

Westwood YMCA - Child Care Registration

2093 Harkney Hill Rd., Coventry, RI 02816
(401) 397-7779 - Fax (401) 397-3930



Child's Name: _____ DHS # (if applicable): _____
 Date of Birth: _____ Age: _____ Female [] Male [] School Attending: _____ Grade: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ Are you a member? Yes [] No [] Ethnicity: _____

Mother/Guardian Name: _____ **Father/Guardian Name:** _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Cell Phone: _____ Daytime Phone: _____ Cell Phone: _____
 Employer: _____ Employer: _____
 Work Phone: _____ E-Mail: _____ Work Phone: _____ E-Mail: _____

In case of emergency list parent to call 1st: _____ **Phone:** _____
Is there any court order relating to the child's custody or release? Yes [] No []
If yes, please provide a copy of the court order. **Start Date:** _____

CHILD'S PARTICIPATION SCHEDULE

Washington Oak / Western Coventry Coventry Grades K - 6 (Elementary)
<input type="checkbox"/> Before School Only 7:00am-9:00am
<input type="checkbox"/> After School Only 3:00pm-6:00pm
<input type="checkbox"/> Before and After School

Metcalf Exeter/West Greenwich Grades K - 6 (Elementary)
<input type="checkbox"/> Before School 6:30am-9:00am
<input type="checkbox"/> After School 3:00pm-6:00pm
<input type="checkbox"/> Before and After School

Minimum of <u>2</u> days - Circle days for part time ONLY M T W T H F

EMERGENCY CONTACT INFORMATION

SIGN OUT AUTHORIZATION / EMERGENCY CONTACTS - The following individuals have my **unrestricted** permission to sign the above named child out from the YMCA school - age child care program and should be contacted when I cannot be reached. **(Minimum of two required)**

Name	Phone #1	Phone #2	Relationship to Child

The following individuals are **restricted** from signing out my child due to a court - issued restraining order (A certified copy of the official court documentation must be kept in child's YMCA file).

Name	Name
Name	Name

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

Important: Please be aware that the signatures on this application are the only persons authorized to make changes. This includes adding or deleting pick - up names.

OFFICE USE ONLY:	Reg Fee _____	Membership _____	Pymt Agrmt _____	Handbook _____	ST _____
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ENROLLMENT AGREEMENT

Please carefully read and sign below.

- I understand that I am committing my child to participation in the School Age Child program for the current school year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the program director 14 days in advance.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of an emergency an emergency release plan will be followed.
- I understand that my child must be signed in and out daily by myself or my designee (as listed on the enrollment form).
- I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- If my child is experiencing problems in the program, a conference will be arranged between the parent, program director and executive director. The YMCA reserves the right to terminate child care services if the problem(s) are not rectified.
- I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.), the YMCA services will also be cancelled. There is **no refund** for services due to unforeseen school cancellations or unscheduled dismissals.
- If I choose to participate in vacation weeks I must register in advance and pay in full and all accounts should be up to date.
- All information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.
- I understand that if any information on my child's enrollment forms changes, it is my responsibility to notify both the YMCA Branch and the program site director in writing immediately.
- **I have received, read, and agree to abide by all policies, procedures, and fee requirements as outlined in the parent handbook. I will make all authorized individuals aware of the policies and procedures as stated above and in the parent handbook.**

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY (to be filled out by parent)

1. Please list any medications your child is currently taking, including the dose and reason: _____
2. Please list all known allergies: _____
3. Please list the date and nature of any operations or serious injuries: _____
4. Please describe any disability or chronic or recurring illness: _____
5. Please list any activities encouraged or limited by the physician: _____
6. Please describe any dietary modifications or considerations: _____

AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of admittance, I hereby authorize the Westwood YMCA to arrange for Medical examination and/or treatment of my child, should an emergency arise at the child care site or on a field trip. It is also understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises: _____.

I understand the choice of hospital may be limited by the service of local rescue squad.

Print Physician's Name: _____ Phone Number: _____

Address: _____

Health Insurance Coverage: _____ Policy Number: _____

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities excepted as noted. I hereby give my permission to the medical personnel selected by the child care director to order routine tests, x-rays, treatment and necessary transportation for the individual named above.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CLOSURE - EARLY DISMISSAL FORM

Child's Name	Grade	Teacher's Name	School Name
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In the event that school should dismiss early due to an emergency closure, such as inclement weather, power failure, water main break, etc., the school age child care program will be canceled. Also, if the school calls for an early dismissal not previously scheduled in the current school calendar, the YMCA school age child care program will be canceled.

Please complete the section below:

If there is an emergency school closure or unscheduled early dismissal, my child:

- Will be picked up by _____ Phone: _____.
- Other _____.

If there is any change in the above procedure, please notify in writing your site director and the YMCA branch at once!

I understand that it is my responsibility to ask the school office about their procedure for emergency closure/dismissal. I have discussed these procedures with my child, and my child understands what he/she should do in the event of an emergency school closing or early dismissal.

Liability Waive and Release:

This is a release of legal rights—read and understand before signing.

In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to enter the YMCA for any purpose including but not limited to observation, or use of facilities, or equipment, or participation in any program affiliated with the YMCA, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the YMCA of Pawtucket its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as “releases”) from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all know or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases or otherwise while the undersigned, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Pawtucket.

Member Signature _____ **Date** _____ **Staff Initial** _____

The YMCA regularly takes photographs of YMCA programs and uses these photographs in promotional material. I give my permission to have my child's photo used, please initial here. _____



*For Youth Development
For Healthy Living
For Social Responsibility*

Parent's Last Name _____

PAYMENT AGREEMENT

Welcome from the Westwood YMCA, a branch of YMCA of Pawtucket - School Age Services Office!

In order to process your school age enrollment forms, we must have the payment agreement filled out. Determine if you would like to draft via checking/savings account (avoided check must be submitted with application) OR draft via a credit card (Mastercard, Visa, Discover or American Express). The \$35.00 registration fee is due upon registration.

If you have a payment agreement from last year and your using the same account this year, you must resubmit anew payment agreement. We are required to get your written approval each year.

Child #1 _____	Weekly Fee \$ _____
Child #2 _____	Weekly Fee \$ _____
Child #3 _____	Weekly Fee \$ _____
Child #4 _____	Weekly Fee \$ _____
TOTAL WEEKLY DRAFT \$ _____	

_____ Please check if you would like to purchase the Family Membership

_____ Payment in full \$244.00 draft from same account as child care

OR

_____ \$20.33 per month, drafted on the 1st of each month, use same account as child care

Membership must be drafted for 12 consecutive months before cancelling, cancellation must be in writing.

Membership is continuous until you cancel.

_____ Please check if you would like the \$35 registration fee to be drafted from Bank or Credit Card

I/We wish to participate on one of the *Express Payment Plans* (choose one):

Option I Bank Draft (weekly draft from checking or savings account)

PRINT NAME ON THE ACCOUNT

ROUTING # _____ A C C O U N T # (Please attach *VOIDED* check)

NAME OF BANK _____ Checking _____ Savings _____
(Check One)

ACCOUNT HOLDERS SIGNATURE _____ DATE _____

Option II Credit Card (weekly charge to credit card) **Visa, Mastercard, Discover or American Express**

PRINT NAME ON THE ACCOUNT

CREDIT CARD TYPE & NUMBER _____ EXP DATE _____

ACCOUNT HOLDERS SIGNATURE _____ DATE _____

WESTWOOD YMCA FAMILY MEMBERSHIP

Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Ethnic Origin _____

Father's Place of Business _____ Work# _____

Email Address _____ Cell# _____

Mother's Place of Business _____ Work # _____

Email Address _____ Cell # _____

Members: 2 adults and their related children up to the age of 23 living at the same address

1. Father's Name _____ Birth Date _____

2. Mother's Name _____ Birth Date _____

3. Child's Name _____ Birth Date _____

4. Child's Name _____ Birth Date _____

5. Child's Name _____ Birth Date _____

6. Child's Name _____ Birth Date _____

7. Child's Name _____ Birth Date _____

8 Child's Name _____ Birth Date _____

Liability Waive and Release:

This is a release of legal rights—read and understand before signing.

In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to enter the YMCA for any purpose including but not limited to observation, or use of facilities, or equipment, or participation in any program affiliated with the YMCA, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the YMCA of Pawtucket its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as "releases") from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all know or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases or otherwise while the undersigned, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Pawtucket.

Member Signature _____ Date _____ Staff Initial _____

OFFICE USE ONLY

_____	_____	_____	_____	_____	_____
Date	Amount	MemberST	Car Passes	Guest Passes	Program Book