



Estimated **Time** of Care Needed (7:30-5:00)

From: _____ Until: _____

Projected Start Date

Owensboro Family YMCA
Child Care Enrollment Form

One Form per Child

Child Information

Legal Parent or Guardian Information

Last Name	First	Middle

Name child goes by	Date of Birth	Age

Address, City, Zip		
Please circle: Male Female		
Does this child have an IEP: yes no		
Does this child have a 504 plan: yes no		
Do we have permission to photograph your child: yes no		
YMCA Member: yes no		

Last Name	First	Middle Int

Address		

City	Zip Code	

Cell Phone	Cell Provider	Yes No Authorize Text Messages

Work or School Location	Work Phone Number	

Email Address		

Medical Information
Medications/Allergies/Conditions: _____

To best serve your child please share any diagnosis (ex: ADD/ADHD, Autism, Convulsions, Bipolar Disorder, Down Syndrome, Heath defect, Diabetes, Down Syndrome, other): _____

Physician Name: _____
Physician Phone: _____
Preferred hospital for emergency: _____
Dentist Name: _____
Insurance Company: _____
Policy Number: _____

List any special needs: _____

Last Name	First	Middle Int

Address		

City	Zip Code	

Home Phone	Cell Phone	

Work or School Location	Work Phone Number	

Email Address		

Pick Up and Emergency Authorization

Must include the parents/guardians listed on the front

*For the safety of your child, ONLY the people listed below will be allowed to pick up your child. Proof of identification will be requested at the time of pick up. The only people allowed to make changes to this list are the legal parents/guardians listed on the front of this form. All changes to this form must be made in person and in writing. No changes will be taken over the phone.

*****If you or your child has court ordered arrangements regarding custody or another matter, please supply the YMCA with a copy of the documentation.***

<u>Name</u> (*Must include the parents/guardians listed on the front*)	<u>Phone</u>	<u>Relationship</u>	<u>Emergency</u>	<u>Call Order Preference</u>
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____

I, the undersigned, do, for myself, my heirs, personal representatives and assignee waive any and all rights and claims for damages filed against the Owensboro Family YMCA, its Board of Directors, and agents, or authorized representatives, for any and all injuries that may be suffered by my child in any YMCA activity including injuries suffered in any vehicles going to and from said YMCA activities except that provided though insurance benefits. My child will be sent to the YMCA in good health. Should injury occur, by signing below, I give my permission for medical treatment to be given to my child as deemed necessary by any above listed agent or personnel or from any medical person or facility.

Parent Signature

Date



The following information is important for the safety and protection of your child and includes the Owensboro Family YMCA's Child Abuse and Prevention Parent Statement of Understanding. Please read this information and sign below.

- Adult dropping off/picking up child will stay in vehicle and staff will bring sign in forms to them.
- Children will be temperature checked in vehicle; 100.4 greater will not be permitted.
- Children will not bring items from home that cannot be easily wiped down with disinfect.
- Children can bring electronics loaded with games and e-books. The use of search engines and YouTube is not permitted. THE YMCA IS NOT RESPONSIBLE FOR LOST OR BROKEN ITEMS.
- Children will wash hands according to the CDC upon arrival; this will be monitored by staff.
- Children must have the first meal of the day before entering; a lunch and snack will be provided by Daviess County Feeding Program.
- I understand to immediately alert the YMCA if a case is confirmed at my workplace. I also understand that care will be suspended for my child.
- I understand that my child will not be released to any person(s) not listed on the registration form. Adults only are permitted to pick up; no one under the age of 18 can sign a child out.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the behavior policy and that whether my child's actions deserve a behavior report is at the discretion of the supervising staff member. The YMCA has a zero tolerance for violence.
- I understand that if my child receives a behavior report they must be picked up immediately.
- I understand the policy on sickness and that my child will be sent home if they are ill.
- I understand that the only way my account will receive a credit is if I produce a Doctor's note for a sick day.
- I understand that the YMCA is not responsible for lost, stolen, or damaged items.
- I understand that the YMCA program requires that my child be potty trained. I also understand that if staff feel that my child is not potty trained, my child may be disenrolled from the program.
- I understand that the YMCA is a Christian facility and my child will be exposed to Christian morals and values.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport my child.
- I understand that my child should not receive gifts, letters, or phone calls from YMCA staff or volunteers, and I should report this if it happens.
- I understand that my child should not receive any email or personal address of a YMCA staff or volunteers, and I should report this if it happens. This includes the last day of the program.
- 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 will contact the police.
- I understand that the Director may discontinue care for any of the following reasons:
 - 1) Parent has not submitted required paperwork or paperwork is inaccurate;
 - 2) Payment is late or unpaid (payments are due the week before care)
 - 3) Child is determined to be dangerous (physically, sexually or verbally aggressive or threatening) to other children or staff;
 - 4) Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the camp program's licensed ability to care for the needs of the child.

PRINT Parent Name

Parent Signature

Child Name

Date