

YMCA Early Learning Center Registration Form

COMPLETE THIS ENTIRE FORM
Every line **MUST** be filled or marked "N/A" for Not Applicable

Last Name	First Name	Middle Name	Nickname
Address (911 Physical Address) City	State	Zip Code	Home Phone Number
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	Previous Child Care Provider

NAME OF LEGAL GUARDIANS	ADDRESS (must provide a 911 address: street address, city, state & zip)	HOME & CELL #	WORK #	EMPLOYER
Name: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian				
Name: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other Guardian				

Please provide 2 Emergency Contacts for when legal custodians may NOT be reached

Requires 2 Emergency Contacts that ARE NOT legal custodians

EMERGENCY CONTACT PERSON	ADDRESS (must provide a 911 address: street address, city, state & zip)	HOME & CELL #	WORK #	RELATIONSHIP

Please list those persons that will be authorized to pick up your child. It is imperative that all persons who are authorized to pick up your child (including parents) be listed here. A valid ID will be required when picking up children.

AUTHORIZED	RELATIONSHIP	AUTHORIZED	RELATIONSHIP
1)		4)	
2)		5)	
3)		6)	

Please list anyone **NOT** authorized to pick up your child

Biological parents CAN NOT be listed unless the appropriate custody papers are provided.

1)	4)
2)	5)
3)	6)

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Last Name of Child _____ First Name _____

MEDICAL INFORMATION

- Child's Physicians (list the specific doctor that your child sees): _____
- Physician's Phone Number: _____
- Does your child have asthma? yes no
- Will you be providing an inhaler for emergency use at the YMCA? yes no
- Please indicate if your child is allergic to any of the following:
 - insect toxin foods other
- **Please list the particular allergy and explain the severity of the allergy:** _____

- Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs: _____

**The YMCA will ONLY administer emergency prescription medications (insulin, inhalers, epipens, etc.). If this is necessary, an *Authorization to Give Medication Form* must be completed by both the parent and the child's physician.

Skin Ointments

(sunscreen only, the YMCA will NOT apply diaper ointment or insect repellent unless deemed medically necessary by a doctor)

- I give the YMCA Staff permission to apply sunscreen to my child. (Sunscreen must be provided by parent) yes no
- Please list the type of sunscreen that you will provide for your child: _____
- Please indicate if your child has ever had any adverse reactions to sunscreens: _____

- Does child have medical/hospital insurance? yes no
- Insurance Carrier and Policy or Group #: _____

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Last Name of Child _____

First Name of Child _____

SWIMMING SKILLS

Can your child swim? yes no

Can your child swim in water above his/her head without a floatation device? yes no

Please mark one of the following boxes: I give permission for my child to swim
 I do not want my child to swim

Media Policy

Occasionally pictures of the children attending YMCA Child Care Programs may appear in newspaper articles or media publications concerning special events at the school, community events etc.

Please mark on of the following boxes:

- I give permission for my child's picture to appear in the media
- I **DO NOT** wish for my child's picture to appear in the media

Personal Information

Enrollment date: _____ Are you a YMCA member? yes no

Please list the names and ages of brothers and sisters living in the same home: _____

Please list any brothers or sisters who live elsewhere: _____

Are the parents: Married to each other Separated Divorced Other _____

Please list other family members in the home or very close to the child. Give any special name your child has for them: _____

What other group experience has your child had? _____

What goals do you have for your child in preschool? _____

Does your child have any special needs that we need to be aware of? _____

Does your child have a special belonging or toy that provides security? If so please explain. _____

What is your child's bedtime? _____

Does your child eat breakfast before coming to preschool? yes no

Is there any other information about your child that you would like to share with his/her teachers? Please explain

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Approval and Release of Liability

I am the parent/guardian of the above named child and give my permission for the child to participate in the YMCA Early Learning Center and it's activities which may include (but are not limited to) outdoor play, sports skills, swimming, and occasional field trips. I give my permission for the child to ride the YMCA bus to and from field trips.

I hereby release the Family YMCA of Martinsville & Henry Co., and all establishments where field trips are conducted, including but not limited to the Family YMCA of Martinsville & Henry Co., from any responsibility or liability for injury to the above named child, while participating in a YMCA program. In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs, is a waiver of all claims that I, my child, or other family members, or my insurance carrier would have against the Family YMCA of Martinsville & Henry Co., its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible. Parent/guardian must also inform the YMCA within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and **in the event that I cannot be reached in an emergency**, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

Signature of Parent or Legal Guardian _____ Date _____

PARENT OR GUARDIAN MUST READ, INITIAL, AND COMPLY WITH EACH OF THE FOLLOWING:

- _____ I understand that I am fully responsible for reading the Parent Handbook and any other information distributed to parents and will comply with all policies.
- _____ I understand that my child can be terminated from the program without warning for any type of violent behavior (see parent handbook for Discipline Policy) and/or parents failure to make weekly payments.
- _____ I have attached (or previously submitted) and the YMCA staff has verified, that a copy of my child's Physical and Immunization Records and Birth Certificate has been submitted to the YMCA.
- _____ I have attached the \$40.00 registration fee with the registration form.

Office Use ONLY
Identity Verification

If proof of identity is required and a copy is not kept, please fill out the following:
Date of notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____

Place of Birth & Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation:	Person Viewing Documentation:

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity for a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfer responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation or viewing this information must be maintained for each child.

Date Entered Care: _____ Date Left Care: _____