



BARBARA B. JORDAN YMCA 2020-2021
BEFORE & AFTER SCHOOL REGISTRATION

CHILD'S SECTION

CHILD

Full Name: Last First Initial
Birthday Sex Age Race
Street Address
City State Zip
School Grade in Fall

Please select youth and ethnicity from the list below.
Race:
American Indian Hawaiian/Pacific Islander
Asian White
Black/African American Unknown
More than one race
Ethnicity: Hispanic Non-Hispanic

Is your child eligible for Free or Reduced Lunch Yes No
Does your child have an IEP? Yes No

MILITARY INFORMATION
Is your child a military dependent? Yes No
Do you have a military affiliation?
Active Duty Retired Veteran No Military

Whom does the child live with? (Please pick all that apply)
Mom Dad Step-parent Grandparents
Foster parent Other Guardian

Annual Income
Less than \$30,000 \$30,001-\$45,000
\$45,001-\$60,000 \$60,001-\$75,000 \$75,001+

HEALTH DATA/HISTORY

Allergies:
Chronic/recurring illness or medical conditions:
Dietary restrictions:
Current Medications: (send with instructions :)
Special Needs/Physical/Limitations:
Family Physician:
Address: City:
Phone number:
Hospital:
City: Phone number:
Medical Insurance Company;
Policy Number:

PARENT SECTION

PARENT OR GUARDIAN (1)

Full Name: Last First Initial
Cell Phone Number Parent's Date of Birth
Parent's Email
Home Address:
City State Zip
Employer's Name Employer's Phone Number
Employer's/Business Address

PARENT OR GUARDIAN (2)

Full Name: Last First Initial
Cell Phone Number Parent's Date of Birth
Parent's Email
Home Address:
City State Zip
Employer's Name Employer's Phone Number
Employer's/Business Address

PICK UP AUTHORIZATION & EMERGENCY CONTACTS

1. Name: Relationship:
Cell Phone:
2. Name: Relationship:
Cell Phone:
3. Name: Relationship:
Cell Phone:
4. Name: Relationship:
Cell Phone:

Please list any fears, habits your child may have:
Please list any additional information that may allow us to serve you and your family better:

REVERSE SIDE MUST BE COMPLETED (OVER)



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TRANSPORTATION AGREEMENT: The YMCA may use bus transportation provided by the YMCA or MSD of Martinsville to transport participants. This might be for an afternoon swim, field trip, or for transportation to and from the school site. I understand that only licensed and qualified personnel will operate any vehicle. I agree to release the Barbara B Jordan YMCA and the YMCA staff from any and all claims of damages, demands or liabilities, which may arise because of my child's participation of these bus trips.

PHOTO RELEASE: I, individually and on behalf of any minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, give permission to the Barbara B Jordan YMCA to use photographs, film footage, or tape recordings, which may include a photo image or voice for purposes of promoting or interpreting YMCA programs and activities.

CHILD BEHAVIOR CONTRACT: At the YMCA we strive to create a caring and safe environment for all participants. When disruptive behavior occur, your child may be given a cool down period of 5-15 minutes based on age. Continued disruptive behavior could result in the staff issuing a written warning, notifying parents and the child's removal from the program. Please see parent handbook for full discipline policy.

EMERGENCY AUTHORIZATION: I authorize any representative of the YMCA to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under any circumstances, there is not time to reach me because of the nature of the injury or illness. I further authorize the health care profession selected by the YMCA to provide necessary care of my child

In consideration of my child's participation in the activities of the Barbara B. Jordan YMCA, I do hereby agree to hold free from any and all liability the YMCA and its respective officer's, employed and member and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or hereinafter accrue to me arising out of or connected with my child's participation in any activities of the YMCA. I do hereby declare my child physically sound, having medical approval to participate in the activities of the YMCA. **MUST be completed for child in attendance.**

I certify that I am the parent or guardian of this child and that I have authority to make representation and grant the authorizations contained herein

Signature of Parent or Legal Guardian

Printed Name

Date

Parent and Participant Statement of Agreement

- I understand that it is my responsibility to read the brochure and the parent handbook
- I understand that it is my responsibility to complete all necessary paperwork for enrollment in the YMCA program, including registration forms. My child will not be considered registered until all forms are completed
- I understand there is a \$25 non-refundable registration fee for each child registered.
- I understand that childcare fees are due on the Monday of the week attending. If payments are more than two weeks delinquent your child may not be allowed to return until fees are current.
- I understand that an adult over the age of 18 must sign my child in and out of the program. My child will not be allowed to leave the program with any unauthorized person. Authorized person must be over 18, be listed on enrollment form and have a valid photo ID
- I understand the YMCA operates in a large group format therefore, the YMCA is unable to provide one-on-one care and makes no claim to do so. I agree to allow my child to participate in all phases of the program, including, but not limited to the following: indoor and outdoor play equipment; participate in routine excursions away from the YMCA program site; and inclusion in any program evaluation and pictures associated with the YMCA program.
- I understand that the YMCA policy states that a YMCA employee may not provide care to children enrolled in the YMCA programs outside of the approved YMCA activities that are conducted in locations operated by the YMCA. This would include babysitting, outings, or trips. I understand that all YMCA staff have been informed of this policy and have signed a statement in agreement with the policy.
- That should it be determined by my child's Program Staff and the Program Director that my child cannot adjust to the program, my child will be denied care, and this agreement will be terminated.
- I understand that should my child's school be closed early due to inclement weather, the YMCA program will be cancelled and my child will be sent home by: Bus Walk Home Parent Pick-up
- I understand there is additional fee for any Days Out Program, the fee will be due **prior** to (Days Out) or the **morning** of attendance. My child will not be admitted to the program unless this fee is paid.

I certify that I am the parent or legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein.

Signature of Parent or Guardian

Printed Name

Relationship to Child

Date

REVERSE SIDE MUST BE COMPLETED (OVER)