



CLALLAM COUNTY FAMILY YMCA Y'S KIDS CHILD CARE REGISTRATION

Child Information:

Child's Name: \_\_\_\_\_ Goes By: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male  Female

Youth Resides With:

Both Parents  Mother  Father  Other

Guardian Information:

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Person other than myself who may pick up my child: (Please do not list same names as above).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

FIELD TRIP PERMISSION

I, \_\_\_\_\_, herein grant permission for \_\_\_\_\_ (Child's name)

To participate in field trips planned by Y's Kids Staff, give that licensed, insured, drivers operate all vehicles driven for transportation and that the children will be seat belted. **Children up to their 8th birthday, unless they are 4'9" tall (which ever comes first), must ride in a child restraint such as a booster seat. Parents are required to provide boosters when necessary for transporting their child/ren.**

PARTICIPATION RELEASE AND PERMISSION TO TREAT

"I hereby certify that the above named child is in normal health and capable of safely participating in YMCA programs. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Clallam County Family YMCA to obtain medical treatment including surgical procedures for the above named child in the event that parents and/or emergency contact cannot be reached. I hereby authorize the YMCA to provide sunscreen to my child. I support the YMCA program philosophy, which is based on participation, fun, fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership. I give permission for the Clallam County Family YMCA to use any photos or videos taken of the above named child, for future publicity purposes. I further give permission for the YMCA to transport my child in marked YMCA vehicles for local or distant field trips. Once your child/children has/have been authorized for release from the child care site, the YMCA is not responsible for him/her/them. **I understand that if I should withdraw the above named child from the program I must do it in writing a minimum of 3 days before the new month (school year) or new session (summer) to avoid a \$20 processing fee.**

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



**GENERAL INFORMATION**

*This page to be filled out by a parent or guardian*

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications/Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Current Health Concerns/Allergies: \_\_\_\_\_  
\_\_\_\_\_

Date of Last Physical (required) \_\_\_\_\_

1. Swimming ability:  Fear of Water       Beginner       Intermediate       Advanced

2. What special characteristics (fears, problems, and concerns) should we be aware of with your child?  
\_\_\_\_\_  
\_\_\_\_\_

What activities does your child do in his/her spare time?  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child want to come to Y's Kids?      € Yes    € No    € Not Sure

5. Did your child attend previously?      € Yes    € No

6. Do you feel your child is an:      € Extrovert    € Introvert    € Independent    € Socialite

7. Does your child make friends easily?      € Yes      € No

8. Any additional remarks, suggestions, or comments as to how we can best help your child have a good experience in Y's Kids this year? \_\_\_\_\_  
\_\_\_\_\_

.....  
**Payment Policy:** Child care fees are always due on the 1<sup>st</sup> of the service month during the school year and by the Wednesday before each new session begins for the summer program. If payment is not received by the due date, or an automated draft is returned making the payment late, a \$25 late payment fee will be applied to your account. Please note child care late payment fees are in addition to any NSF/Returned Draft fees. If the payment is not made within 5 YMCA business days (Sunday-Saturday), the child's attendance in Y's Kids will be suspended until the account is brought up-to-date. \*Helpful Hint: Consider having EFT pull several days before the due date.

▪ Parent/Guardian understands where and when payments are due?      Yes      No

▪ Parent/Guardian reviewed Parent Handbook with Child Care Director?      Yes      No

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

Child Care Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_