

YMCA
SCHOOL AGE CHILD CARE ENROLLMENT FORM
(Please print neatly)

First Day of Enrollment _____ Child's School _____ Site attending _____

Child's Name: _____ Date of Birth _____ Grade _____ Gender M/F

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Work Hours: _____ Work Phone: _____

Employment Address: _____

Cell Phone: _____ Email: _____

Father's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Work Hours: _____ Work Phone: _____

Employment Address: _____

Cell Phone: _____ Email: _____

Guardian's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Work Hours: _____ Work Phone: _____

EMERGENCY CONTACT PERSONS

FIRST

Name: _____ Phone Number _____

Address: _____ City: _____ Zip Code: _____

Relationship to Child:

SECOND

Name: _____ Phone Number _____

Address: _____ City: _____ Zip Code: _____

Relationship to Child:

PERSONS AUTHORIZED TO PICK UP YOUR CHILD
(OTHER THAN PARENTS)

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Relationship to Child: _____

Are there any persons who are not permitted to pick up your child?

1. _____ Relationship to Child _____

2.. _____ Relationship to Child _____

Doctor's Name _____ Doctor's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____

1st Choice of Hospital _____ Phone Number _____

Address _____ City _____ Zip Code _____

Health Insurance Information _____ Policy Number _____

If Physician cannot be reached, what action should be taken _____ call emergency hospital _____ other explain _____

ADDITIONAL INFORMATION

Any Medical Problems _____

Any Known Allergies _____

Any recent injuries or hospitalizations _____

Current Medication _____

Any additional information _____

For office use only Weekly tuition amount _____ Bus List _____ Computer _____

Staff taking this application _____ -

Date of Admission _____ Date Left _____

AUTHORIZATION RELEASE

Authorization to take pictures:

The parents of the above registered child gives authorization allowing the child to be photographed, and the photos to be used in the promotion of the YMCA.

Parent Signature _____ **Date** _____

Transportation Authorization:

The parents of the above registered child gives authorization allowing the child to be transported to and from school. Furthermore the parent gives authorization to transport the child on YMCA scheduled field trips.

Parent Signature _____ **Date** _____

Have received a copy of the Parent Handbook including discipline policies and I understand that these policies apply to all child care programs at the YMCA.

Parent's Signature _____

Insurance Information

Medical Insurance Co. Name _____

Group Number _____ Policy Number _____

Medical Release

I, _____ Hereby give my permission to the YMCA staff to seek medical treatment (private physician or hospital) or transportation for my child should any emergency arise. I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken.

Parent/Guardian Signature _____ **Date** _____

I/We have been personally advised of, and received a copy of the personal rights contained in the California Code Regulations, Title 22, at the time of admission. **(Included in Parent Handbook)**

Parent/Guardian Signature _____ **Date** _____

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS for from the licensee. **(Included in Parent Handbook)**

Name of Child Care Center _____

Parent/Guardian Signature _____ **Date** _____

POLICIES AND AGREEMENT CONTRACT

(Please read and initial)

_____ Please notify your child's teacher about their participation in the YMCA afterschool program.

_____ If the afterschool program is at your child's school, please instruct them to report directly to the YMCA portable upon school dismissal.

_____ If your child will be transported to the YMCA site, please instruct them to report directly to their school pick up area. The YMCA will have staff at each school to help your child in getting on the proper bus/van for the first week of school.

_____ Please remember to call the YMCA 909.860.9622 by 1:00 any day your child will not be attending the afternoon program. This is very important for the safety of your child.

_____ If you are going to drop your child from the program, you must inform us in writing. You will be responsible for payment until the YMCA receive written notification.

_____ I understand that I am responsible for payment every week (except 2 weeks at Christmas & Spring break). Exception – if a child misses 5 consecutive days of school due to illness or a school field trip. Notice from the doctor office or school will be required. No refunds will be given

_____ It is the responsibility of the parents or legal guardian to keep proper registration information and current phone numbers in his/her child's permanent records

_____ I understand that whenever I drop off or pick up my child, I must enter the afterschool site to sign the roll sheet and write down the time I picked my child up. I understand that the person picking up my child, including parents, may have to produce a photo ID if not recognized by staff.

_____ Tuition payment may be made by check (please write your child's name on your check), credit card or cash. Cash payments must be made at the Diamond Bar. Payment will be due on Wednesday prior to the week of attendance.

_____ A late fee of \$25.00 per 15 minutes will be collected for any child picked up after 6:30 p.m. Parents who chronically leave their children after the 6:30 p.m. closing hour will be terminated from this program. Any child who has not been picked up by 7:30 p.m. will be turned over to local authorities if an emergency contact cannot be located.

_____ The YMCA is not responsible for a child's lost or broken articles. Please remember to label your child's belongings. Children are not allowed to bring possessions from home (i.e. toys, Game Boys, action figures, etc.).

_____ Fees:
Afterschool Program 5 days \$90 per week, 3 \$60 and 2 days \$40
Before School Program \$50 a week
Both Before and Afterschool Program \$115
I understand that rate change requires a 30 days notice

I understand by signing this form, I agree to abide by these policies and all policies contained in the School Age Child Care Handbook.

Parent Signature

Date

Staff Signature

Date