



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Jessamine Co. YMCA Childcare Registration 2011-2012

### CHILD INFORMATION

Child's Last Name		Middle		First		Grade Entering	Age
Birthdate / /		Circle One: Male Female		Eye Color	Hair Color	SCHOOL ATTENDING	
Home Address					City/State/Zip		
Family Email Address						Home Phone Number	
Parent/Guardian				Birthdate (Month/Day/Year) / /		Place of Employment	Work/Cell Phone
Parent/Guardian				Birthdate (Month/Day/Year) / /		Place of Employment	Work/Cell Phone

### CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

<b>PERSONS <i>AUTHORIZED</i> TO PICK UP YOUR CHILD:</b>		
Name	Relationship to Child	Home/Work/Cell Phone
Name	Relationship to Child	Home/Work/Cell Phone
Name	Relationship to Child	Home/Work/Cell Phone
Child in custody of (check one): Both Parents____ Mother____ Father____ Guardian____ Other _____		
Child lives with (check one): Both Parents____ Mother____ Father____ Guardian____ Other _____		
<b>PERSONS <i>UNAUTHORIZED</i> TO PICK UP YOUR CHILD:</b>		
Name		
Name		

### HEALTH INFORMATION

Name of Child's Physician	Physician Phone Number
To better serve your child, please indicate if he/she has been diagnosed with any of the following: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Aspergers <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Chronic Health Problems <input type="checkbox"/> Asthma/Severe Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Behavior Issues:	
Please list any medications your child is currently taking and for what condition:	

### PARENTAL CONSENTS

<p>The information provided 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 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, <a href="http://www.ymcaofcentralky.org">www.ymcaofcentralky.org</a>. 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.</p> <p>Signature _____ Date ____ / ____ / ____ Please Print Name _____</p> <p>I give the YMCA permission to use my child's photo in promotional literature (brochures, program guides, Facebook, etc). Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>
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## **YMCA Financial Agreement**

**2011-2012**

**Please choose an attendance and program option.**

**Initial each statement:**

### **Afterschool**

- Full week (3-5 days) \$50/week     Part week (1-2 days) \$35/week  
 Emergency care (drop in, no more than 3 times per month) \$15/day

### **Preschool**

- 3 year old (9am-11am Tuesdays and Thursdays) \$25/week  
 4 year old (9am-11am Mondays, Wednesdays, and Fridays) \$35/week

\_\_\_\_\_ 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 859-885-5013 or [spotter@ymcaofcentralky.org](mailto:spotter@ymcaofcentralky.org).

\_\_\_\_\_ I understand I must complete a Bank Draft/Credit Card Authorization form to complete my registration.

\_\_\_\_\_ 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). A change of status form must be completed and mailed to Samantha Potter, 220 E. Maple St., Nicholasville, KY, 40356.

\_\_\_\_\_ I understand that I will be charged a \$15 fee in the event that my tuition draft is returned for any reason. If payment is returned repeatedly, the business office will contact me and alternate payment arrangements will be made. 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.

\_\_\_\_\_ I choose to have the \$30.00 registration fee drafted from my account at time of registration.

\_\_\_\_\_ I would like to voluntarily add \$\_\_\_\_\_ for another child to be able to participate in programs at the YMCA who otherwise could not afford it. This will be deducted from your account.

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](http://ymcaofcentralky.org).**

**Bank Draft/Credit Card Agreement for Child Care Payments**  
**Each family MUST choose a method of payment for Child Care fees.**  
**2011-2012**

I choose:

Bankdraft (checking or savings)

Credit card (Master Card, Visa, Discover)

I give authority to have pre-authorized payments drawn by the YMCA of Central Kentucky on my bank account for Child Care fees. I will have the option to choose weekly on Tuesday, or monthly on the 1st. I understand that my account will be drafted in accordance with my signed financial agreement. Child Care payments are continuous and can be cancelled only by submitting a YMCA Change of Status form (available at any Childcare location or the YMCA office) **at least 2 weeks prior to the draft date**. Please check your bank statement to make sure your account is not drafted after the effective date. Should my bank for any reason not honor my childcare draft, I understand that I am still responsible for that payment, plus any service charge applied by the YMCA. This is in addition to any service fee my bank may charge.

\*\* If the payment schedule listed below does not accommodate your pay schedule please contact the YMCA Office at (859)885-5013.

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

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

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

**1) Bank draft agreement (attach a voided check)**

Name of Bank \_\_\_\_\_ City/State \_\_\_\_\_

Checking       Savings

Transit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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

<b>Please circle one:</b>	Weekly on Tuesday	Monthly on the 1st
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**2) Credit Card Agreement:** If I choose to pay my fees with my credit card I give authority to the YMCA of Central Kentucky to charge my credit card each Monday for my child's weekly childcare fees. I have the option to choose weekly or monthly on the 1st.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mastercard       Visa       Discover

Print Name on Card \_\_\_\_\_ Signature on card \_\_\_\_\_