

# **2026-2027 Y-CLUB**

Parents and Guardians,

Thank you for choosing the YMCA for your before-school program! We're excited to start another year with your child.

Enrollment forms must be completed fully. Enrollment forms with missing information may result in losing your spot.

Any behavioral or medical concern listed under the Parent Health Statement, an Individualized Care Plan (ICP) or IEP/504 must be turned in. You can find the forms online or ask the front desk attendant for a copy.

If you have any questions or concerns please feel free to contact the Childcare Staff.

Brittany Watkins

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Carlie Bleich

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Thank you for enrolling in our program!

# 2026-2027 Y-CLUB Enrollment Form

CHILD'S NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_  
GENDER: \_\_\_\_\_  
School (circle one):                      Thomas Jefferson                      Lewis and Clark  
Grade: \_\_\_\_\_

Child's Street Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_

Circle all that apply:  
   Y MEMBER                      NONMEMBER                      OUTREACH SCHOLARSHIP  
   JCS D EMPLOYEE                      BLAIR OAKS EMPLOYEE                      Y EMPLOYEE

## PARENT/GUARDIAN

NAME: \_\_\_\_\_ DOB (required): \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY/ZIP: \_\_\_\_\_  
HOME & CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
EMPLOYER STREET ADDRESS: \_\_\_\_\_  
EMPLOYER CITY & ZIP CODE: \_\_\_\_\_  
WORK HOURS: \_\_\_\_\_ WORK DAYS: S M T W T F S  
WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB (required): \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY/ZIP: \_\_\_\_\_  
HOME & CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
EMPLOYER STREET ADDRESS: \_\_\_\_\_  
EMPLOYER CITY & ZIP CODE: \_\_\_\_\_  
WORK HOURS: \_\_\_\_\_ WORK DAYS: S M T W T F S  
WORK PHONE: \_\_\_\_\_

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

# Immunization Record is Required Every Year

# 2026-2027 Y-CLUB Enrollment Form

## Emergency/Authorized Pick up OTHER THAN PARENTS

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## 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 listed under the Parent Health Statement. Falsification of records is grounds for expulsion from the program.**

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ACKNOWLEDGEMENTS

I understand there are copies of the Y-Care Parent Handbook, which contains policies regarding admission, care and discharge of children available for my convenience online at [www.jcymca.org](http://www.jcymca.org).

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-Care 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:**

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**Immunization Record is Required Every Year**

# 2026-2027 Y-CLUB Enrollment Form

An auto draft is required for registration.

Parents who are current Y patrons with an electronic payment method on file with the YMCA may indicate that account below by providing the last 4 digits of the card and CVC/CVV

or

the last 4 digits of their bank account.

Otherwise, please complete the form below in full.

Name on Account for Draft: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_      Checking      Savings

Credit/Debit Card: \_\_\_\_\_      CVC/CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_



**Immunization Record is Required Every Year**