

YMCA Child Care Connection  
Early Childhood Enrollment Forms  
(Please print neatly)

First Day of Enrollment

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ 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 \_\_\_\_\_

1<sup>st</sup> 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 \_\_\_\_\_

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For office use only Weekly tuition amount \_\_\_\_\_ 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)

\_\_\_\_\_ 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.

\_\_\_\_\_ 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. 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 Pomona Y. 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.).

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

\_\_\_\_\_ Parent Signature Date

\_\_\_\_\_ Staff Signature Date