

2009-2010 REGISTRATION FOR: Child's Name: _____

1. CIRCLE YOUR PROGRAM REQUESTED:

Pre-Kindergarten Kindergarten Care Only Kindergarten with Extended Care School Age Care

2. FILL IN YOUR CHILD'S SCHOOL AND SITE:

School Child Attends: _____ YMCA Childcare Site: _____ Grade: _____

3. NOW, TELL US YOUR SCHEDULE REQUIREMENTS: Circle Scheduled Days:

School Age Care: ___ Full Time (3-5 days) AM & PM: Mon Tues Wed Thurs Fri
 ___ Part Time (1-2 days) PM Only: Mon Tues Wed Thurs Fri
 AM Only: Mon Tues Wed Thurs Fri

Kindergarten Care: (Indicate above before and after school care also)

___ Attending Morning Kindergarten—requiring Kindergarten Program afternoon care (12p-3p)
___ Attending Afternoon Kindergarten—requiring Kindergarten Program morning care (9a-12p)
___ Attending Full Day Kindergarten—NOT requiring Kindergarten Program

Pre-K Program***: (Columbia House, South Hill Puyallup) : ___ 5 Days ___ 3 Days ___ 2 Days
 ___ AM and PM (6:30AM-6:30PM)
 ___ PM (1:00PM-6:30PM) Mon Tues Wed Thurs Fri
 ___ AM (6:30AM-12:00PM)

4. SELECT YOUR OPTION AND PAYMENT METHOD:

___ Option A—10 month program including school year break weeks and through the last day of care in June
___ Option B—10 month program NOT covering school year break weeks and ending with the last day of school
___ Option C—12 month program including school year break weeks and summer care
*** Note the Pre-Kindergarten program follows the plan schedule of Option A

___ **AUTO DRAFT ON 5TH** (FORM INCLUDED) ___ **CHECK/CASH ON 1ST*** ___ **PAYMENT PLAN** (FORM INCLUDED)
*Late fees of \$25.00 apply on the 2nd of the month without payment, as well as suspension from care.

The YMCA Childcare Program is a school based program and therefore follows the dictates of the school districts for legal holidays, inclement weather delays and closures. Refer to our website or the newscast for daily updates.

5. PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Name: _____
Birth Date: _____ Age: _____ Gender: Male / Female
Address: _____ City: _____ Zip: _____
***Lives with:** ___ Mom/Dad ___ Parent and Step parent ___ Grandparents ___ Guardian ___ Other
***Parent/Guardian Name:** _____ E-Mail: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Parent/Guardian Name: _____ E-Mail: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Address if different than above: _____

6. CONTACT INFORMATION:

EMERGENCY CONTACT: (Local Contacts Only Please)

Name: _____ Relationship: _____ Address: _____ Contact Phone #: _____

Name: _____ Relationship: _____ Address: _____ Contact Phone #: _____

Name: _____ Relationship: _____ Address: _____ Contact Phone #: _____

PERSONS AUTHORIZED TO PICK UP CHILD: (Person listed must be minimum age of 16 w/photo ID.)

Name: _____ Relationship: _____ Contact Phone: _____

Name: _____ Relationship: _____ Contact Phone: _____

Name: _____ Relationship: _____ Contact Phone: _____

PERSONS NOT ALLOWED TO PICK UP/DROP OFF CHILD (If applicable must be accompanied by legal documents)

Name/s: _____

7. EMERGENCY AND MEDICAL RELEASE STATEMENT (Please initial acknowledging each statement)

_____ I recognize that participants must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. I understand that failure to adhere to program policies will be cause for participant's dismissal without refund of program fees.

_____ I give my child permission to participate in all scheduled YMCA Child Care activities including field trips and swimming, including transportation.

_____ I am aware that my child may have an opportunity to participate in and I approve of his/her participation in program activities involving a degree of risk. I grant permission for my child's participation in all program including off-site trips by program transportation or hiking. I hereby release the YMCA of Tacoma-Pierce County from any and all responsibility and liability of any nature resulting from my child's participation in YMCA activities. I understand it is my responsibility to provide my own accident and health insurance while participating in all YMCA activities and that the YMCA does not provide any health or accident coverage for its participants.

_____ In the event that my child is injured, I give YMCA First Aid and CPR certified staff the authority to provide basic first aid and CPR as situation requires including splinter removal if necessary, and/or if they become seriously ill or injured and I cannot be reached, I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff of the medical facility.

_____ I give the YMCA permission to call an ambulance, at my expense, in case of emergency

_____ I allow my child, or the YMCA staff to assist, to apply PABA-free sunscreen (SPF-12 or higher) which I, the parent, will supply to my child during programming as necessary, according to the product directions, to protect his/her skin from sun exposure.

_____ I give the YMCA permission to use photographs of my child in YMCA records, program projects, marketing and public relations.

_____ I have reviewed the YMCA disaster plan in the Parent Program Guide on page 10.

_____ I have read, understand and with my signature below agree to the policies outlined in this form and the parent accounting I information packet, including inclement weather policies and cancelations due to unpaid tuition, behavior and the refund policies.

Child's swimming ability: Non-swimmer Beginner Intermediate Advanced

Parent/Guardian Signature _____ Date _____

FOR OUR MARKETING INFORMATION TO SERVE YOU BETTER..

How did you first hear about our program?

___ WEBSITE ___ TELEPHONE BOOK ___ CHILDCARE PARTICIPANT ___ FRIEND ___ YMCA BRANCH ___ MAILER ___ OTHER

For USDA Funding information only (optional) :

A. Ethnicity/Race:

___ Asian/Pacific Islander ___ Native American ___ African-American ___ Caucasian ___ Hispanic ___ Other

B. Military:

Military (active, retired) _____ Military Dependent _____

C. Any Disabilities? Yes No

8. CHILD AND FAMILY INFORMATION:

HEALTH INFORMATION:

Operations/Serious Illnesses: _____

List any restrictions: _____

Last medical Examination (Required within one year of starting program): _____

Allergies to FOOD or DRUGS: _____

Dietary Modifications: _____

Special physical, psychological or emotional, behavioral needs and considerations we need to be aware that may affect their success in the program? _____

Does your child take any medications on a regular basis? YES NO Type _____

Will the staff need to administer any medications daily? YES NO

Please fill out the Individual Care Plan form at the site and turn in with the medication in the original prescription container.

9. MEDICAL CONTACTS:

Family Dentist _____ Address _____ Telephone _____

Family Physician _____ Address _____ Telephone _____

Hospital of Choice _____ Address _____ Telephone _____

Insurance Company _____ Policy Holder _____ Policy Number _____

Thank you for choosing the YMCA ChildCare Program for the 2009-2010 School Year.



Website: www.ymcatacoma.org
Information telephone Line: (253)534-7840
Information Email: Childcare@ymcatacoma.org

Please watch for Day Camp registration for Summer of 2010, information will be available in March 2010

OFFICE USE ONLY:

Date enrolled: _____ Staff: _____ Branch _____

Processed at Business Office: _____ Staff: _____

Member# _____ Start Date _____ End Date _____