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2010 - 2011 CHILD CARE ENROLLMENT APPLICATION PACKET

The Enrollment Application Packet consists of a number of forms that must be completed prior to your child starting any of our childcare programs. Also part of the enrollment is to provide a certified copy of your child's up-to-date immunizations.

Today's Date: _____ / _____ / _____

School: _____

Name of Child	
Name of Parent	

Student Information			
Name			
Nickname <small>(if applicable)</small>			
Street Address			
City/State/Zip			
School Attending			
Gender <small>(Circle)</small>	Male	Female	D.O.B.
Height			Age
Weight			Grade

Parent/Guardian Information	
Name	
D.O.B.	
Street Address	
City/State/Zip	
Phone <small>(Home)</small>	
Phone <small>(Cell)</small>	
Phone <small>(Work)</small>	
Email Address	

Programs Registered For (Check all that apply)

SACC After School

Additional Siblings Enrolled in YMCA Childcare: Yes No (If answered yes, please list below)

If applicable, please print the name and age of any sibling(s) who would also be enrolled.

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

SACC Programs	Days of Program <small>(Please indicate which days of the week your child will attend)</small>	Time of Program	Weekly Program Fee	Place an X for program registering for
After School Full Time (4 to 5 Day Program)	Circle the 4 or 5 days your child will attend: M T W TH F	Dismissal of school – 6:00 pm	\$55	
After School Part Time (1 to 3 Day Program)	Circle the 1 or 3 days your child will attend: M T W TH F	Dismissal of school – 6:00 pm	\$40	



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Emergency Contact Information

Total # of people in your household: _____

Child lives with: Both Parents Mother Only Father Only Other _____

Marital Status: Married Divorced Separated Single Other

1 st Called	This person will be called first in the event of an illness/emergency. This must be a parent/guardian.
Parent/Guardian Name	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Email Address	
Employer's Address <small>(Including City, State, Zip)</small>	
Employer's Phone	

2 nd Called	If the main parent/guardian cannot be reached, this person will be the second to be called.
Parent/Guardian Name	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Email Address	
Employer	
Employer's Address <small>(Including City, State, Zip)</small>	
Employer's Phone	

3 rd Called	In the event that a parent/guardian cannot be reached, this person would be the next to call.
Contact Person	
Relationship to Child	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Employer	
Employer's Phone	

4 th Called	This person will be the fourth person to be contacted in the event of an illness/emergency.
Contact Person	
Relationship to Child	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Employer	
Employer's Phone	

Emergency Medical Authorization

A parent/guardian must provide the YMCA consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian may also refuse to grant consent. If you would like to deny consent, please see your Program Director.

In the event reasonable attempts to contact me or a second parent/guardian at the numbers listed in my Emergency Contact information, have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment of physician or dentist I have listed below, or in the event the designated preferred physician is not available, by another licensed physician or dentist; or (2) the transfer of the child to the designated preferred hospital I have listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

_____ / _____ / _____
Parent/Guardian Signature

____ / ____ / ____
Date

Health History

This section allows parents to indicate your preferences in doctors/medical facilities and also allows you to communicate any of your child's health history information that can help us ensure a safe and happy experience at school for your child. Please list any information regarding special medical issues, special dietary needs, possible allergies, etc. for your child in this section. If applicable, an Administration of Medication form is available upon request from your Program Director.

Designated Preferred Physician	Name:	Current Medications	
	Address:		
	Phone:	Dietary Modifications	
Designated Preferred Dentist	Name:	Operations Serious Injury	
	Address:	Disabilities	
	Phone:		
Designated Preferred Hospital	Name:	Chronic Illnesses Reoccurring Illnesses	
	Address:	Allergies (Foods, Meds, Insects, etc.)	
	Phone:		

Student History/Information:

Please answer the following questions concerning your child.

What are your child's favorite indoor activities?	
Are there any special circumstances in the family, which may be a factor in your child's behavior?	
In what ways would you like to see your child develop during his/her participation in our program?	
Please add any additional comments that you feel might help us understand your child better.	



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Authorization to Participate & Understanding of YMCA Policies

Please indicate by checking yes or no to what specific activities you will authorize your child to participate in.

- Yes No I give my permission for my child to use all of the equipment and participate in all activities of the childcare programs.
 Yes No I give my permission for my child's image, voice, or written comments to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program.
 Yes No I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which may occur as a result of my child's physical condition or resulting from his/her participation in any athletic events, sports programs, the use of any equipment, exercise or other activities.
 Yes No I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility.
 Yes No I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from activities.
 Yes No I understand that the YMCA is not responsible for personal property lost or stolen while participating in the program.
 Yes No I understand that the YMCA or Greater Cincinnati is not responsible for anything that occurs as a result of false information given by a parent or guardian.

Parent Handbook:

I have read and understand the contents of the 2010-2011 Parent Handbook and agree to all the terms that are covered in the manual.
I understand that my signature indicates that I have been previously made aware of all policies, procedures, and guidelines referenced in the handbook concerning this program.

I have read and fully understand these policies and authorization statements. I do hereby give such authorization as indicated or document understanding of specified policies.
Name of Child (Please Print)
Parent/Guardian Name (Please Print)
Parent/Guardian Signature
Date

United Way Reporting Purposes ONLY: (THIS PROGRAM IS PARTIALLY FUNDED THROUGH UNITED WAY DOLLARS. TO HELP US IN OUR REPORTING WE REQUEST THE FOLLOWING INFORMATION. IT WILL BE KEPT CONFIDENTIAL)

Do you live within the Cincinnati City Limits? YES NO
Participant's Race: ___ White/Caucasian ___ Black/ African-American ___ Asian ___ Multi-Racial ___ American Indian ___ Hispanic ___ Native Hawaiian/Pacific Islander ___ Other
Household Income: ___ \$0-\$9,999 ___ \$10,000-\$14,999 ___ \$15,000-\$24,999 ___ \$25,000-\$35,000 ___ \$35,00+

Parent Acknowledgment

By signing and dating below, you are acknowledging the knowledge of and the adherence to all of the below policies and procedures associated with these programs. These policies and procedures are outlined in detail in the 2010 - 2011 Parent Handbook.

- I understand that my child must be potty-trained before the start date of any YMCA Child Care program.
- I understand that payment is due by 6:00 pm Friday, for the following week. If my payment is not received by then, I understand that it is my responsibility to add a \$10.00 late fee to my payment. If my payment is more than one week late, I understand that it will result in the removal of my child from the program and the space will be given to another child on the waiting list.
- I understand that tuition is a FLAT weekly fee and will NOT be prorated for days not attended such as sick days, vacation, staff training, special holidays, snow days, etc. I further understand that every child is permitted to have one week of vacation per school year with no charge. The only time the weekly fee will be prorated is if the program is closed more than three days a week. (Example: Spring Break Week)
- I understand that there is a late fee of \$1.00 per minute/per child for any child left after the time they are registered for. This payment will be made upon my arrival, in cash and given to the staff person who remains after scheduled work hours to be with my child.
- I understand that if I withdraw from the program I must provide the Program Director with notice in writing at least 2 weeks prior. Also, changes to my child's program attendance schedule must be made in writing no less than two weeks prior to the date of the scheduled change using a *Change of Program* form.
- I understand that the YMCA Child Care programs will follow the local School Schedule. If the children are scheduled to be off from school for the day and you still need childcare, I must register my child/children for the Schools Day Out program for an additional charge.
- I understand that under no circumstances will my child bring their own toys or other personal items, which include but are not limited to: personal electronic devices, cell phones, card games, etc. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day.
- I understand that the YMCA will NOT provide a tax statement for the previous year. You will need to keep track of all receipts.
- I understand that the YMCA is not responsible for my child until the parent/guardian signs them into the program.
- I understand that my child(ren) must be signed in and out of the program they are registered for. This is a state law and must be done everyday. If someone else picks my child up they will need to complete the sign in/out sheet, and also provide the staff with the correct code words in order for the child to be released.
- I understand that if my child will be absent from the program I need to call the YMCA Welcome Center prior to the start of the program.
- I acknowledge the receipt of the Parent Handbook. I understand that I am responsible for reading the handbook and understanding all of its content. I agree to follow all of the terms that are covered in the manual.
- I understand that I MUST provide a certified copy of my child's immunization form prior to the start of the program.

Agreement to Terms and Conditions:

I have read and fully understand the information provided in this Enrollment Application. I agree with all terms and conditions presented.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

____ / ____ / ____
Date

For Office Use Only

Enrollment Application has been reviewed by:

Staff Initials

____ / ____ / ____
Date



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