



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AFTER SCHOOL PROGRAM & HEALTH FORM

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

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Child's Name		Sex	Age	Birthdate (MM/DD/YYYY) / /	
Child's Primary Home Address (Street, City, State, Zip)		Home Telephone ()		Guardian with whom child primarily resides	
Child's School Name					
Schools Address (Street, City, State, Zip)		Schools Telephone ()		Schools Hours	
Mother's or Guardian's Name		Home Telephone ()			
Home Address (if different) (Street, City, State, Zip)		Hours of Employment From to			
Employed by (or School Attended)	Cell Phone ()	Business Address (Street, City, State, Zip)			
Business Phone with extension ()	Home Telephone ()	E-mail Address			
Father's or Guardian's Name		Hours of Employment From to			
Home Address (if different) (Street, City, State, Zip)		Cell Phone ()			
Employed by (or School Attended)	Cell Phone ()	Business Address (Street, City, State, Zip)			
Business Phone with extension ()	Cell Phone ()	E-mail Address			

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 Management? _____ YES* _____ NO
 Does your child have a 504 Student Accommodation Form? _____ YES* _____ NO

***A copy of a current IEP/BMP/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.**

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: _____

Has your child been diagnosed with the following:
 ___ ADD ___ ID ___ Autism ___ Down Syndrome
 ___ ADHD ___ ED ___ Asperger's ___ Cerebral Palsy
 ___ DD ___ ODD ___ OCD ___ Chronic Health Condition
 ___ Other _____
 ___ Not applicable

Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Management Plan (BMP) and/or 504 Student Accommodation Form. Please contact your Child Care Program Director at the YMCA for these forms and procedures.

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

List any allergies; special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

List any special medications for chronic problems and/or restrictions for child's care below:

Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original

container and labeled with your child's name, instructions (including times and amounts for dosage) and the physicians name.

IMMUNIZATION RECORD

I, _____ hereby authorize the Marshall Public School's to release a copy of my child/ren's medical authorization form by the Department of Health to the Salt Fork YMCA After School Program.

Parent/ Guardian Signature

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 Salt Fork YMCA to take whatever emergency measures they deem necessary for the protection of my child while in their care.

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.

If possible, the hospital I prefer my child to be transported to is _____, located at _____, phone number _____ or the doctor contacted will be Dr. _____, phone number _____ located at _____. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that if 911 is called and my child is sent to the hospital, the Site Director will notify me, the Child Care Program Director and Executive Director.

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 (not including parents or doctors) 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.

Name of Contact	Relationship To Child	Address (Street, City, State, Zip)	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)

PM	Monday	Tuesday	Wednesday	Thursday	Friday
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At this time my child will not need to leave the After School 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, etc.) 1. 2. 3.	Who will pick child up for activity? 1. 2. 3.	Who will return child to program? 1. 2. 3.
What method of transportation will be used? (walk, bus, etc.) 1. 2. 3.	Time leaving program 1. 2. 3.	Time returning to program 1. 2. 3.
Parent's or Guardian Signature 1.	Date permission granted	
Parent's or Guardian Signature 2.	Date permission granted	
Parent's or Guardian Signature 3.	Date permission granted	

Parent or Legal Guardian Signature: _____ Date: _____

INDEMNITY AGREEMENT

I hereby waive any claim of liability and will hold harmless the Salt Fork 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 Salt Fork 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 Salt Fork 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 Salt Fork 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

Parent or Legal Guardian Signature: _____	Date: _____
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ENROLLMENT AGREEMENT

voluntarily accept and agree to all such terms.

Please carefully read and sign below.

- I understand that I am committing my child to participation in the After School Program for the 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 is experiencing 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 a water main break, etc.); the YMCA services will also be cancelled. There is **no refund** for services due to unforeseen school cancellations.
- If I choose to participate in the early dismissal or holiday programs I understand that I must register in advance and pay in full.
- I understand that care for early dismissal days and/or holiday program will be cancelled if enough registrations are not received 2 days in advance.
- 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 Salt Fork 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 warrant that the rights granted herein do not conflict with my existing commitments on my part.
- **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 completed age-appropriate immunizations or exemption from immunizations.
- 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.

Parent or Legal Guardian Signature: _____

Date: _____