



School Year 2021-2022
Enrollment Information

Child's Name: _____

Enrolling Child In the following Program: please check all that apply

After School Care Only Options: includes snack and transportation to main center if needed

- West Broadway on-site care
 Hanson on-site care
 YMCA Main Center (School: _____)

Before School Care Only Options:- includes transportation to school in morning

- YMCA Main Center
Child goes to school at: _____

Before & After School Care Options:- includes snack and transportation in morning and afternoon

- YMCA Main Center
Child needs to be picked up from what school: _____

School Breaks only: - includes breakfast, lunch and a snack daily

- (fall break, spring break, holidays and snow days)

In order to be enrolled we must have the completed registration packet, food program paperwork, a current immunization record, and the registration fee returned. Failure to return any portion of the required documents could result in you not being registered and your spot being lost.



For Office Use Only
 Daxko: _____
 Procure: _____
 Draft Set: _____

 Enrollment Date

Hopkins County Family YMCA
Child Care Enrollment Form

One Form per Child

Child Information

 Last Name First Middle

 Name child goes by Date of Birth Age

 Address

 City Zip Code

 Home Phone Please circle: Male Female

 YMCA Member: yes no

Legal Parent or Guardian Information

 Last Name First Middle Int

 Address

 City Zip Code

 Home Phone Cell Phone

 Work or School Location Work Phone Number

 Email Address

Medical Information

Allergies (Food, Medication, Other): _____

Physician Name: _____

Physician Phone: _____

Preferred hospital for emergency: _____

Dentist Name: _____

Insurance Company: _____

Policy Number: _____

 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.

****ALL FIELDS REQUIRED****

****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 Hopkins County 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 of the YMCA from the medical facility listed on the previous page.

Parent Signature

Date



Below is a list of general first aid supplies that are kept at the YMCA Kid Center. *Please initial* beside the items that you give YMCA staff permission to administer to your child for first aid purposes when necessary.

- Curad Alcohol Swabs _____
- Neilmed Wound Wash (Sterile Saline Spray) _____
- Petroleum Jelly _____
- Peroxide _____
- Thermoplast Burn Relief Spray _____
- Benadryl Itch Cooling Gel _____
- Afterbite Itch Relief _____
- StingEze Sting Relief _____
- Neosporin _____
- Aloe Vera _____
- Sunscreen _____

Allergies

Please list any allergies (food, bites, stings, seasonal, etc) and their severity below:

Medication

Please list any medication to be given on a regular basis as well as what it is for below:

Medical Release & Restrictions

List any participation restrictions below

By signing this form, I release the YMCA to seek medical treatment for my child in the event of an emergency. (See next page)

Parent Signature: _____

Date: _____



Medical Release

****In the event of a medical emergency or accident requiring a doctor's treatment, we shall make contact with the parent immediately.****

If we cannot make contact with a parent immediately, the child will be taken to the emergency room/hospital listed below.

By signing this form, I release the YMCA to seek medical treatment for my child at facility listed below in the event of an emergency.

Hospital/Emergency Room

Phone Number

Parent Signature

8/11/2021 - 5/28/2022

Effective Date



Hopkins County Family YMCA
Afterschool/School Break 2021-2022 Enrollment Form
Ages 5-13

To reserve a slot for your child in the YMCA 2021-2022 school year, your supply fee is due upon registration. Each child has 5 free days during the school year and to use those days I must have written notice a week in advance. After you have used your five free days **YOU WILL BE RESPONSIBLE FOR EACH WEEKS TUITION REGARDLESS OF ATTENDANCE.**

Child's Name: _____

Supply Fee: *Deposit will hold your reservation until school year begins. Deposit is non-refundable.*

\$20 individual

\$35 family

After School Fee per child: includes daily snack

\$50 a week for members of YMCA

\$70 a week for non-members of YMCA

Before School Fee per child:

\$25 a week for members of YMCA

\$40 a week for non-members of YMCA

Before & After School Fee per child: includes daily snack

\$65 a week for members of YMCA

\$80 a week for non-members of YMCA

School Break Fee per child: includes breakfast, lunch, and daily snack

\$19 a day for members of YMCA

\$22 a week for non-members of YMCA

Check your child's age group. The age should reflect the age that they will be on August 1st 2021.

_____ 5 _____ 9

_____ 6 _____ 10

_____ 7 _____ 11

_____ 8 _____ 12



The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that I am responsible to walk my child to their group and not to leave my child at the YMCA unless a YMCA staff member is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out is completed on the computer in the lobby at the front desk.
- 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 “strike” policy and that whether or not my child’s actions deserve a strike is at the discretion of the supervising staff member.
- I understand that if my child receives a “strike” they must be picked up and go home for the rest of the day.
- I understand the policy on sickness and that my child will be sent home if they are ill.

- 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 in the event that staff feel that my child is not potty trained, my child may be disenrolled from the program.*
- I understand that the YMCA will provide my child with a breakfast and a lunch and a snack.

- I understand that my child MUST wear tennis shoes every day.
- I understand that the YMCA is a Christian facility and my child will be exposed to Christian morals and values.
- 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
 - 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 program’s licensed ability to care for the needs of the child.

By signing below, I verify that I understand all of the statements listed above and intend to adhere to the policies of the YMCA.

Parent Signature: _____

Date: _____



I, (print parent name) _____ have received a copy of the handbook and I have read and understand all policies in the Hopkins County Family YMCA Kid Center Parent Handbook. I agree to abide by all policies and procedures and understand it is my responsibility to be advised of all items in the handbook.

INTEGRATED PEST MANAGEMENT (IPM) NOTIFICATION:

We have implemented an Integrated Pest Management (IPM) program in order to control pests in a way that minimizes economic, health and environmental risks via a monitoring and inspection program and the judicious use of pesticides. The individuals who apply pesticides are properly certified in keeping with applicable legal requirements for the IPM program. We usually plan our pesticide application to be done on the weekends when the center is closed, but we can notify you if requested below.

- ***I would like to be notified 24 hours in advance of a planned application, or as soon as possible when an emergency application is necessary.***

YES NO

PERMISSION FORM:

1. I give permission for my child to participate in all activities on the entire grounds of the YMCA complex that is apart from the Kid Center. YES NO

2. I give permission for my child to use all play equipment and to participate in all activities of the program including swimming. YES NO

3. I give permission for my child to be included in pictures/videos associated with the YMCA

YES NO

4. I give permission for my child to be taken to the previously mentioned medical facility for treatment in the event of an emergency.

YES NO

PRINT Parent Name

Parent Signature

Child Name

Date



School Year 2021-2022
Swim Permission

I hereby give my child permission to attend trips to the YMCA swimming pool. I, the parent or guardian, hereby assumes all risks and release and hold harmless the YMCA KID CENTER and all its members, volunteers and employees from any claim that might arise as the result of my child's participation in the field trip. I have read the above and willingly consent to allow my child's participation under the above stated condition.

PRINT Parent Name

Parent Signature

Child Name

Date

**Hopkins County Family YMCA
PARTICIPANT WAIVER FORM ACKNOWLEDGEMENT**

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA.

I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA. I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting there from, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian
of Participant(s) under the Age of 18

Name(s) and Age(s) of Participant(s) under the
Age of 18, If Any



The registration fee is NON-REFUNDABLE. This payment is made in advance to assure your child has a spot in our program.

****If your bank draft is returned to us for NSF we will draft it again along with a \$30 return fee.** If your account is not adjusted by the next draft, childcare services will end until your balance is paid in full. If your transaction is returned/denied twice (non- consecutively) your child care will be terminated for the remainder of the school-year.

All changes must be made two weeks prior to the date of draft. Changes must be made at the Kid Center front desk and must be in writing.

Example: Changing Checking Account: *(give us new checking information and sign a new bank draft authorization card.)*

Stop Bank Draft: *(sign a cancellation form)*

Change date of draft: *(sign a draft change form)*

Checking/Savings Account

Routing Number: _____ *Account Number:* _____

Debit/Credit Card

Card Type: Mastercard OR Visa

Card #: _____ *Expiration Date:* _____

I have read and understand and agree with all of the procedures for drafting my bank account and/or monthly advance payments for the YMCA Child Care services. I understand that in order to start drafting my account I must provide the Hopkins County Family YMCA Kid Center with a voided check from the account and that I must sign a Bank Draft Authorization form.

Signature: _____

Child's Name: _____

Date: _____