



Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrolled by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NP  PKC  PC  PU  SO  C  A  GC  BC  SR

# REGISTRATION 2020-2021

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent / guardian's Name \_\_\_\_\_ Parent / guardian's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Workplace \_\_\_\_\_ Workplace \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Child lives with \_\_\_\_\_ Family Email Address \_\_\_\_\_

\_\_\_\_ I have received a copy of the Child Day Care Facility Brochure (CF/PI 175-24, Oct. 2007). (Required)  
*Initial*

\_\_\_\_ I have received a copy of the Influenza Virus, Guide to Parents (CF/PI 175-70, June 2009). (Required)  
*Initial*

\_\_\_\_ I accept and am responsible for abiding by the guidelines as outlined in the YMCA Childcare Parent  
*Initial* handbook, which includes the discipline policy, fee agreement, and guidelines as outlined in this registration packet. Please note, alterations to this registration form will not be accepted. (Required)

\_\_\_\_ I give permission for my child to attend all scheduled YMCA activities, including those held away from the  
*Initial* regular site with the understanding that the YMCA staff will inform me of scheduled activities and their location. (Required)

\_\_\_\_ I will be responsible for transportation to/from program or am willing that the YMCA select transportation  
*Initial* methods for my child. Transportation by bus will be by properly licensed carriers, which are responsible for drivers and bus conditions. (Required)

\_\_\_\_ I understand my child must be picked up no later than 6:00PM by parent/guardian or adult listed on my pick up  
*Initial* authorization form. Pick up after closing time will result in a late fee of \$1.00 per minute, per child. Late fees must be paid no later than Friday of the week that the late fee was incurred. (Required)

\_\_\_\_ I am responsible for abiding by the Fee Agreement as outlined in the parent handbook. Childcare weekly  
*Initial* fees are due Friday prior to care being provided. I understand that fees paid after Friday will need to be made at a YMCA branch location and that a late fee of **\$20.00** will be applied to payments made after 6:00 PM on Friday. The grace period of the late fee being applied is provided for special or extenuating circumstances. Non-payment prior to care being provided will result in a disruption of child care services. No partial rates are available. Holiday Camp fees are due in full prior to care being provided. Daily rates are available for Holiday Camp only. Refunds and credits are not provided for days missed. Registration fee is non-refundable. (Required)

\_\_\_\_ I give my consent for my child to be photographed. I am aware that the photographs may be used in YMCA  
*Yes or no* brochures, web page, displayed in our facility, and other means of promotion and media for the YMCA.

\_\_\_\_ I have received and read my Getting in; Getting out flyer. (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent /Guardian



# Childcare Program RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

### Communicable Disease / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in programs or accessing facilities could increase the risk of contracting COVID-19. YMCA of West Central Florida in no way warrants that COVID-19 infection will not occur through participation in programs or use of YMCA facilities.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

### DISCIPLINE POLICY

Age appropriate, constructive disciplinary practices are used with all children in care. Which may include discussion with all children about appropriate behavior, removal from activity for a "cool down" period, discipline form, Character Development form, or contract completed by staff, consultation with parent/guardian to seek answers or understanding of behavior concerns, and/or suspension or termination from program.. Children are not subjected to discipline that is severe or frightening. Discipline is not associated with food, rest, or toileting.

Spanking, or any other form of physical punishment, is prohibited. At the discretion of the Director, and after a reasonable effort on the part of the program staff to integrate a child into the program, a child participation may be terminated if the child is determined to be chronically disruptive or a danger to themselves, others, or to the functioning of the program. Communication between staff and parents is encouraged.

I HAVE READ THIS RELEASE AND DISCIPLINE POLICY

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



# Child's Health History

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Diagnosed With:**

Asthma	Yes	No
Lung disease	Yes	No
Diabetes	Yes	No
Takes insulin	Yes	No

**Chronic Infection of:**

Nose	Yes	No
Throat	Yes	No
Ears	Yes	No
Sinus	Yes	No

**Allergies (if yes, to what?):**

Medications	Yes	No	To what? _____
Foods	Yes	No	To what? _____
Insects/Animals	Yes	No	To what? _____
Pollen	Yes	No	To what? _____
Aspirin	Yes	No	To what? _____
Aspirin substitute	Yes	No	To what? _____

(NOTE: Child should be aware of food allergies and limit his/her consumption as needed.)

**Subject to:**

Nose bleeds	Yes	No	Disability	Yes	No	List: _____
Fainting	Yes	No				
Frequent headaches	Yes	No	Tetanus inoculation date:	_____		
Hyperactivity	Yes	No				
Motion sickness	Yes	No	Has girl menstruated?	Yes	No	
Restlessness	Yes	No	Painful or irregular?	Yes	No	

Any recent exposure to contagious disease? **Yes No** When? \_\_\_\_\_; to what? \_\_\_\_\_  
 Any recent operations? **Yes No**; If yes, list: \_\_\_\_\_  
 Recent serious injuries/illnesses? **Yes No**; If yes, list: \_\_\_\_\_

**List Present Medications**

Medication	Taken For
_____	_____

Should your child be restricted from any activity? \_\_Yes \_\_No; If yes, list: \_\_\_\_\_  
 Are there any unusual behaviors that we need to be aware of? \_\_Yes \_\_No; If yes, list: \_\_\_\_\_  
 Additional Information \_\_\_\_\_

\_\_\_\_ I give my permission for the YMCA of West Central Florida to have access to my child's medical shot records and  
 Initial physical. (Required)

\_\_\_\_ Medication Administration: The YMCA of West Central Florida Child Care Programs has a No Medication  
 Initial administration Policy. If your child requires a life sustaining medication a Consent Form for administration of  
 medication must be completed by parent/guardian and given to the Site Manager or Coordinator for approval.  
 The YMCA reserves the right to refuse medication and/or refuse to administer medication. All medication must  
 be in original packaging and labeled indicating dosage prescribed by physician, this includes over the counter  
 medications. Child is not permitted to carry medication. All medication must be given directly to Site  
 Manager, Assistant Director or Coordinator. (Required)

\_\_\_\_ If child has suffered a serious accident or illness within the past twelve months or is subject to a more serious  
 Initial health condition or if there is any question about activity restriction, at the discretion of the Director  
 further information or specific permission to participate in activities may be required for which the doctor may  
 be contacted. The Staff and volunteers may not be qualified to care for some special needs therefore further  
 service evaluation may be necessary for care to be provided. Reasonable accommodations that do not alter  
 YMCA After School program will be made. (Required)

\_\_\_\_ In the event my child suffers any illness or accident requiring emergency treatment while involved in any YMCA  
 Initial activity, I hereby give my permission for any necessary hospitalization, medication, or surgery on  
 recommendation of medical personnel, in which case all such expenses shall be paid by me except where  
 covered by board accident policy. In the event of sickness or accident, I waive all claims against volunteers,  
 staff, YMCA or it's agents that may arise from participation in the activities of the YMCA. (Required)

\_\_\_\_\_  
 Date Signature of Parent/Guardian



# Child Care Pick-Up Authorization/Emergency Contacts

Child's Name: \_\_\_\_\_

Siblings in Program: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Phone#: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

**I understand that a valid, state issued, photo ID will be required in order for my child to be released.** Only those adults indicated below and with a valid photo ID will be authorized to pick up my child. Any changes (deletions, additions, etc.) are my responsibility and must be done in person and in writing with the Site Manager, Child Care Coordinator, Assistant Director or Director. **Additions to the authorized pick up list/emergency contacts will not be permitted over the phone, by fax, or note.** Include anyone that you want or may need to pick up your child.

I authorize the following **Adults (18 years old or older)** to pick up my child. Please **PRINT** clearly (***must list full legal names***).

- |           |                  |                  |
|-----------|------------------|------------------|
| 1. _____  | Home Phone _____ | Work Phone _____ |
| 2. _____  | Home Phone _____ | Work Phone _____ |
| 3. _____  | Home Phone _____ | Work Phone _____ |
| 4. _____  | Home Phone _____ | Work Phone _____ |
| 5. _____  | Home Phone _____ | Work Phone _____ |
| 6. _____  | Home Phone _____ | Work Phone _____ |
| 7. _____  | Home Phone _____ | Work Phone _____ |
| 8. _____  | Home Phone _____ | Work Phone _____ |
| 9. _____  | Home Phone _____ | Work Phone _____ |
| 10. _____ | Home Phone _____ | Work Phone _____ |

Are there any unusual custody circumstances we need to be aware of? Yes No

Please list any special or unusual circumstances (Legal documents may be required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

# YMCA OF WEST CENTRAL FLORIDA CHILDCARE COVID-19 ADDENDUM

The safety of our children, families and staff is always our number one priority. This document is subject to change based on the latest public health data as well as guidance from the Center for Disease Control and the Health Department.

## **Please be aware of the signs and symptoms of COVID-19:**

- Fever of 100.4 F or above
- Cough
- Sore throat
- Difficulty breathing
- Gastrointestinal symptoms (diarrhea, nausea, vomiting)
- Headache
- Loss of smell/taste
- Muscle ache

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## **YMCA AFTER SCHOOL CHILDCARE COVID-19 SAFETY INFORMATION:**

### **Contact Information**

- During this pandemic it is imperative the YMCA is able to reach you or another authorized contact quickly in an emergency. Please keep us updated should your contact information change.

### **Screening, Temperature Checks, and Face Coverings:**

- We are asking families to monitor your child for COVID-19 signs and symptoms and to keep your child home and seek medical advice should your child exhibit any of the signs and symptoms listed above.
- Children will be temperature checked PRIOR to boarding the bus or entering our facility each day. Should your child have a temperature of 100.4 or above they will not be permitted on the bus or in our facility.
- Individuals who decline to complete the temperature screening will not be permitted to enter the bus or program facility.
- Children may not be dropped off without completing a temperature check.
- **Face coverings are mandatory for all program participants.**

### **Disinfecting and Sanitizing**

- Hand-washing is the most effective way to stop the spread of germs. Children and staff will wash their hands with soap and water for at least 20 seconds and dry with a paper towel with the following activities:
  - Upon entry into the program space
  - When coming into the classroom from outside
  - Before and after eating
  - After sneezing, coughing or nose blowing
  - After toileting and diapering
  - Before handling food
  - After touching surfaces that may be contaminated
  - After using any shared equipment
  - Before and after administering medication
  - After contact with mask/face covering
- Staff shall ensure all equipment is properly sanitized or disinfected to prevent the spread of infection.
- The sanitizing and disinfecting solutions used in our Child Care Programs is either bleach solution prepared by the program daily or a commercial product registered by the Environmental Protection Agency (EPA)
- Routine cleaning, sanitizing/disinfecting practices will be intensified paying extra attention to frequently touched objects and surfaces.
- Facilities will be deep-cleaned by a professional cleaning agency each night.

### **Group Size and Consistency**

- Our goal is to keep group sizes as small as possible within the licensing limits to decrease the potential spread of COVID19.
- We plan to keep the same groups of children and counselors together throughout the day and from day-to-day to the greatest extent possible to decrease the potential spread of COVID19.

### Illness Policies and Isolation Procedures:

- Staff will actively monitor children throughout the day for symptoms including fever, cough, shortness of breath, diarrhea, nausea, vomiting, etc. Children who appear ill or are exhibiting signs of illness must be separated from the group and isolated until able to leave the center. A staff will use a non-contact thermometer if a child is suspected of having a fever.
- If a child appears to have severe symptoms, we will call 911 immediately then call a parent/guardian.
- The isolated child will be made comfortable and properly supervised by staff wearing PPE until pick up.
- Children are required to remain home from the Y fever-free for 72 hours, not 24 as previously required without the aid of fever-reducing medications.

### COVID-19 Exposure of Staff or Children

- If a child or staff is exposed to COVID-19 regardless of symptoms, the child or staff must remain home for 14 days or until a negative test result is presented. We will consult the Health Department for guidance on quarantine for other children and staff as well as additional precautions needed to ensure the program space is safe to continue child care services.
- If a child or staff's household member tests positive for COVID-19, the child or staff must self-quarantine for 14 days after the last time they could have been exposed.

### In the event a program experiences an exposure, programs must notify the following parties:

- The Executive Director will notify employees and families while maintaining confidentiality as well as the Executive Director of Child Care Services.
- The Executive Director of Child Care Services or the Program Director will notify the Health Department if a staff or child is COVID-19 positive for further guidance.

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**Please list all of your children in our 2020-2021 YMCA After School Childcare Program:**

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**I have read and understand the YMCA of West Central Florida's Childcare Policies and Procedures for the 2020-2021 school year.**

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**Parent/Guardian Name (Please Print)**

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**Parent/Guardian Signature**

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**Parent/Guardian Signature**