



CHILDCARE ENROLLMENT FORM

YMCA MEMBER
 PROGRAM PARTICIPANT

CHILD'S NAME		CHILD'S AGE	DATE OF BIRTH	SEX
CHILD'S ADDRESS		CITY	STATE	ZIP
CHILD'S ETHNICITY <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER		CHILD'S PRIMARY LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		PRIMARY NUMBER
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER	ALTERNATE NUMBER
EMAIL ADDRESS	HOME ADDRESS	CITY	STATE	ZIP
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER	ALTERNATE NUMBER
EMAIL ADDRESS	HOME ADDRESS	CITY	STATE	ZIP
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED		RELATIONSHIP	PRIMARY NUMBER	
HOME ADDRESS		CITY	STATE	ZIP
DEMOGRAPHIC INFORMATION (REQUIRED FOR GRANT FUNDING):	NUMBER IN HOUSEHOLD (INCLUDING ALL ADULTS):		NUMBER OF CHILDREN IN HOUSEHOLD:	
NUMBER OF CHILDREN IN THE CHILDCARE PROGRAM:	FEMALE-HEADED HOUSEHOLD? Y N	SIBLING NAME & AGE		
SIBLINGS NAME & AGE	SIBLINGS NAME & AGE		SIBLINGS NAME & AGE	

I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:

The following individuals may also pick up my child or be contacted in case of an emergency. Children will be released only to those names listed. YOU MUST LIST PERSONS WHO WILL BE AVAILABLE TO BE REACHED BY PHONE. They should be prepared to show a picture ID when picking up your child.

NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

CUSTODY AND COURT ORDERS

Are there any court orders affecting the custody of this child? ___ Yes ___ No (If yes, you MUST provide the YMCA with a copy of these orders.)

Are there any restraining orders? ___ Yes ___ No Who has Primary custody of this child? _____

Child may be released to: () FATHER () MOTHER () OTHER Notes: _____

URGENT RELEVANT INFORMATION (PARENTAL CUSTODY, RESTRAINING ORDERS, RESTRICTED PICKUPS, ETC):

Parent/Guardian Signature: _____

Date: _____



Anyone registering for the YMCA childcare program must have a checking account, savings account, or credit card on file. Accounts will be drafted each week on Monday (if Monday is a holiday, drafts will occur the following business day). All billing information is kept confidential. Receipts will be sent each week via email. Place an X beside the program you will be using most often. Regardless of what you choose below, you will be charged based on your child's attendance. For example, if you choose a 3-5 day option below, but bring your child only 2 times during a given week, then you will be billed for the 2-day option. Note: The YMCA will schedule payments for each Monday of that session with the billing information provided. Space is limited per offering and session & will be offered on a first-come / serve basis per session & offering.

OFFERINGS	WEEKLY PRICE
1-2 DAYS 6:00am- School Begins/Breakfast School Ends – 6:00 pm	YMCA Member- \$20 <small>APPROX. \$10/DAY</small> Program Participant- \$25 <small>APPROX. \$13/DAY</small>
3-5 DAYS 6:00am- School Begins/Breakfast School Ends – 6:00 pm	YMCA Member- \$30 <small>APPROX. \$6/DAY</small> Program Participant- \$35 <small>APPROX. \$7/DAY</small>

NEARLY HALF OFF NORMAL PRICING DUE TO STUDENT LEARNING RECOVERY GRANT

Please Note:

- *Children must be enrolled in the school they provided above
- *Before & Afterschool is Monday through Friday only
- *Billing is done on weekly basis (Mondays) for the committed session(s)
- *Pickup after times indicated above will result in a \$15 late fee for each 15 minutes

PARENT'S ACKNOWLEDGEMENTS AND STATEMENT OF CONSENT

I HEREBY GIVE CONSENT FOR THE FOLLOWING (CHECK ALL THAT APPLY):

I hereby grant permission for my child to leave and to be transported to and from the YMCA premises for the purpose of participating in scheduled activities and planned field trips.

I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of promoting or interpreting YMCA programs and activities.

I hereby release, waive, and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents from any claims, demands, damages, losses, and causes of action arising or resulting from any injury to my child or loss or damage to his or her property that may occur while the child is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participation in any YMCA program or activity.

I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment, or participation in any YMCA program or activity.

Signature of Parent/Legal Guardian: _____

Date: _____



Medical Information/Emergency Medical Authorization

The information on this form is not a part of our program acceptance process but is gathered information to assist us in identifying appropriate care for your child. Any changes in the information on this form should be provided to the YMCA immediately. Please complete All information so that we can be aware of your child's needs.

HAD/DOES THE PARTICIPANT:	YES	NO	COMMENTS:
Had any recent injury, illness or infectious disease?			
Have a chronic recurring illness/condition?			
Ever been hospitalized and/or had surgery?			
Have frequent headaches?			
Ever had a head injury and/or been knocked unconscious?			
Wear glasses or contacts?			
Have frequent ear infections and/or hearing problems?			
Have seizures?			
Been diagnosed with a heart condition?			
Ever had back or joint problems?			
Have diabetes?			
Have asthma?			
Had emotional difficulties for which professional help was sought? Take medication? If so, please list:			
Have any medication allergies? If so, please list:			
Have any food allergies? If so, please list:			
Have any other allergies? If so, please list:			
SPEECH AND COGNITION			
The applicant communicates in the following way(s): <input type="checkbox"/> Non-verbal but vocalizes <input type="checkbox"/> Says words <input type="checkbox"/> Talks in sentences but may be difficult to understand <input type="checkbox"/> Talks in sentences and is easy to understand <input type="checkbox"/> Uses a communication board <input type="checkbox"/> Uses computer-assisted device <input type="checkbox"/> Sign language			
Hearing problems: <input type="checkbox"/> None <input type="checkbox"/> Uses hearing aid <input type="checkbox"/> Uses sign language <input type="checkbox"/> Cochlear implant Any particular or unique signs or phrases the applicant uses:			
Following Directions: <input type="checkbox"/> Is unable to follow directions <input type="checkbox"/> Follows simple one-step directions <input type="checkbox"/> Has no difficulty following directions <input type="checkbox"/> Follows two-step directions <input type="checkbox"/> Other:			
Does the applicant read: <input type="checkbox"/> No <input type="checkbox"/> Yes What level: _____			

In the event of an illness or injury to my child, I hereby authorize the YMCA of Madison County to provide or cause to provide such medical care and treatment to my child as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment. I give permission to the staff of the YMCA of Madison County to contact the listed doctor after attempts made to contact me by phone have been unsuccessful.

Name of Physician: _____ Preferred hospital choice is: _____ Phone number: _____

Signature _____



DISCIPLINE /GUIDANCE POLICY

YMCA OF MADISON COUNTY BEFORE & AFTERSCHOOL

It is important that a child’s development is nurtured through caring, patience, and understanding. However, while caring for your children, we may have to respond to misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not:

- Threaten or bribe
- Physically punish, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliate or isolate

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while getting down to your child’s level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child’s age, if necessary

If your child’s behavior is very disruptive or harmful to himself or other children, we will write an incident report and discuss the issue with you privately. Any child whose needs obviously cannot be met or whose behavior is a detriment to other children and/or the staff at the YMCA can be dismissed from child care with no refund. If more than three incident reports are written per school year, you may be asked to make other childcare arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed-upon suggestions.

Additional techniques to be used with my child:

Signature: _____

Date: _____



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

YMCA OF MADISON COUNTY BEFORE & AFTERSCHOOL

1. I understand that this is a continuous agreement and will remain in effect until I terminate the agreement by written notice or until the end of the school year, whichever comes first.
2. I understand that if I wish to pay by alternate methods on any given week, I will provide written notice to the YMCA by no later than Wednesday of that week.
3. Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.
4. I understand that my account will be charged weekly, with the amount determined by sessions and offerings I have selected.
5. I hereby authorize the YMCA to initiate electronic fund entries to the bank account or credit/debit card listed below.

Signature: _____

Date: _____

Option 1: Parent/Guardian Name on Billing Account (Print Name) _____

Child's Name: _____

Bank's Routing Number: _____ Account Number: _____

Bank Name: _____

Parent/Guardian Billing Address: _____

City: _____ State: _____ Zip: _____

Option 2: Name on Card: _____

CardType (Circle): Visa Mastercard Discover American Express

Credit/Debit Card Number: _____ Expiration: _____

CVV Number (3 digits on back of card, by signature line): _____

Parent/Guardian Billing Address: _____

City: _____ State: _____ Zip: _____



PARENTS STATEMENT OF UNDERSTANDING – PLEASE READ EACH ITEM LISTED BELOW AND SIGN

I agree to pay a non-refundable registration fee at the time of registration, or during the billing period by the YMCA at the end of each week,

I agree that I will pick up my child no later than 6:00 pm. I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not picked up by 6:00 pm., I will be charged a fee of \$10.00 for the first 5 minutes (until 6:05 pm), then \$1.00 for every minute thereafter. After 6:10 pm my emergency contact will be called.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed with the YMCA on this form and present a picture ID.

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I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program.

I understand that in the event of continued NSF payments, late pickup of my child, or for any other good cause, the YMCA of Madison County reserves the right to remove my child from the program.

I understand if I am not the parent of the registered child, I am to provide the YMCA with court documentation stating that I am the legal guardian and I am authorized to make medical decisions on behalf of the child

I understand that my child must follow and abide by the discipline system adopted by the YMCA. Failure to do so may result in the child being removed from the program by the YMCA.

Signature of Parent/Guardian _____ Date _____

CHILD PERMISSION FORM – PLEASE READ EACH ITEM LISTED BELOW AND SIGN

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I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of promoting or interpreting YMCA programs and activities.

I hereby release, waive, and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents from any claims, demands, damages, losses, and causes of action arising or resulting from any injury to my child or loss or damage to his or her property that may occur while the child is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participation in any YMCA program or activity.

I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment, or participation in any YMCA program or activity.

Signature of Parent/Guardian _____ Date _____

COVID-19 Acknowledgment – PLEASE READ EACH ITEM LISTED BELOW AND SIGN

Symptoms of COVID-19 include: Fever, Fatigue, Dry Cough, and Difficulty Breathing

To maintain a disinfected environment, we are asking all parents to agree to the following guidelines for themselves and for their children that take part in our YMCA childcare. These agreements shall remain in effect in perpetuity or until stated otherwise.

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I have been attentive to the health of my child to ensure my child is symptom-free and safe to attend services at YMCA. This includes being fever-free for 72 hours without the use of fever-reducing medication.

I affirm that I, as well as all members of my household, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days. I affirm that I, as well as all members of my household, have not traveled outside of the country or to any city considered to be a "hotspot" for COVID-19 infections within the past 30 days.

By attending YMCA childcare I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or my family may be exposed to or infected by COVID-19.

Signature of Parent/Guardian _____ Date _____

I have read the release and waiver, I understand it, and I agree to it voluntarily.