



**School Year 2019-2020
Enrollment Information**

Child's Name: _____

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

Full Day Preschool Options: *includes breakfast, lunch and snack*

_____ Age 3 – Caterpillars (*must be age 3 and completely potty trained by August 7, 2019*)

_____ Age 4 – Butterflies (*must be age 4 and completely potty trained by August 7, 2019. This group also includes any 5 year olds that are not going to Kindergarten*)

Preschool Only Option: *available 8am-11am only. Limited spots available.*

_____ Age 3 – Caterpillars (*must be age 3 and potty trained by August 7, 2019*)

_____ Age 4 – Butterflies (*must be age 4 and potty trained by August 7, 2019*)

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: _____ (fall break, spring break, holidays and snow days)

*****Enrollment Fee is due at time of enrollment. Your child will not be enrolled into our program unless the enrollment fee is paid at the time of submitting paperwork *****

*****For School Year Enrollment – WE MUST HAVE A CURRENT IMMUNIZATION RECORD ON FILE FOR YOUR CHILD. THIS RECORD MUST BE SUBMITTED WITH PAPERWORK AT THE TIME OF ENROLLMENT*****

*****The above programs are for during school time only. We will offer a different program over Fall break, Christmas break and Spring break. Should there be a snow day or other “school out day” and you only receive before or after school care, there this an additional fee per day*****



Hopkins County Family YMCA
Child Care Enrollment Form

One Form per Child

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

Enrollment Date

Child Information

Last Name	First	Middle
_____	_____	_____
Name child goes by	Date of Birth	Age
_____	_____	_____
Address		

City	Zip Code	
_____	_____	
_____	Please circle: Male Female	
Home Phone	_____	
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.**

Name (*Must include the parents/guardians listed on the front*)	Phone	Relationship	Emergency	Call Order Preference
_____	_____	_____	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

Additional Information

****If you are enrolling your child into regular school year session, we must have a copy of their current. **Immunization record.** (if enrolling for Summer Camp this is not necessary)**

****If your child has an allergy to food, we must have a written statement from the child's doctor stating the allergy and what alternatives are to be given in place of said food.**



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

8/7/2019 -5/23/2020

Effective Date



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 if my child is in the Preschool class they can NOT be dropped off after 8:30am.
- 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: _____



Parent Handbook Acknowledgement & Additional Documents

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 2019-2020
Swim Permission

I hereby give my child permission to attend trips to the YMCA swimming pool. I, the parent or guardian, hereby assume 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



2019/2020 Bank Draft / Credit Card Payment Agreement for Child Care Payments
Each family MUST choose a method of payments for child care fees.

I choose:

_____ Bank draft on the 1st and 15th

_____ Bank draft on the 15th of each month (or this specific date per month _____)

_____ Weekly draft on (Monday, Tuesday, Wednesday, Thursday, Friday) Please circle.

The monthly advanced payment is NON-REFUNDABLE. This payment is made in advance to assure your child has a spot in our program. All credit days will be applied to the next month.

**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)*

Please fill out form and the attached authorization card and return it with a voided check. For those who have their YMCA membership drafted you will only need to sign the statement below. NO voided check will be needed.

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: _____