

2010-2011 YWCA Youth Childcare Enrollment Form

Enrollment Date ___/___/___ First Day of Care ___/___/___ Fall '10 Grade ___ Ethnicity W H B Other Gender M F

Has this child attended YW-CARE, Mini-Camp, or Summer Camp before? Y N If yes, when? _____

Child's Name _____ Birth Date ___/___/___ Home Phone _____

Child's Address _____ City _____ State _____ Zip _____

Mother/Guardian Name _____ Phones—Home _____ Cell _____

Address (if different) _____ City, State _____ Zip _____

Place of Employment _____ E-Mail _____

Father/Guardian Name _____ Phones—Home _____ Cell _____

Address (if different) _____ City, State _____ Zip _____

Place of Employment _____ E-Mail _____

Emergency Contact Name _____ Phones—Home _____ Cell _____

Address (if different) _____ City, State _____ Zip _____

Place of Employment _____ E-Mail _____

I hereby authorize YW-CARE to allow my child to leave the day care facility ONLY with the following persons:

Name _____ Phones—Home _____ Cell _____

Name _____ Phones—Home _____ Cell _____

Name _____ Phones—Home _____ Cell _____

Physician's Name _____ Address _____ Phone _____

or Hospital/Emergency Center _____ Address _____ Phone _____

List any medical issues your child may have (such as allergies, existing illnesses, injuries during the past 12 months, previous serious illnesses or injuries, or medication prescribed for long-term, continuous use) and any other information that the staff should know and/or that might limit his/her participation in activities. _____

My child attends the following school, where his/her current immunization, hearing/vision screenings, and tuberculosis records are on file.

School _____ Address _____ Phone _____

I give my child permission to do the following (circle Yes or No):

Yes No Be photographed, videoed, and/or interviewed while participating in YWCA activities for YWCA and/or United Way publicity (no compensation will be given).

Yes No [Check all that apply] Ride a bus, walk to and from school, and/or be released to the care of a sibling under 18 years of age WITH AN ID as indicated above.

Yes No Be transported to and from program site and for field trips by the YWCA.

Yes No Participate in water activities such as swimming, canoeing, and fishing.

If I cannot be reached in case of an emergency, I do authorize a representative from the YWCA of Lubbock to utilize ambulance services to care for my child and to give consent to a physician and/or hospital for emergency medical and/or surgical treatment. It is understood that every effort will be made to reach me before such action is taken, but that my child's life is the first priority.

It is also understood that neither the YWCA of Lubbock nor its representatives assumes any financial responsibilities for any expenses that might be incurred for said medical treatment.

I understand that continued attendance in YWCA programs is subject to the child's behavior reflecting respect for the safety and well-being of all participants and staff.

I acknowledge receipt of the **YW-CARE Parent Handbook**, which includes the discipline policy and all other YW-CARE policies and procedures. It is my responsibility to review the handbook and contact YW-CARE staff with any questions.

The U.S. Department of Agriculture policy prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Signature of Parent/Guardian _____ Date _____

ATTENTION PARENTS

- ALL blanks on both sides of this form must be filled in. All telephone numbers and addresses must be accurate.
- Payment is due BY THE 1ST DAY OF EACH MONTH.
- A late fee of \$25 will be assessed ON THE 4TH DAY OF THE MONTH if full payment has not been received.
- A child will be dropped from YW-Care after the 5th day of the month—the child WILL NOT BE ON THE ROLL starting the 6th day of the month. The \$25 late fee and all outstanding fees must be paid before the child can return to YW-Care.
- If your child is going to be absent, please call the YW-Care absence line at (806) 792-2723 x3220 before 11:30 a.m. to ensure the YW-Care on-site staff receives the message.

Signature _____

Date _____