

Program Registration

Childs Name: _____
 (Circle) Male Female DOB: _____ Age: _____
 Rising Grade: _____ School: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

1st Parent / Guardian: _____
 Address (if different): _____
 Home Number (if different): _____
 Place of Employment: _____
 Work # _____ Mobile # _____

2nd Parent / Guardian: _____
 Address (if different): _____
 Home Number (if different): _____
 Place of Employment: _____
 Work # _____ Mobile # _____

Other persons authorized to pick up your child or call in emergency
 Name: _____ Phone: _____
 Name: _____ Phone: _____

NOTE: Anyone NOT listed above will NOT be allowed to pick up your child.

Enrollment Agreements

Enrollment Agreement: I understand that I am responsible for paying for every week my child is enrolled in the child care program. I must give the site director a two-week written notice if I disenroll my child from the program. I also understand that registration fees and deposits are non-refundable. Parent Initials: _____ Date: _____

Release of Liability: In the event an accident occurs, I am aware that the YMCA does not provide accident insurance, and I will not hold the YMCA responsible for any injury. Parent Initials: _____ Date: _____

Transportation Release: I give consent for my child to be transported by YMCA staff in YMCA vehicles for pick up (if applicable) and field trips. Parent Initials: _____ Date: _____

Emergency Care Release: In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization. Parent Initials: _____ Date: _____

Swimming Release: My child has permission to swim during the YMCA child care program. I would rate my child's swimming level as follows: (circle) BEGINNER INTERMEDIATE ADVANCE Parent Initials: _____ Date: _____

Parent Packet: I have receive a copy of the Child Care Parent Packet which outlines policies, holiday schedule and other aspects of my child's participation in the child care program. Parent Initials: _____ Date: _____

PG movie: My child has permission to view movies rated PG and deemed appropriate by the Child Care Director. Parent Initials: _____ Date: _____

Photo Release: I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use. Parent Initial: _____ Date: _____

**Program
(Circle One)**

Afterschool

Holiday Camp

Summer Camp

Insurance Information

Is the Child Covered by family/medical hospital insurance? YES NO

If yes, indicate carrier plan name: _____

Group policy #: _____

Name of Insured: _____

Relationship to Child: _____

Preferred Hospital: _____

Allergies: Please list ALL known medication, food, and other allergies. Also list ALL medications being taken, dosage and ANY dietary restrictions: _____

Family Physician:

Name: _____

Phone: _____

Address: _____

City: _____ State: _____

Please list any additional information about your child's health history, behavior and physical, emotional or mental health about which the child care staff should be aware.

I agree and understand all enrollment agreements and policies initialed on this document.

Parent Signature _____

Date _____