

# YCHILD CARE™

We build strong kids, strong families, strong communities.



## Dearborn County YMCA

If any information changes after enrollment into the program, you must notify our staff in writing.

Date of Enrollment \_\_\_\_\_ First day of Attendance \_\_\_\_\_ YMCA Member \_\_\_ Yes \_\_\_ No

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Previous Group experiences \_\_\_\_\_

Type of experience \_\_\_\_\_

Dates \_\_\_\_\_

What are your child's favorite indoor activities \_\_\_\_\_

Are there any special circumstances in your family that may be a factor in your child's present behavior (divorce, separation, new baby, recent move, hospitalization, etc.): \_\_\_\_\_

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 know your child better \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

**\*Note: In the case of divorce, adoption, foster parenting or other court-ordered custody, attach a copy of the court order granting custody.**

### Other Children in Family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

### SCHEDULE INFORMATION

My child will be in attendance in the YMCA program from:

M T W TH F AM And/Or M T W TH F PM

**ADULTS AUTHORIZED TO PICK UP MY CHILD** (must be at least 18 years of age) PLEASE INCLUDE YOURSELF AND SPOUSE (should spouse apply).

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT STATEMENT OF UNDERSTANDING**

**The following information is important for the safety and protection of your child.**

Please keep and refer to your copy of the YMCA Parent Handbook or Program Policies. Your signature below indicates that you have received , understand, and agree to abide by them.

I understand that YMCA staff are not allowed to baby-sit at any time or transport children at any time in any vehicle other than those that are approved. Immediate disciplinary action will be taken by the YMCA toward staff if violation is discovered.

I understand that I am not to leave my child at the YMCA center unless a YMCA staff member is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. In child care, day camp, resident camp, nursery and day long programs, staff shall not release children to anyone other than the custodial parent or guardian, or other person authorized by the custodial parent or guardian. Any person unknown to staff, who is authorized to pick up a child, will be required to present picture identification.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

**PERMISSION FORM**

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the center.

I hereby grant permission for my child to be included in evaluations and pictures connected with the child care program.

I hereby grant permission for the director of acting director to take whatever steps may be necessary to obtain emergency medical care if warranted as stated on the Emergency Medical Authorization Form.

I understand that expenses incurred in obtaining medical treatment are my responsibility.

I understand that the Center is not responsible for anything that may happen as a result of false information given by a parent or guardian.

I understand that the YMCA and the Center will not assume responsibility for a child who has not been signed in when he/she arrives for the day, if enrolled in the before school program.

**I have read and understand the statements above, and the YMCA Child Care Handbook of Program Policies and agree to abide by them.**

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

VERIFICATION OF PARENT/GUARDIAN REVIEW AND RECEIPT OF CENTER POLICIES AND PROCEDURES:  
(5101:2-12-30, OAC)

- Licensing information (In Handbook and Complete Rules available at Center)
- Center Program Information
- Guidance and Management Policy
- Supervision of Children Information
- Food Information
- Procedures for Emergencies and Accidents
- Management of Illness
- Transportation of Children
- Swimming Policy (Complete Prescribed Permission Form)
- Outdoor Play Policy
- Parent Participation Policy
- Evening/Overnight Care Information (Not applicable to SACC/Pre-K programs)
- Fees, Overtime Charges
- Registration, Permanent Disenrollment Information
- Enrollment and Health Information (Required for Admission into Program)
- Additional Center Policies

I have received and reviewed all of the above information.

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_