

Y-CARE CHILD ENROLLMENT 2010-2011

Child's Name:

Gender: M F

Date of Birth:

Address:

City/Zip:

Circle One: *AM & PM*

AM ONLY

PM ONLY

Circle Applicable: *Member*

Nonmember

DFS

Outreach

School Attending:

Grade in 2009-2010:

PARENT/GUARDIANS

Name:

SSN:

Address:

City/Zip:

Email:

Employer/Student:

Hours at Work:

Address:

Home phone:

Work phone:

Cell:

Name:

SSN:

Address:

City/Zip:

Email:

Employer/Student:

Hours at Work:

Address:

Home phone:

Work phone:

Cell:

EMERGENCY CONTACT

Name:

Relationship:

Address:

Phone/Cell:

AUTHORIZED PICK UP: Please list other people whom you authorize to pick up your child:

OPTIONAL CONTACT

Name:

Relationship:

Address:

Phone/Cell:

AUTHORIZATION FOR EMERGENCY 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: St. Mary's 761-7000 or Capital Region 632-5000

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 below.

Parent Signature:

Date:

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 medical condition as listed above.

ACKNOWLEDGEMENTS

- I have received a copy of the Parent Handbook, which contains Y-Care policies regarding admission, care and discharge of children (available online at www.jcymca.org)
- I have been informed that a copy of the licensing rules for child care centers is available at Y-Care for my 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 care or remain in care.
- I give permission to the Y-Care program to transport my child if necessary.
- I understand Y-Care does not participate in field trips.

Parent Signature:

Date:

NON-MEMBERS ONLY LIABILITY RELEASE

I, the undersigned, request permission for _____ (child's name) to enter the Jefferson City 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 the permission granted to enter to YMCA program premises, I release and discharge the owners, operators, and sponsors as well as all other person in any way related to the YMCA for claims, demands, damage actions and cause of action (present or future, whether known or unknown, anticipated 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/Guardian Signature:

Date: