

Amsterdam Family YMCA

Before and After School Care Registration Form 2009-2010

START DATE:

Check the program you are registering for:

- Before School Only
 Barkley Tecler Marie Curie McNulty
- After School Only
 Barkley Tecler
- Before and After School
 Barkley Tecler
- Half Days Only
 Barkley Tecler Marie Curie McNulty

Circle the days your child will attend:

Monday Tuesday Wednesday Thursday Friday

CHILD:

Name: _____ Birthdate: _____ Sex: _____ Age: _____

School: _____ Grade: _____

1st PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell/Pager: _____

Email: _____

Company/Employer Name: _____ Work Phone#: _____

2nd PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell/Pager: _____

Email: _____

Company/Employer Name: _____ Work Phone#: _____

AUTHORIZED PICK-UP:

Please list anyone allowed to pick-up your child. Identification by photo ID may be required at any time.

Name: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

Name: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

IMMUNIZATIONS: A current copy of your child's immunization records is required for registration if also attending the Fun Club.

~OVER~

MEDICAL/EMERGENCY INFORMATION:

If the parents are divorced, who has custody? _____

In case of emergency, whom should we contact if parents cannot be reached?

Name: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

Name: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

Physician: _____ **Phone #:** _____

Family or Child's medical insurance company: _____

Policy/Group #: _____ **Name of Insured:** _____

Please indicate any disabilities or illness which your child currently has: _____

Please list any allergies or dietary restrictions your child has: _____

Please list any medications (Oral, Inhalants, Injections) your child routinely uses: _____

My child may participate in all YMCA activities except: _____

PARENT/GUARDIAN AUTHORIZATION: I understand that the YMCA does not provide accident insurance or health insurance for my child. Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities except as noted above. The undersigned hereby agree to hold harmless and indemnify the Amsterdam Family YMCA of and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

SUNSCREEN RELEASE: I hereby give permission for the staff of the Amsterdam Family YMCA to apply sunscreen to my child while participating in the YMCA programs.

Signature of Parent/Guardian

Date

OFFICE USE **REGISTRATION FEE: Annual \$10.00, 2nd child \$5.00 (non-refundable)**

Check/Money Order Check # _____ Cash VISA/Master Card Amount: \$ _____

Staff Initials _____ Date Processed _____ Receipt # _____

Amsterdam Family YMCA

Before and After School Care Programs 2009-2010

Parent Statement of Understanding

Child(ren) Name(s): _____

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must be listed with the YMCA Child Care Office.
3. Should I, or another authorized person, arrive to pick up my child with the appearance of being under the influence of alcohol or drugs; I am aware that YMCA staff, for the child's safety, may contact the proper authorities.
4. I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
5. I understand that I will be charged late fees as detailed in the parent handbook should I fail to pick up my child by the scheduled end of the program.
6. I understand that YMCA staff are not allowed to babysit or transport children at any time outside of YMCA programs.
7. I understand that my child may be removed from a YMCA program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I understand that participation in the program may be terminated for verbal abuse to any YMCA staff member by me or my child and that a refund will not be granted for involuntary termination.
10. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the Amsterdam Family YMCA Child Care Office WRITTEN NOTICE 15 days prior to my child's last day in the program. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
11. The Amsterdam Family YMCA Board of Directors may, at their discretion, adjust the monthly rate plan applicable to child care. I understand that I will receive at least a four week notice prior to any such change.
12. Should any payment not be honored by my bank or credit card company for any reason, I understand that I am still responsible for that payment and an additional \$20.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company or bank may require.
13. I have received, read, and agree to follow the rules, guidelines, procedures, and policies described in the Parent Handbook.

I have read, understand, and agree to all of the statements above.

Parent Signature

Date

Return original to YMCA with registration form. Keep a copy for your files.