCA activities associated with the program.  I know

and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises.

In consideration of demands, damage actions and cause of action (present or future, whether known or unknown,

anticpated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA

premises and participation in any YMCA activity.  I certify that I am 18 years of age and that my participation in the YMCA

activities are voluntary.  I give consent for my child to be photographed, videotaped or to appear in local newspaper

articles or other local media.

**PARENT SIGNATURE:**                                              **DATE:**