



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF GREENVILLE CHILD CARE REGISTRATION FORM

## OFFICE USE ONLY

Child 1 ID#: \_\_\_\_\_ BSC Review Initials: \_\_\_\_\_  
 Child 2 ID#: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Form Scanned in CCC: \_\_\_\_\_  
 Front Desk Staff Reviewing: \_\_\_\_\_

Please check the program you are registering for:

Afterschool Care  Holiday/Spring Break Camp  S.O.S. Day

### CHILD #1 INFORMATION

Child #1 Name:		Date of Birth:		Gender (Please Check): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age:	School:	School Year:	Grade at Start of School Year:	Program Start Date:	
<b>Allergies / Additional Information:</b> Please list any allergies your child may have, medications your child is currently taking, dietary restrictions, etc. or any other information we should know about your child. If your child requires medication to be administered during the program, please fill out a separate medication form.					

### CHILD #2 INFORMATION

Child #1 Name:		Date of Birth:		Gender (Please Check): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age:	School:	School Year:	Grade at Start of School Year:	Program Start Date:	
<b>Allergies / Additional Information:</b> Please list any allergies your child may have, medications your child is currently taking, dietary restrictions, etc. or any other information we should know about your child. If your child requires medication to be administered during the program, please fill out a separate medication form.					

### CHILD'S HOME INFORMATION

Home Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone:	

### LEGAL GUARDIAN #1 INFORMATION: Is this the primary contact for emergencies and program communication? Yes No

Name:	Date of Birth:	Place of Employment:	
Address (if different from child):	City:	State:	Zip:
Primary Phone:	Secondary Phone:	Work Phone:	
Email:			

### LEGAL GUARDIAN #2 INFORMATION: Is this the primary contact for emergencies and program communication? Yes No

Name:	Date of Birth:	Place of Employment:	
Address (if different from child):	City:	State:	Zip:
Primary Phone:	Secondary Phone:	Work Phone:	
Email:			

### CHILD'S ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK UPS

Please list the individuals other than legal guardians who may pick up your child or be contacted in an emergency if the legal guardian cannot be reached. Please note that we require a written request to add/remove any names listed. Anyone NOT listed below WILL NOT be allowed to pick up your child. A picture ID will be required at pick up.

Authorized Pickup Name 1:	Relationship to Child:	Primary Phone:
Authorized Pickup Name 2:	Relationship to Child:	Primary Phone:
Authorized Pickup Name 3:	Relationship to Child:	Primary Phone:
Authorized Pickup Name 4:	Relationship to Child:	Primary Phone:

ADDITIONAL REQUIRED FIELDS ON BACK

## HEALTH & INSURANCE INFORMATION

Is the child covered by a family/medical hospital insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, name of carrier:	
Group Policy Number:	Name of insured:	Relationship to child:	
Preferred Hospital:			

## FAMILY PHYSICIAN INFORMATION

Family Physician Name:		Phone:	
Address:	City:	State:	Zip:

## PROGRAM AGREEMENTS (Signature is required for program participation)

I understand that I am responsible for paying for every week my child is enrolled in the child care program. I understand that I must give the site director a two-week notice if I disenroll my child from the program. I also understand fees and deposits are non-refundable. I also give consent for my child to be transported by YMCA staff in YMCA vehicles for pick and field trips (if applicable). In the event of an emergency in which I cannot be reached, I authorize medical personnel to provide the necessary first aid and/or hospitalization of my child. I understand I am responsible for any medical expenses. I understand the child care program ends promptly at 6pm and \$1.00 per minute late fee will be assessed for every minute after 6pm that my child is not picked up. I have also received the child care parent handbook that outlines important child care policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (Signature is required for program participation)

IN CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OR RELATED ENTITY FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Child/Minor

\_\_\_\_\_  
Print Name of Child/Minor

## SWIMMING RELEASE

My child has permission to swim during the YMCA child care program. I would rate my child's swimming level as (check one level per child):

Child #1:  Beginner  Intermediate  Advance      Child #2:  Beginner  Intermediate  Advance

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_