

Y-CLUB STUDENT ENROLLMENT 2019-2020

This form must be completed fully in order to enroll your student in Y-Club. Incomplete forms will not be accepted. Forms must include a copy of immunization records. Please double-check before submitting to the YMCA.

STUDENT'S NAME:

DOB:

GENDER:

School Attending in 2019-2020:

THOMAS JEFFERSON MIDDLE SCHOOL

Grade:

Child's Street Address:

City & Zip:

PRIMARY 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.

PRIMARY PARENT IS RESPONSIBLE FOR ALL FEES INCURRED.

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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 (circle one): _____ SSM ST MARY'S 681-3000 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 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. Falsification of records is grounds for expulsion from the program.

PARENT SIGNATURE: _____

DATE: _____

ACKNOWLEDGEMENTS

I have received a copy of the Y-Club Parent Handbook, which contains policies regarding admission, care and discharge of children (Available online at www.jcymca.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 Y-Club does not participate in 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 immunization exemption has been filed.

PARENT SIGNATURE: _____

DATE: _____

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LIABILITY RELEASE

I, the undersigned, request permission for _____ 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 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 SIGNATURE:

DATE: