

YMCA Child Development Registration Form

Please attach a
current immunization
certificate for
each child.

Please print legibly and include your \$30 registration fee. Register online at ymcaofcentralky.org. Financial agreement and waiver must be signed on opposite side of this page. Completed forms must be turned in a minimum of one week before care is desired to YMCA Child Development at 436 Georgetown St., Lexington, KY 40508.

Program start date _____ Email address to receive confirmation _____

Please choose a program:

Before School at (school name): _____ After School at (school name): _____

Please choose and attendance option:

Full week (3-5 days) Part week (1-2 days) Emergency care (drop in, no more than 3 times per month)

1st Child

First name: _____ Middle: _____ Last: _____ Date of birth ____ / ____ / ____ Gender M F Age ____ Grade ____

Race: African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Hispanic Native American Other

Physical Condition/Special Needs _____ Medications/Allergies _____

Physician: _____ Physician Phone: _____

To better serve your child, please indicate if he/she has been diagnosed with any of the following:

ADD/ADHD Convulsions Bleeding/Clotting Disorders Autism Aspergers Fragile X Cerebral Palsy Bipolar Disorder Tourettes
 Rhett Syndrome Down Syndrome Chronic Health Problems Asthma/Severe Allergies Diabetes Heart defect/disease Other _____

Does this child have an IEP? Yes No (you may be asked to complete an additional special needs form)

2nd Child

First name: _____ Middle: _____ Last: _____ Date of birth ____ / ____ / ____ Gender M F Age ____ Grade ____

Race: African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Hispanic Native American Other

Physical Condition/Special Needs _____ Medications/Allergies _____

Physician: _____ Physician Phone: _____

To better serve your child, please indicate if he/she has been diagnosed with any of the following:

ADD/ADHD Convulsions Bleeding/Clotting Disorders Autism Aspergers Fragile X Cerebral Palsy Bipolar Disorder Tourettes
 Rhett Syndrome Down Syndrome Chronic Health Problems Asthma/Severe Allergies Diabetes Heart defect/disease Other _____

Does this child have an IEP? Yes No (you may be asked to complete an additional special needs form)

1st Parent/Guardian Name _____ Relationship to Child _____ Date of Birth ____ / ____ / ____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Employer _____ Work Phone _____ Cell Phone _____

Email _____

2nd Parent/Guardian Name _____ Relationship to Child _____ Date of Birth ____ / ____ / ____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Employer _____ Work Phone _____ Cell Phone _____

Email _____

Child's legal guardian(s): Both parents Mom Dad Other

Child's living arrangements: Both parents Mom Dad Other

Who should the YMCA contact concerning payments? Both parents Mom Dad Other

Emergency Contact and Authorized Pickup Information

Please give the names and phone numbers of people to contact in an emergency and/or names of persons authorized to pick up your child/children. Anyone picking up your child/children must be 18 years of age or older. A Photo ID is required at pick-up.

Name _____ Relation to child _____ Phone 1 _____ Phone 2 _____

Name _____ Relation to child _____ Phone 1 _____ Phone 2 _____

The YMCA has permission for my child(ren) to be photographed and/or interviewed for promotional purposes (Facebook, brochures, web site, etc.) Yes No

My child(ren) have permission to participate in basic health and fitness evaluations Yes No

Check here if either parent is: FCPS or LCA Employee YMCA Employee YMCA Facility Member

I currently receive assistance from the Childcare Assistance Program. I understand I am responsible for full fees until the YMCA receives a contract for current school year.

Yes, I would like to make a charitable donation to ensure that all children have access to YMCA childcare programs: \$1 added to my weekly tuition
or a one-time gift of: \$10 \$25 \$50 \$100
 other/please contact me

YMCA Financial Agreement

Please choose an attendance option and initial each statement:

Full week (3-5 days) Part week (1-2 days) Emergency Care (up to 3 times per month, drop in basis)

I understand that all payments must be made through bank draft/credit card draft. Drafts will occur each Tuesday for the current week unless otherwise scheduled through our business office at 859-226-0393 or jwade@ymcaofcentralky.org. The YMCA is no longer able to schedule bi-weekly drafts. I would prefer monthly drafts on the first of each month

Please use the information currently on file with the YMCA for my weekly tuition fee.

I do not currently have account information on file with the YMCA. I understand I must complete a Bank Draft/Credit Card Authorization form to complete my registration. Forms can be obtained online at ymcaofcentralky.org or by emailing jwade@ymcaofcentralky.org.

I understand that my chosen weekly tuition is due regardless of attendance and credit is not given for missed days. If my child attends additional days, my account will be drafted the appropriate payment the following week.

I understand that I must give a 2 week written notice when withdrawing my child or switching my weekly tuition status. During those 2 weeks, I am still responsible for my original weekly tuition fees (or additional fees if switching to full week). Notice can be emailed to jwade@ymcaofcentralky.org or mailed to Janet Wade: 436 Georgetown St., Lexington KY 40508.

I understand that I will be charged a \$15 fee in the event that my tuition draft is returned for any reason. It is my responsibility to inform the YMCA in writing if my account information changes.

I understand that failure to remain current regarding my weekly tuition fees will result in termination from the program.

If I wish to re-register my child for the program after withdrawing him/her or being terminated, I am responsible for paying the \$30 registration fee again.

Parent Signature _____ Date _____

YMCA Child Care Conduct Policies

Children are entitled to a pleasant and safe environment while participating in our programs. Please ensure that both you and your child(ren) are completely familiar with the following policies by initialing each space below. The YMCA may suspend or terminate all participation in the child care programs for the following misconduct:

Leaving the YMCA program area without permission, or going into unauthorized areas.

Refusing to follow YMCA check-in or check-out procedures.

Refusing to remain with the group.

Refusing to follow basic safety rules.

Intentionally injuring another child or staff.

Being rude or disrespectful to staff.

Cursing.

Stealing or defacing property belonging to the YMCA, the school, or another program participant.

Bringing or using illegal substances or items.

Bullying-the YMCA reserves the right to determine what physical or verbal behaviors constitute bullying.

I have read and understood, and agree to comply with these policies. YMCA staff may require parent conferences to address any problem behaviors. YMCA staff reserve the right to suspend or terminate a child at any time based on the severity of the incident, even if it is the child's first infraction.

Parent Signature _____ Date _____

All policies and procedures can be found in the YMCA Parent Handbook on our website at ymcaofcentralky.org.

Financial Assistance

The YMCA of Central Kentucky turns no one away due to inability to pay. We award financial assistance for memberships and for programs, including after-school and summer camps. All information is completely confidential. Financial assistance forms are available at any of our branches or on our web site: ymcaofcentralky.org.

YMCA of Central Kentucky Child Development Programs Waiver

The information provided on the back of this sheet is accurate to the best of my knowledge, and the child herein described has my permission to engage in all activities and field trips except as told by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for my child as named above, in the event of a life or death emergency. I understand that the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or facilities; families must carry their own accident insurance. I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) in which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s), as outlined on the financial agreement and in the parent handbook. I agree to request a copy of the parent handbook or download it from the YMCA website, www.ymcaofcentralky.org. I agree to all policies and procedures indicated in the parent handbook and registration forms. Failure to comply with the policies and procedures may result in the loss of service.

The undersigned understands that the YMCA of Central Kentucky does not allow members of its staff to perform additional childcare services or any other services directly for program participants that are outside the scope of the YMCA's programs. Should an employee perform such services without the knowledge of the YMCA, said employee will not be acting as an employee or agent of the YMCA of Central Kentucky, and the YMCA disclaims any and all liability in connection there within.

Signature _____ Date ____ / ____ / ____

Please Print Name _____