



NP PKC PC PU SO C A GC BC SR

# VPK /AFTERSCHOOL REGISTRATION 2018-2019

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 \_\_\_\_\_

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 **\$10.00** will be applied to payments made after 6:00 PM on Monday. 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.

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

<b>MSR Use Only</b>	Registration Date ____/____/____	Enrolled by _____	Contact CCR ____
Member: Yes ___ No ___	Program Name _____	For Week(s) #: _____	Start Date: ____/____/____
ELC (attach certificate), Y SUB (attach letter), Staff ID # _____	Receipt # _____		
Gave to Parent: "Know Your Child Care Center" ____, "Influenza Virus, Guide to Parents" ____, Parent Handbook ____			
Registration Fee Pd \$25 ____ Registration Pk completed ____, Total Amount Pd \$ _____			



# 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.

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

1. 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.
2. Children are not subjected to discipline that is severe or frightening.
3. Discipline is not associated with food, rest, or toileting.
4. 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



## YMCA of West Central Florida, Inc. Child's Health History

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

<b>Diagnosed With:</b>	Asthma	Yes	No	<b>Allergies (if yes, to what?):</b>	Medications	Yes	No	To what? _____
	Lung disease	Yes	No		Foods	Yes	No	To what? _____
	Diabetes	Yes	No		Insects/Animals	Yes	No	To what? _____
	Takes insulin	Yes	No		Pollen	Yes	No	To what? _____
<b>Chronic Infection of:</b>	Nose	Yes	No	Aspirin	Yes	No	To what? _____	
	Throat	Yes	No	Aspirin substitute	Yes	No	To what? _____	
	Ears	Yes	No	(NOTE: Child should be aware of food allergies and limit his/her consumption as needed.)				
	Sinus	Yes	No					
					Disability	Yes	No	List: _____
<b>Subject to:</b>	Nose bleeds	Yes	No	Tetanus inoculation date: _____				
	Fainting	Yes	No					
	Frequent headaches	Yes	No					
	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 physical.  
Initial \_\_\_\_\_

\_\_\_\_ Medication Administration: The YMCA of West Central Florida Child Care Programs has a No Medication 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 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 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



# YMCA of West Central Florida, Inc.

## 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