



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 <u>HOURS</u> FOR:
	LUNCH	BREAKFAST
	DINNER	LUNCH
		DINNER

ANY FOOD ALLERGIES OR DISLIKES?	ANY EATING PROBLEMS?
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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
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 ("YMCA") (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 YMCA program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and the next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider facilities, property and equipment, and/or the affiliated program. It is further warranted that such entry into and/or onto the YMCA for observation or use of any facilities, property, or equipment, or participation in such affiliated program constitutes an acknowledgment that such premises, property, and all facilities and equipment thereon and such affiliated program 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.

The undersigned agrees that, by entering or using the facilities, property, or equipment, or participating in any YMCA program or any program affiliated with the YMCA, the undersigned and anyone with the undersigned, including children, will comply with all rules and procedures established by the YMCA.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES, PROPERTY, OR EQUIPMENT, OR PARTICIPATION IN ANY YMCA PROGRAM, OR ANY PROGRAM AFFILIATED WITH THE YMCA, 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, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees 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 YMCA program or a program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages, or costs that may incur, whether caused by the negligence, active or passive, of the releasees 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. The undersigned understands and agrees that the YMCA does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damages of any sort upon, or about the premises or any facilities or equipment therein or participating in any YMCA program or a program affiliated with the YMCA.

INITIALS: _____

The undersigned hereby acknowledges that the YMCA does not have its own medical facility and that sometimes visitors with medical or alternative health care training may offer help or advice. The undersigned agrees and understands that, if the undersigned chooses to accept their help, they are acting entirely on their own initiative and not on behalf of, or under the direction of, the YMCA, which shall not be liable for any action or inaction on their part.

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, active or passive, of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any YMCA program, or a program affiliated with the YMCA. In this regard, the undersigned specifically recognizes that activities involving physical activity, including sports and health activities, are inherently risky and may result in harm to the participant.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION TO PHOTO RELEASE to the YMCA to use the undersigned's picture/video or other likeness or a picture/video or other likeness of the undersigned's children for any purpose, including, but not limited to, general marketing and publicity, social media presence and/or campaign or other promotional materials.

ARBITRATION

The parties agree that all disputes, claims, or controversies arising out of, or relating to, the use by the undersigned or such children while in, about, or upon the premises of the YMCA and/or while using the premises, property, or any facilities or equipment thereon, or participating in any program affiliated with the YMCA, shall be submitted to the Judicial Arbitration and Mediation Services ("JAMS") for final and binding arbitration. The undersigned, on his or her own behalf, and on behalf of the undersigned's children, hereby waive their constitutional right to have any such dispute, claim, or controversy decided in a court of law before a jury, and instead is accepting the use of arbitration, except as California law provides for judicial review of arbitration proceedings. If the undersigned attempts to circumvent this arbitration clause by filing a lawsuit in a court of law, the undersigned shall pay the YMCA all costs, expenses, attorney's fees, and related expenditures incurred as a result of the filing of any such lawsuit.

Further, if the undersigned files a lawsuit in a court of law, the undersigned hereby waives his or her right to recover any monetary damages in that forum, and instead promises to indemnify the non-filing party for any monetary damages that may be awarded against it.

The parties agree that this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND ARBITRATION AGREEMENT may be used as evidence to bar claims in the arbitration and/or in any related proceeding, including court. Either party may commence arbitration by providing JAMS and the other party a written request for arbitration, setting forth the subject of the dispute, a summary of the relevant facts, and the relief requested. The request for arbitration must be submitted to JAMS and other party within the applicable statute of limitation and, if not, the dispute, claim or controversy is waived.

The arbitration shall be administered by JAMS pursuant to the Streamlined Arbitration Rules and Procedure, which may be found at www.jamsadr.com. The parties may file a motion for summary judgment of summary adjudication, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving part not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

INITIALS: _____

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by the credible and relevant evidence presented.

To the extent permitted by applicable law, the fees and expenses of the arbitrator shall be split equally between the parties. Further, each party shall bear its own attorney's fees and costs. If the initiating party does not pay its share of the arbitrator's fees and expenses within 30 days of receipt of an invoice from JAMS, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

THE UNDERSIGNED further expressly agrees that this 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 and that any portion held to be invalid may be severed.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THIS AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I am aware that this is an agreement re: assumption of risk, release and waiver of liability and I know that I am giving up valuable rights. I also understand that this agreement contains an arbitration provision, and I expressly agree to it, including relinquishing my constitutional rights, and those of my minor children, to a jury or court trial. I also understand that this agreement is made on behalf of my minor child(ren) and/or legal wards and I have full authority to sign this agreement on behalf of such minor(s).

I HAVE READ, UNDERSTAND, AND AGREE WITH THE TERMS OF THIS RELEASE. I AGREE THAT THIS FORM MAY BE SIGNED ELECTRONICALLY. I FURTHER AGREE THAT I AM SIGNING THIS RELEASE ON BEHALF OF MY CHILD(REN) AND DEPENDENTS.

X	X / /
ADULT APPLICANT/GUARDIAN NAME (PRINTED)	DATE
X	X
SIGNATURE OF APPLICANT/GUARDIAN	EMAIL ADDRESS
X	X
DATE OF BIRTH	MEMBER ID OR EVENT NAME
NAME(S) AND BIRTHDATES OF CHILDREN IN FACILITY PROGRAMS	
X	X / /
CHILD 1 FULL NAME	DATE OF BIRTH
X	X / /
CHILD 2 FULL NAME	DATE OF BIRTH
X	X / /
CHILD 3 FULL NAME	DATE OF BIRTH
X	X / /
CHILD 4 FULL NAME	DATE OF BIRTH

INITIALS: _____



**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 please 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 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

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

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 MONTEREY PARK	ZIP CODE 91754	AREA CODE/TELEPHONE NUMBER 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