



# YMCA SOUTHCOAST Early Education and School Age Care Registration Form

PLEASE PRINT LEGIBLY Date of Admission \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ Age at Admission \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who does child live with \_\_\_\_\_

Program registering for  Early Education  Before School Care  After School Care  School Closures only

### Parent · Guardian Information

Parent #1/Guardian \_\_\_\_\_ Parent #2/Guardian \_\_\_\_\_

Relation to child \_\_\_\_\_ Relation to child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

City State Zip \_\_\_\_\_ City State Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer address \_\_\_\_\_ Employer address \_\_\_\_\_

City State Zip \_\_\_\_\_ City State Zip \_\_\_\_\_

Employer phone \_\_\_\_\_ Employer phone \_\_\_\_\_

Hours at work \_\_\_\_\_ Hours at work \_\_\_\_\_

Are there custody agreements, court orders, and/or restraining orders pertaining to your child?  
If yes, please attach a copy. NO  YES

Does your child have any special limitations or concerns for program participation?  
If yes, please list. NO  YES

My child has an IEP (Individual Educational Plan), IFSP (Individual Family Services Plan), or a 504 Plan. NO  YES   
If yes, please provide a copy.

I authorize \_\_\_\_\_ to sign/and/or review any child care documents in my absence.

### School Age Only

Current School \_\_\_\_\_ Grade \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent Guardian Initials \_\_\_\_\_

Parent · Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# YMCA SOUTHCOAST Early Education and School Age Care Medical Consent Form

PLEASE PRINT LEGIBLY

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ Female  Male

I authorize staff members in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child.

Child's Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Please attach a current copy of your child's immunizations\***

Please list any allergies, special diets, or chronic conditions. Include all conditions such as food allergies, asthma, insect bites/stings that are diagnosed and documented by child's doctor.

---

---

---

**\*If yes to the above, please see the Child Care Director to complete the state mandated Individual Health Plan for each chronic health condition.**

**Emergency Contact Information** • In order to be contacted - Include parents if applicable

Name \_\_\_\_\_  
Relation to child \_\_\_\_\_  
Home address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give permission for your child to be released to this person? YES  NO

Name \_\_\_\_\_  
Relation to child \_\_\_\_\_  
Home address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give permission for your child to be released to this person? YES  NO

Name \_\_\_\_\_  
Relation to child \_\_\_\_\_  
Home address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give permission for your child to be released to this person? YES  NO

**Health Insurance Coverage**

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Insured \_\_\_\_\_  
Relation to child \_\_\_\_\_  
Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Phone \_\_\_\_\_

Parent • Guardian Signature

Date



# YMCA SOUTHCOAST Early Education and School Age Care Transportation Plan & Authorization

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ Male  Female

My child will **ARRIVE** at the **Early Education** program by:

\_\_\_\_\_ Parent Drop Off \_\_\_\_\_ Released from school \_\_\_\_\_ Other • Describe \_\_\_\_\_

My child will **LEAVE** at the **Early Education** program by:

\_\_\_\_\_ Parent Pick Up \_\_\_\_\_ Released to school \_\_\_\_\_ Other • Describe \_\_\_\_\_

My child will **ARRIVE** at the **Before School** Program program by:

\_\_\_\_\_ Parent Drop Off \_\_\_\_\_ Other • Describe \_\_\_\_\_

My child will **LEAVE** at the **Before School** program by:

\_\_\_\_\_ Parent Pick Up \_\_\_\_\_ Bus/Van \_\_\_\_\_ Other • Describe \_\_\_\_\_

My child will **ARRIVE** at the **After School** program by:

\_\_\_\_\_ Parent Drop Off \_\_\_\_\_ Released from school \_\_\_\_\_ Other • Describe \_\_\_\_\_

\_\_\_\_\_ Bus/Van \_\_\_\_\_ Supervised walk \_\_\_\_\_

My child will **LEAVE** at the **After School** program by:

\_\_\_\_\_ Parent Pick Up \_\_\_\_\_ Other • Describe \_\_\_\_\_

**The following is MANDATORY. Please initial**

I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for child care services provided to me by the Y. I must give the Y two weeks notice of my intent to withdraw my child from the Y program and I am responsible for payments regardless of my child's attendance.

\_\_\_\_\_

I have received and understand that it's my responsibility to read and adhere to all policies and procedures outlined in the Parent Handbook and Health Care Policy.

\_\_\_\_\_

**The following is OPTIONAL. Please initial those you choose. I give permission for:**

- \_\_\_\_\_ My child to attend all walks within the distance of the center • Field trips will have prior permission forms
- \_\_\_\_\_ Administrators or teaching staff to access any record—enrollment forms, assessments, any medical documentation—from my child's file
- \_\_\_\_\_ The Y to use my child's picture in the Y publicity and media promotions
- \_\_\_\_\_ The Y to use my child's picture inside the facility/school building
- \_\_\_\_\_ My child to participate in a supervised Y gym/swim program as offered
- \_\_\_\_\_ My child to be observed and interact with authorized student interns and volunteers
- \_\_\_\_\_ My child to work on their homework in the after school program
- \_\_\_\_\_ The Y to communicate with my child's school for any information that is relevant to the success of my child in both school and the Y program.
- \_\_\_\_\_ The Y staff to apply sunscreen and /or bug repellent as needed on exposed skin if no broken skin is readily apparent. I will supply above items(s), labeled with my child's name.

Parents enter a contract relationship with the YMCA in which both parties agree to certain conditions in writing. Those conditions include the child's schedule and tuition rate, acceptance of the Center's policies, and support of the program.

**Waiver of Liability:** I hereby give permission to the medical personnel selected by the child care director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent, guardian and emergency contacts. In consideration of being allowed to participate in the activities and programs of the Y and to use its facilities, and equipment, in addition to any fee or charge, I do hereby waive, release, and forever discharge the Y and its officers, agents, employees, representatives, (collectively "the Y"), from any and all responsibilities and liability for injuries or damages to myself, including those caused by the negligent act or omission of the Y, or in any way arising out of our connected with my participation in any activity at the Y. I agree to adhere to all policies set forth by the Y.

Parent • Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# YMCA SOUTHCOAST Early Education and School Age Care Enrollment Form

TO BE COMPLETED BY PARENT · PLEASE PRINT LEGIBLY

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

School attending \_\_\_\_\_ Primary language \_\_\_\_\_ Allergies/Asthma YES  NO

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Has your child previously attended a YMCA Southcoast child care program? If yes, where? \_\_\_\_\_  YES  NO

### Child's Ethnic and Racial Identities

#### ETHNICITY

Hispanic or Latino  Not Hispanic or Latino

#### RACE

Asian  Black or African American  Native Hawaiian/Other Pacific Islander

White/Caucasian  American Indian or Alaska Native  Other

#### Please circle choice of days

	M	T	W	TH	F	Weekly fee
After School Age Care						_____
After School Age Transportation						N/A _____
Before School Age Care						_____
Preschool Full Day						_____
Preschool Half Day						_____
Toddler Full Day						_____
Toddler Half Day						_____

### EFT Draft · Credit Card Payments

If your child is currently enrolled and you have an EFT or credit card payment, would you like to continue with that payment? YES  NO   
If you would like to change or add new bank information, please complete the following page.

#### FOR OFFICE USE ONLY

Type of Payment  Private  PACE  EEC  Financial Aid  Staff

Voucher Service Code \_\_\_\_\_ Subsidized Daily Parent Fee \$ \_\_\_\_\_

Program Start Date \_\_\_\_\_ Subsidy End Date \_\_\_\_\_

Site \_\_\_\_\_ Class or Group \_\_\_\_\_

Child Care Director Approval \_\_\_\_\_



# YMCA SOUTHCOAST Child Care Payment Options

PLEASE PRINT LEGIBLY

CHILD'S NAME \_\_\_\_\_ Program \_\_\_\_\_

## EFT Draft

I hereby authorize YMCA Southcoast to initiate electronic fund entries from my checking account or credit card(s). This authorization remains in effect until the Y has received a 15-day written notification from me indicating my desire to discontinue.

### CHECKING ACCOUNT

Name on Account \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Routing/Transit Number \_\_\_\_\_  
Account Number \_\_\_\_\_

### CREDIT CARD

Name as Appears on Card \_\_\_\_\_  
Account Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

AMEX  VISA  MASTERCARD  DISCOVER

## EFT Draft Agreement

I understand that I am still responsible for any payment plus the Y will apply a service charge of \$15.00 should an EFT draft be declined by my bank or other financial institution. This is in addition to any fee charged by my bank or other financial institution.

I understand that I am responsible to inform the Y within 3 days of any account change with updated information.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Type of Payment  Private  PACE  EEC  Financial Aid  Staff  Grant

Parent Weekly Payment \$ \_\_\_\_\_ EFT Start Date \_\_\_\_\_

Branch and Site \_\_\_\_\_