



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

Child's School: \_\_\_\_\_

**The YMCA of West San Gabriel Valley  
YKids Preschool, Summer Camp, & Afterschool Program Registration**

***PLEASE BE SURE TO FULLY COMPLETE ALL PAGES***

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**Kindly provide a recent photograph of your child for identification in their file!**



# THE YMCA OF WEST SAN GABRIEL VALLEY

## Child Identification and Emergency Information

CHILD'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOES MOTHER LIVE AT HOME WITH CHILD?  YES

FATHER'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOES FATHER LIVE AT HOME WITH CHILD?  YES

HOME TEL. NO. \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE: \_\_\_\_\_

HOME TEL NO. \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK TEL. NO.: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_

NO

HOME TEL NO. \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK TEL. NO.: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_

NO

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL     OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS (OVER 18 YEARS OF AGE) AUTHORIZED TO TAKE CHILD FROM THE YMCA AFFILIATED SITE**  
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON(S) WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE.)

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL TEL. NO.: \_\_\_\_\_ WORK TEL. NO.: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL TEL. NO.: \_\_\_\_\_ WORK TEL. NO.: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE



**The YMCA of West San Gabriel Valley  
Consent for Emergency Medical Treatment & Release Form**

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

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

\_\_\_\_\_  
Dates of Care (From/To)

**IN THE CASE OF AN EMERGENCY, I AUTHORIZE THE YMCA OF WEST SAN GABRIEL VALLEY UNDER THE DIRECTION OF THE CEO TO CALL 911, DISPATCHING PARAMEDICS TO TRANSPORT MY CHILD TO THE NEAREST HOSPITAL EMERGENCY ROOM FOR SUCH TREATMENT AND MEASURES AS ARE DEEMED NECESSARY TO PRESERVE THE LIFE, LIMB, SAFETY, PROTECTION, OR WELL BEING OF MY CHILD AT MY EXPENSE.**

**While my child is attending or traveling to or from this function, I HEREBY AUTHORIZE THE ADULT CHILDCARE DIRECTOR of the YMCA of West San Gabriel Valley OR STAFF MEMBER, or in their absence or disability, any adult accompanying or assisting them, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:**

**Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician (M.D), osteopath (D.O.), and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code, Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist (D.D.S.) licensed under the provisions of the Dental Practices Act, California Business and Professions Code, Section 1600 et seq.**

**This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/authorized representative, I will be responsible for the cost of any service or treatment provided.**

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relationship to Youth Identified Above

\_\_\_\_\_  
Emergency Day Phone

\_\_\_\_\_  
Emergency Night Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**AUTHORIZATION AND CONSENT, AND RELEASE**

**I hereby certify that my child is in good health and can travel to and participate in all functions of the YMCA of West San Gabriel YMCA program. I understand it is my responsibility to keep the information in my child's file updated (including Health History and parent/authorized representative status) by contacting the YMCA of West San Gabriel Valley. In providing my signature below, I stipulate that I have read, understand, and agree with the Consent for Emergency Medical Treatment & Release Form above.**

\_\_\_\_\_  
Signature of Parent/Authorized Representative

\_\_\_\_\_  
Date



# CHILD'S HEALTH HISTORY PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?
MOTHER'S NAME		DOES MOTHER LIVE IN HOME WITH CHILD?
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF A PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION?

PAST ILLNESSES – Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS:

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY MEDICATION ALLERGIES STAFF SHOULD BE AWARE OF:
--	------------------------	---

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS FOR:
	LUNCH	BREAKFAST
	DINNER	LUNCH
		DINNER

ANY FOOD ALLERGIES OR DISLIKES?	ANY EATING PROBLEMS?
---------------------------------	----------------------

PARENT'S EVALUATION OF CHILD'S HEALTH:

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH BROTHERS, SISTERS, AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

PARENT'S SIGNATURE

ADDITIONAL INFORMATION:



**THE YMCA OF WEST SAN GABRIEL VALLEY**

**MEMBER/CHILDREN RELEASE and WAIVER OF LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the YMCA of West San Gabriel Valley (or for my children to so participate) for any purpose, including but not limited to, observation or use of facilities, property (which, for sake of clarity, includes, but is not limited to parking lots and each parking lot's entrances and exits), or equipment, or participation in any off-site program affiliated with the YMCA of West San Gabriel Valley, the undersigned on behalf of himself or herself and such participating children and any personal representatives, heirs, and the next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry onto the YMCA of West San Gabriel Valley's facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OF WEST SAN GABRIEL VALLEY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA OF WEST SAN GABRIEL VALLEY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA of West San Gabriel Valley and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned of such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of West San Gabriel Valley.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage, or cost that may incur due to the presence of the undersigned or such children in, upon or about the YMCA of West San Gabriel Valley premises or in any way observing or using any facilities or equipment of the YMCA of West San Gabriel Valley or participating in any program affiliated with the YMCA of West San Gabriel Valley whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the West San Gabriel Valley and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA of West San Gabriel Valley.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ, UNDERSTAND AND AGREE WITH THIS DOCUMENT AND RELEASE.**

Date: \_\_\_\_\_ Signature of Applicant/Parent: \_\_\_\_\_  
 Address: \_\_\_\_\_ Signature of Other Adult: \_\_\_\_\_  
 City: \_\_\_\_\_ Name of Child in Program: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Name of Child in Program: \_\_\_\_\_



## THE YMCA OF WEST SAN GABRIEL VALLEY

**For a child under 18 years of age,  
Parent or Authorized Representative must complete the form below.**

### **Minor's Photography Release Consent**

I, \_\_\_\_\_, Parent/Authorized Representative of \_\_\_\_\_  
hereby authorize and consent to the use of his/her visual image by the YMCA of West San Gabriel Valley for appropriate purposes, such as promotion of the YMCA, including but not limited to: still photography, videotape, electronic and print publications, and websites. I give this consent with no claim for payment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **Adult's Photography Release Consent**

I, \_\_\_\_\_, hereby authorize and consent to the use of my visual image by the YMCA of West San Gabriel Valley for appropriate purposes, such as promotion of the YMCA, including but not limited to: still photography, videotape, electronic and print publications, and websites. I give this consent with no claim for payment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_



## THE YMCA OF WEST SAN GABRIEL VALLEY PARENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

The YMCA staff sincerely believes that our YKids Program is a team effort, you the parents and we the staff, working to provide a safe, caring environment, where each child is nurtured and challenged to develop and grow as a whole person.

It's important that enrolled parents understand and support the following expectations and policies:

1. I understand will receive no refund on fees if I choose to withdraw my child(ren).
2. There will be a \$1 charge per child for every minute my child is not picked up after their registered program is scheduled to end.
3. YKids Program participation may be discontinued for any of the following reasons:
  - a. Continued late pick up of child(ren).
  - b. Extreme behavior problems on the part of the child.
  - c. Lack of parental cooperation regarding policies and procedures.
4. Identification will need to be provided by those persons other than myself who pick my child up from the YKids Program. Written notification **MUST BE** provided if someone other than myself will pick up my child(ren).
5. Pictures may be taken of my child for use in newspapers or YMCA newsletters. If I do not want my child photographed, I will notify the YKids Program Director in writing.
6. Swimming is an optional activity. Sending a swimsuit with my child(ren) gives permission for my child(ren) swim on that day.
7. I grant permission for my child(ren) to be transported on field trips in the YMCA and leased vehicles (buses).
8. I have read and understand the Parent Agreement, and I agree to abide by the policies of the **YKids Program**.

\_\_\_\_\_  
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE



## THE YMCA OF WEST SAN GABRIEL VALLEY Youth Program Behavior Agreement

We ask that you to go over the following rules and guidelines with your child.

### **Respect Others**

Encourage your child to speak kindly to others. We strive to create an inclusive environment for children from all walks of life and we would like everyone to be consistent with that goal.

### **Hands to Yourself**

Encourage your child to engage only in appropriate physical interaction. Excessive, inappropriate touching is not permitted. Additionally, physical violence is never tolerated!

### **Respect the Facility and Others' Belongings**

We strongly discourage children from bringing outside toys and electronic devices, and to bring only what they need to participate in our programs, (i.e. swimsuits and towels for swimming days). Please remind your child that taking things without asking is not acceptable, and that stealing is never permitted.

The YMCA of West San Gabriel Valley is a non-profit organization. Our facility is kept beautiful through the hard work of staff and the generosity of the community. We ask that your children enjoy their time in the facility while remembering to keep it clean and organized.

### **No Profanity!**

The YMCA of West San Gabriel Valley is a family environment. Language should be appropriate for all ages. Please remind your child that cursing and inappropriate discussion is not acceptable.

### **No Electronic Device Usage During Our Programs**

We Strongly discourage your child from bringing cell phones and electronic devices, although there will be certain "free time" portions of the day where we will permit their usage. We ask that your child not be on their devices during any educational enrichments and other activities during the day. We want to make sure that they get the most out of their time with us!

If cellphone use and electronic devices become a distraction or an issue, they will be confiscated and held at the front desk. Confiscated items may be picked up by a parent or guardian at the end of the day.

Being a part of the YMCA of West San Gabriel Valley is a privilege. Every child is expected to learn and abide by the rules. If a child's behavior is not appropriate to the YMCA, is destructive to the facility/equipment, or is disrespectful to the staff or fellow peers, the parent may be asked to make other arrangements for his/her child. The YMCA of West San Gabriel Valley employs a three-strike system. After the third offense, the child will be subject to review and understands that he/she may be dismissed from the program, effective immediately. The methods in which we deal with unacceptable behavior include both suspension and releasing the offending child from the program.

-*Suspension* means that a child may not participate in the program for a specified period.

-*Releasing* a child from the program means the child is no longer allowed to participate in the program.

**The following are some examples of behavior that may result in the suspension or release of a child from the program:** Physical violence, bullying, aggressive behavior against staff or other campers, vandalism of property or equipment, foul or abusive language, and disregard for program rules or general safety.

If you have any further questions or concerns, please contact:  
Valarie Gomez, YMCA of West San Gabriel Valley CEO  
[val.ymca@gmail.com](mailto:val.ymca@gmail.com) or (626) 576-0226

### **PLEASE SIGN AND RETURN BEFORE START OF PROGRAM**

I have read and understand the rules of the YMCA of West San Gabriel Valley program. I agree to abide by all the rules and understand the consequences if, I, for any reason, choose not to follow them.

Child Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.  
     Licensing Office Name: LOS ANGELES CHILD CARE EAST  
     Licensing Office Address: 1000 Corporate CTR Dr, STE 200B, Monterey Park 91754  
     Licensing Office Telephone #: 1-323-981-3382
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

Derived from LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

THE YMCA OF WEST SAN GABRIEL VALLEY

Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

**PERSONAL RIGHTS**  
**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME		
LOS ANGELES CHILD CARE EAST		
ADDRESS		
1000 CORPORATE CTR DR, STE 200B		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
MONTEREY PARK	91754	1-323-981-3382

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgement:

**ACKNOWLEDGEMENT:** I/We have been personally advised of and received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

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



## SUMMARY SHEET

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**I have thoroughly read and understand the entirety of the registration packet. I also understand the payment policy and that there are no refunds for YKids Programs.**

\_\_\_\_\_  
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE