



# YMCA SOUTHCOAST Early Education and School Age Care Registration Form

Date of Admission \_\_\_\_\_

PLEASE PRINT LEGIBLY

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

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

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

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

Program registering for  Preschool  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 _____

■ **School Age Only:** Current School (2018-2019) \_\_\_\_\_ Grade \_\_\_\_\_

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file.

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

### Documents Needed for Registration

1. Immunization with most recent physical record from physician
2. Any current custody agreements, court orders, and /or restraining orders pertaining to your child
3. Any current IEP ( Individual Educational Plan), IFSP (Individual Family Services Plan), or a 504.

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

Parent - Guardian Signature

Date



# YMCA SOUTHCOAST Early Education and School Age Care Emergency 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 \_\_\_\_\_ MA \_\_\_\_\_ Zip \_\_\_\_\_

### List Chronic Conditions:

- Please list any **allergies, special diets, or chronic conditions** below. 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 Care Plan for each chronic health condition and a Medical Consent Form.
- Please list any physical condition that might require special accommodations.

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Emergency Contact Information

Parent #1 \_\_\_\_\_

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes  No

Parent #2 \_\_\_\_\_

Relationship \_\_\_\_\_

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 \_\_\_\_\_

Relationship \_\_\_\_\_

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 \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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 \_\_\_\_\_

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes  No

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

Date \_\_\_\_\_



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

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

My child will ARRIVE at the Preschool program by:  
 \_\_\_\_\_ Parent Drop Off      \_\_\_\_\_ Released from school      \_\_\_\_\_ Other · Describe \_\_\_\_\_

My child will LEAVE at the Preschool program by:  
 \_\_\_\_\_ Parent Pick Up      \_\_\_\_\_ Released to school      \_\_\_\_\_ Other · Describe \_\_\_\_\_

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My child will ARRIVE at the Before School Program program by:  
 \_\_\_\_\_ Parent Drop Off      \_\_\_\_\_ Other · Describe \_\_\_\_\_

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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:**

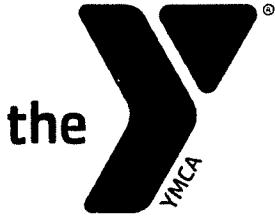
- \_\_\_\_\_ My child to attend all walking trips within 5 minutes of the center · Field trips will have prior permission forms
- \_\_\_\_\_ The Y to use my child's picture in the Y publicity and media promotions
- \_\_\_\_\_ The Y to use my child's picture inside the facility/school building
- \_\_\_\_\_ My child to participate in a supervised Y gym/swim program as offered
- \_\_\_\_\_ My child to 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, repre-sentatives, (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 \_\_\_\_\_  
School Attending \_\_\_\_\_ Primary Language \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### How did you hear about the Y ?

- Voucher Agency
- Camp
- Website
- School
- Y Associate
- Bus Sign
- Billboard or Sign
- Friend or Relative
- Member
- Radio
- Newspaper
- Employer
- Re-registration

Has your child previously attended a YMCA SOUTHCOAST child care program? Yes  No

### Please check choice of days? Weekly Fee

After School Age Care	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____
Before School Age Care	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____
Preschool Full Day	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____
Preschool Half Day	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____

### 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      **Registration Fee** \_\_\_\_\_

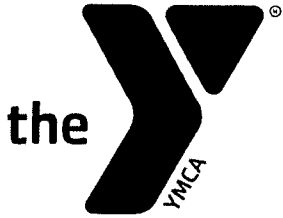
**Type of Payment**     Private     PACE     EEC     Financial Aid     Staff     3Rd Party

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

All Families enrolled at a Y Program in a public school MUST pay by Electronic Funds Transfer.  
Payments CANNOT be accepted off-site from a Y Branch.

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 \_\_\_\_\_

Security Code \_\_\_\_\_

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 \$25.00 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  3rd Party

Parent Weekly Payment \$ \_\_\_\_\_

EFT Start Date \_\_\_\_\_

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

