



**School Year 2020-2021  
Enrollment Information**

Child's Name: \_\_\_\_\_

Enrolling Child In the following Program: *please check all that apply*

Full Day Preschool Options: *includes breakfast, lunch and snack*

\_\_\_\_\_ Age 3 – Caterpillars (*must be age 3 and completely potty trained by August 26, 2020*)

\_\_\_\_\_ Age 4 – Butterflies (*must be age 4 and completely potty trained by August 26, 2020. This group also includes any 5 year olds that are not going to Kindergarten*)

Preschool Only Option: *available 8am-11am only. Limited spots available.*

\_\_\_\_\_ Age 3 – Caterpillars (*must be age 3 and potty trained by August 26, 2020*)

\_\_\_\_\_ Age 4 – Butterflies (*must be age 4 and potty trained by August 26, 2020*)

After School Care Only Options: *includes snack and transportation to main center if needed*

\_\_\_\_\_ West Broadway on-site care

\_\_\_\_\_ Hanson on-site care

\_\_\_\_\_ YMCA Main Center (School: \_\_\_\_\_)

Before School Care Only Options:- *includes transportation to school in morning*

\_\_\_\_\_ YMCA Main Center

Child goes to school at: \_\_\_\_\_

Before & After School Care Options:- *includes snack and transportation in morning and afternoon*

\_\_\_\_\_ YMCA Main Center

Child needs to be picked up from what school: \_\_\_\_\_

School Breaks only: \_\_\_\_\_ (fall break, spring break, holidays and snow days)

**\*\*\*Enrollment Fee is due at time of enrollment. Your child will not be enrolled into our program unless the enrollment fee is paid at the time of submitting paperwork \*\*\***

**\*\*\*For School Year Enrollment – WE MUST HAVE A CURRENT IMMUNIZATION RECORD ON FILE FOR YOUR CHILD. THIS RECORD MUST BE SUBMITTED WITH PAPERWORK AT THE TIME OF ENROLLMENT\*\*\***

**\*\*\*The above programs are for during school time only. We will offer a different program over fall break, Christmas break and Spring break. Should there be a snow day or other “school out day” and you only receive before or after school care, there this an additional fee per day\*\*\***



**Hopkins County Family YMCA**  
**Child Care Enrollment Form**

*One Form per Child*

For Office Use Only  
Daxko: \_\_\_\_\_  
Procure: \_\_\_\_\_  
Draft Set: \_\_\_\_\_

\_\_\_\_\_  
Enrollment Date

**Child Information**

_____		
Last Name	First	Middle
_____		
Name child goes by	Date of Birth	Age
_____		
Address		
_____		
City	Zip Code	
_____		
Please circle: Male Female		
Home Phone		
_____		
YMCA Member: yes no		

**Legal Parent or Guardian Information**

_____		
Last Name	First	Middle Int
_____		
Address		
_____		
City	Zip Code	
_____		
Home Phone	Cell Phone	
_____		
Work or School Location	Work Phone Number	
_____		
Email Address		

**Medical Information**

Allergies (Food, Medication, Other): \_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Preferred hospital for emergency: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

_____		
Last Name	First	Middle Int
_____		
Address		
_____		
City	Zip Code	
_____		
Home Phone	Cell Phone	
_____		
Work or School Location	Work Phone Number	
_____		
Email Address		

**Pick Up and Emergency Authorization**

**\*Must include the parents/guardians listed on the front\***

\*For the safety of your child, ONLY the people listed below will be allowed to pick up your child. Proof of identification will be requested at the time of pick up. The only people allowed to make changes to this list are the legal parents/guardians listed on the front of this form. All changes to this form must be made in person and in writing. No changes will be taken over the phone.

**\*\*ALL FIELDS REQUIRED\*\***

**\*\*If you or your child has court ordered arrangements regarding custody or another matter, please supply the YMCA with a copy of the documentation.**

Name <small>(*Must include the parents/guardians listed on the front*)</small>	Phone	Relationship	Emergency	Call Order Preference
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____

I, the undersigned, do, for myself, my heirs, personal representatives and assignee waive any and all rights and claims for damages filed against the Hopkins County Family YMCA, its Board of Directors, and agents, or authorized representatives, for any and all injuries that may be suffered by my child in any YMCA activity including injuries suffered in any vehicles going to and from said YMCA activities except that provided though insurance benefits. My child will be sent to the YMCA in good health. Should injury occur, by signing below, I give my permission for medical treatment to be given to my child as deemed necessary by any above listed agent or personnel of the YMCA from the medical facility listed on the previous page.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Additional Information**

**\*\*If you are enrolling your child into regular school year session, we must have a copy of their current. **Immunization record.** (if enrolling for Summer Camp this is not necessary)**

**\*\*If your child has an allergy to food, we must have a written statement from the child's doctor stating the allergy and what alternatives are to be given in place of said food.**



Below is a list of general first aid supplies that are kept at the YMCA Kid Center. *Please initial* beside the items that you give YMCA staff permission to administer to your child for first aid purposes when necessary.

- Curad Alcohol Swabs \_\_\_\_\_
- Neilmed Wound Wash (Sterile Saline Spray) \_\_\_\_\_
- Petroleum Jelly \_\_\_\_\_
- Peroxide \_\_\_\_\_
- Thermoplast Burn Relief Spray \_\_\_\_\_
- Benadryl Itch Cooling Gel \_\_\_\_\_
- Afterbite Itch Relief \_\_\_\_\_
- StingEze Sting Relief \_\_\_\_\_
- Neosporin \_\_\_\_\_
- Aloe Vera \_\_\_\_\_
- Sunscreen \_\_\_\_\_

**Allergies**

Please list any allergies (food, bites, stings, seasonal, etc) and their severity below:

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**Medication**

Please list any medication to be given on a regular basis as well as what it is for below:

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**Medical Release & Restrictions**

*List any participation restrictions below*

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By signing this form, I release the YMCA to seek medical treatment for my child in the event of an emergency. (See next page)

Parent Signature: \_\_\_\_\_

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



## Medical Release

**\*\*In the event of a medical emergency or accident requiring a doctor's treatment, we shall make contact with the parent immediately.\*\***

If we cannot make contact with a parent immediately, the child will be taken to the emergency room/hospital listed below.

By signing this form, I release the YMCA to seek medical treatment for my child at facility listed below in the event of an emergency.

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Hospital/Emergency Room

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Phone Number

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Parent Signature

8/26/2020 - 5/21/2021

Effective Date



**The following information is important for the safety and protection of your child. Please read this information and sign below.**

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that I am responsible to walk my child to their group and not to leave my child at the YMCA unless a YMCA staff member is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out is completed on the computer in the lobby at the front desk.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the “strike” policy and that whether or not my child’s actions deserve a strike is at the discretion of the supervising staff member.
- I understand that if my child receives a “strike” they must be picked up and go home for the rest of the day.
- I understand the policy on sickness and that my child will be sent home if they are ill.
- I understand that if my child is in the Preschool class they can NOT be dropped off after 8:30am.
- I understand that the YMCA is not responsible for lost, stolen, or damaged items.
- I understand that the YMCA program requires that my child be potty trained. *I also understand that in the event that staff feel that my child is not potty trained, my child may be disenrolled from the program.*
- I understand that the YMCA will provide my child with a breakfast and a lunch and a snack.
- I understand that my child MUST wear tennis shoes every day.
- I understand that the YMCA is a Christian facility and my child will be exposed to Christian morals and values.
- I understand that the Director may discontinue care for any of the following reasons:
  - 1) Parent has not submitted required paperwork or paperwork is inaccurate;
  - 2) Payment is late or unpaid
  - 3) Child is determined to be dangerous (physically, sexually or verbally aggressive or threatening) to other children or staff;
  - 4) Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the program’s licensed ability to care for the needs of the child.

***By signing below, I verify that I understand all of the statements listed above and intend to adhere to the policies of the YMCA.***

Parent Signature: \_\_\_\_\_

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



## **Parent Handbook Acknowledgement & Additional Documents**

I, (print parent name) \_\_\_\_\_ have received a copy of the handbook and I have read and understand all policies in the Hopkins County Family YMCA Kid Center Parent Handbook. I agree to abide by all policies and procedures and understand it is my responsibility to be advised of all items in the handbook.

### **INTEGRATED PEST MANAGEMENT (IPM) NOTIFICATION:**

We have implemented an Integrated Pest Management (IPM) program in order to control pests in a way that minimizes economic, health and environmental risks via a monitoring and inspection program and the judicious use of pesticides. The individuals who apply pesticides are properly certified in keeping with applicable legal requirements for the IPM program. We usually plan our pesticide application to be done on the weekends when the center is closed, but we can notify you if requested below.

- ***I would like to be notified 24 hours in advance of a planned application, or as soon as possible when an emergency application is necessary.***

**YES    NO**

### **PERMISSION FORM:**

1. I give permission for my child to participate in all activities on the entire grounds of the YMCA complex that is apart from the Kid Center.      YES      NO

2. I give permission for my child to use all play equipment and to participate in all activities of the program including swimming.      YES      NO

3. **I give permission for my child to be included in pictures/videos associated with the YMCA**

YES      NO

4. I give permission for my child to be taken to the previously mentioned medical facility for treatment in the event of an emergency.

YES      NO

\_\_\_\_\_  
PRINT Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Date



School Year 2020-2021  
Swim Permission

I hereby give my child permission to attend trips to the YMCA swimming pool. I, the parent or guardian, hereby assumes all risks and release and hold harmless the YMCA KID CENTER and all its members, volunteers and employees from any claim that might arise as the result of my child's participation in the field trip. I have read the above and willingly consent to allow my child's participation under the above stated condition.

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PRINT Parent Name

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Parent Signature

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Child Name

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Date





**2020/2021 Bank Draft / Credit Card Payment Agreement for Child Care Payments**  
**Each family MUST choose a method of payments for child care fees.**

I choose:

\_\_\_\_\_ Bank draft on the 1<sup>st</sup> and 15<sup>th</sup>

\_\_\_\_\_ Bank draft on the 15<sup>th</sup> of each month (or this specific date per month \_\_\_\_\_)

\_\_\_\_\_ Weekly draft on (Monday, Tuesday, Wednesday, Thursday, Friday) Please circle.

**The monthly advanced payment is NON-REFUNDABLE.** This payment is made in advance to assure your child has a spot in our program. All credit days will be applied to the next month.

\*\*If your bank draft is returned to us for NSF we will draft it again along with a \$30 return fee. If your account is not adjusted by the next draft, childcare services will end until your balance is paid in full.

If your transaction is returned/denied twice (non- consecutively) your child care will be terminated for the remainder of the school year.

All changes must be made two weeks prior to the date of draft. Changes must be made at the Kid Center front desk and must be in writing.

**Example: Changing Checking Account:** *(give us new checking information and sign a new bank draft authorization card.)*

**Stop Bank Draft:** *(sign a cancellation form)*

**Change date of draft:** *(sign a draft change form)*

*Please fill out form and the attached authorization card and return it with a voided check. For those who have their YMCA membership drafted you will only need to sign the statement below. NO voided check will be needed.*

I have read and understand and agree with all of the procedures for drafting my bank account and/or monthly advance payments for the YMCA Child Care services. I understand that in order to start drafting my account I must provide the Hopkins County Family YMCA Kid Center with a voided check from the account and that I must sign a Bank Draft Authorization form.

Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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