

# GATEWAY REGION YMCA

## Y CLUB ENROLLMENT & HEALTH FORM 2020-2021 School Year

***This enrollment packet including the immunization records must be completed in full before any child may attend the program.***

|   |                                 |   |  |
|---|---------------------------------|---|--|
| School Name   |                                 |   |  |
| Child's Name  |                                 | Gender                                      | Age  |
| Birthdate (MM/DD/YYYY)<br>/ /                           |                                 |   |  |
| Child's Primary Home Address (Street, City, State, Zip) |                                 | Home Telephone<br>( )                       | Guardian with whom child primarily resides |
| Parent #1 or Guardian's Name                            |                                 | Home Telephone<br>( )                       | Cell Phone Number<br>( )                   |
| Home Address (if different) (Street, City, State, Zip)  |                                 | Parent #1                                   |  |
| Employed or School Attend                               | Work/School Schedule<br>From to | Business Address (Street, City, State, Zip) |  |
| Work Telephone with extension<br>( )                    |                                 | E-mail Address                              |  |
| Parent #2 or Guardian's Name                            |                                 | Home Telephone<br>( )                       | Cell Phone Number<br>( )                   |
| Home Address (if different) (Street, City, State, Zip)  |                                 | Parent #2                                   |  |
| Employed or School Attend                               | Work/School Schedule<br>From to | Business Address (Street, City, State, Zip) |  |
| Work Telephone with extension<br>( )                    |                                 | E-mail Address                              |  |
| Family Password:  |                                 |   |  |

Check any or all that may apply:

- Does your child have a Custodial Agreement/Parenting Plan  
**(Copy of Court Order Custody Papers Must Be Attached)**      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- Does your child have an Individual Education Plan (IEP)?      \_\_\_\_\_ YES\*      \_\_\_\_\_ NO
- Does your child have a Behavior Intervention Plan?      \_\_\_\_\_ YES\*      \_\_\_\_\_ NO
- Does your child have a 504 Student Accommodation Form?      \_\_\_\_\_ YES\*      \_\_\_\_\_ NO
- Does your child have a Severe/Chronic Health Condition?      \_\_\_\_\_ YES\*\*      \_\_\_\_\_ NO

**\*A copy of a current IEP/BIP/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

**\*\*Additional forms are required for enrollment**

### For Office Use Only

To be completed by site director

Admission Date (first date attended): \_\_\_\_\_ Days of week enrolled (circle): M T W Th F

Hours per day (check):     \_\_\_\_\_ AM – start of school     dismissal – 6:00 PM

Discharge Date (to remain on-site for one year after discharge) \_\_\_\_\_ Site Director's Initials: \_\_\_\_\_

## HEALTH REPORT AND HISTORY

### Comments on child's behavior

Use the space below to note any habits, language, or special conditions/behaviors that staff should be aware of:

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List any allergies; special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems: (see distribution of medication in the Family Handbook)

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## IMMUNIZATION RECORD

**A copy of your child's current immunization record completed by our physician must be included with these forms.**

However, our records must be updated annually. The Y Club program does not have access to your child's school records. Therefore, it is the parent's responsibility to obtain a copy of the child's current immunization record prior to the start of the program. **Preschool-Age children MUST have a separate form completed by their physician on file.**

## EMERGENCY CARE AND TRANSPORTATION

I understand that every effort will be made to contact me in the case of illness or accident to my child. At that time I will make arrangements for medical care of my child with the physician or hospital of my choice.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, and medical treatment is necessary, I authorize the Gateway Region YMCA to take whatever emergency measures they deem necessary for the protection of my child while in their care.

|                    |                  |
|--------------------|------------------|
| Physician Name     | Telephone Number |
| Preferred Hospital | Telephone Number |

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

|                |         |          |
|----------------|---------|----------|
| Insurance Name | Group # | Policy # |
|----------------|---------|----------|

**The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.**

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AUTHORIZED PICK UP & EMERGENCY CONTACT

List at least two contacts (other than parents) authorized to be contacted to pick up your child, if you cannot be reached in an emergency situation or if your child is left at the program beyond program hours. At least ONE emergency contact is required.

| Name of Contact | Relationship To Child | Address (Street, City, State, Zip) | Cell/Work/Home Phone # (during program hours) |
|-----------------|-----------------------|------------------------------------|---|
| 1.              |                       |                                    |   |
| 2.              |                       |                                    |   |
| 3.              |                       |                                    |   |

We strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program due to substitute staff situations. All individuals picking up a child from the site must present a current photo ID until staff is comfortable with recognizing them.

## PROGRAM ATTENDANCE

My child will be attending the program during the following sessions: (please circle)

|    |        |         |           |          |        |
|----|--------|---------|-----------|----------|--------|
| AM | Monday | Tuesday | Wednesday | Thursday | Friday |
| PM | Monday | Tuesday | Wednesday | Thursday | Friday |

At this time my child will not need to leave the Y Club program for any activities.

My child has the permission to leave the program, or arrive late to the program for the following activities:

|   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| Name of activity (tutoring, scouts, drama, music lessons, etc.) | Start date of activity (MM/DD/YYYY)  | End date of activity (MM/DD/YYYY) |
| 1.  | 1.                                   | 1.                                |
| 2.  | 2.                                   | 2.                                |
| 3.  | 3.                                   | 3.                                |
| Location of activity (gym, music room, parish center, etc.)     | Who will pick child up for activity? | Who will return child to program? |
| 1.  | 1.                                   | 1.                                |
| 2.  | 2.                                   | 2.                                |
| 3.  | 3.                                   | 3.                                |
| What method of transportation will be used? (walk, bus, etc.)   | Time leaving program                 | Time returning to program         |
| 1.  | 1.                                   | 1.                                |
| 2.  | 2.                                   | 2.                                |
| 3.  | 3.                                   | 3.                                |
| <b>Parent's or Guardian Signature</b>                           | <b>Date permission granted</b>       |                                   |
| 1.  |                                      |                                   |
| <b>Parent's or Guardian Signature</b>                           | <b>Date permission granted</b>       |                                   |
| 2.  |                                      |                                   |
| <b>Parent's or Guardian Signature</b>                           | <b>Date permission granted</b>       |                                   |
| 3.  |                                      |                                   |

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INDEMNITY AGREEMENT**

I hereby waive any claim of liability and will hold harmless the Gateway Region Young Men’s Christian Association, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic nature sponsored by the YMCA. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable.

It is understood and agreed that the Gateway Region YMCA reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the Gateway Region YMCA standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms.

**EMERGENCY CLOSURE – EARLY DISMISSAL FORM**

|              |       |                |             |
|--------------|-------|----------------|-------------|
| Child’s Name | Grade | Teacher’s Name | School Name |
|--------------|-------|----------------|-------------|

If the school calls for an early dismissal not previously scheduled in the 2019-2020 school calendar, the Y Club program will be cancelled.

If there is an emergency school closure or unscheduled early dismissal, my child will:

- Ride the school bus home.
- Ride the school bus to a friend’s home. *(This is only an option if arranged by parent with the school department of transportation.)*  
If so...name of friend: \_\_\_\_\_  
Friend’s Parent’s Name: \_\_\_\_\_ Day time phone: (\_\_\_\_\_) \_\_\_\_\_
- Parent will pick up child.  
If so...Mother/Guardian’s name: \_\_\_\_\_ Day time phone: (\_\_\_\_\_) \_\_\_\_\_  
Father/Guardian’s name: \_\_\_\_\_ Day time phone: (\_\_\_\_\_) \_\_\_\_\_
- Ride home with other adult.  
If so...Adult’s name: \_\_\_\_\_ Day time phone: (\_\_\_\_\_) \_\_\_\_\_

**ANY ONE LISTED ABOVE WHO WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD MUST ARRIVE AT THE SCHOOL IMMEDIATELY AFTER DISMISSAL. IF A SCHOOL BUS IS AVAILABLE, THE SCHOOL MAY DECIDE TO SEND YOUR CHILD HOME VIA THE BUS.**

If there is any change in the above procedure, immediately notify in writing your site director and the **school office**.

I understand that it is my responsibility to ask the school office about their procedure for emergency closure/dismissal. I understand that I will not be contacted by the YMCA. I have discussed these procedures with my child, and my child understands what he/she should do in the event of an emergency school closing or early dismissal.

|  |                    |
|--|--------------------|
| <b>Parent or Legal Guardian Signature:</b> _____ | <b>Date:</b> _____ |
|--|--------------------|

## ENROLLMENT AGREEMENT

Please carefully read and sign below.

- I am enrolling my child to participate in the Y Club program for duration of the current school year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the program director 10 days in advance.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person not listed on the Enrollment form. In the case of an emergency and someone other than those listed on this enrollment form must pick up, I will contact the Site Director to identify the person picking up my child and they will provide picture ID and family password.
- I understand that my child will not be released to any person who seems to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and out daily by myself or my designee.
- If my child experiences problems in the program, a conference may be arranged between the parent, staff, and program director/coordinator.
- The YMCA reserves the right to terminate child care services if it is determined that the placement is unsatisfactory.
- I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.); the YMCA services will also be cancelled. There is **no refund** for services due to unforeseen school cancellations or unscheduled early dismissals or late starts.
- If I choose to participate in the early dismissal or holiday programs I understand I must register in advance and pay in full.
- I understand early dismissal days and/or holiday programs will be cancelled if enough registrations are not received.
- The YMCA provides a recreational environment for children with and without disabilities through added support staff, when needed to facilitate successful participation into the programs when appropriate.
- The Gateway Region YMCA provides recreational programs which are not staffed by individuals trained to perform invasive medical procedures. In order to protect the health and safety of all children and employees, YMCA employees will not perform such invasive procedures including, but not limited to: administering shots, drawing blood, catheterization, diabetes testing, insertion of suppositories and tube feeding. The medical procedures which employees may not perform will be determined at the sole discretion of the YMCA.
- I understand that the YMCA will communicate and collaborate with the school on an ongoing basis about my child and their individual needs while enrolled in the program.
- The YMCA has the right to deny application for individual or family memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA programs or activities at our sole discretion if actions or behaviors are not deemed to be in the best interests of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.
- I understand that photographs will be taken throughout the Y Club program day. These pictures may be displayed in YMCA brochures, YMCA website or promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Child Care office in writing of exclusions.
- I understand that if the YMCA is required to respond (whether to answer, modify, clarify or quash) to a third party subpoena (whether for testimony, documents, appearance, or any combination thereof) or other compulsory legal order or any other process as the result of any legal proceeding of which I or my child is a party or participant, I will be responsible for both promptly reimbursing the YMCA for its reasonable attorney's fees, and the cost of the YMCA's employees' and contractors' time and materials (including, but not limited to copying and document redaction costs) spent responding at the YMCA's then-current hourly rates. I further understand that failure to promptly reimburse the YMCA will result in suspension or termination of child care services under this YMCA Care Program Enrollment Agreement and could result in the YMCA pursuing a legal action against me for collection, and that I will be responsible for paying all costs, including reasonable attorney's fees, incurred by the YMCA for the filing of such action.
- I understand that if any of the information above changes, it is my responsibility to notify both the YMCA branch and the program site director in writing immediately.
- **I understand that the YMCA is a zero tolerance agency for child abuse and neglect.**
- **I have been informed that a copy of the Licensing Rules for Family Day Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Day Care Centers in Missouri is available at this facility for review.**
- I do  do not give consent for my child to take part in field trips or excursions with this child care facility under proper supervision. I understand that I will be notified when such trips are planned and that I must give written permission for each trip or excursion.
- **The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.**
- **To my knowledge, my child is in good health, free of conditions that would endanger him/her or other children in care. When my child is ill, it is understood and agreed that they may not be accepted for care or remain in care.**
- **I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.**
- **I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.**
- **I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.**
- I do  do not give permission for the facility to transport my child.
- **I have received, read, and agree to abide by all the policies, procedures, and fee requirements as outlined in the Parent handbook. I will make all authorized individuals aware of the policies and procedures as stated above and in the Parent handbook.**
- **All information provided at the time of enrollment is complete and accurate. False or incomplete information may lead to termination of services.**

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_