

SAN ANGELO YMCA PRESCHOOL REGISTRATION FORM

Child's First & Last Name: _____ Age: ____ Date of Birth: _____ Preschool Start Date: _____

Child's Address: _____ City/State/Zip: _____ Home Phone: _____ Gender: M F

Child Resides with: Mother Father Both Other: _____

PARENT/LEGAL GUARDIAN #1

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Email: _____ Employer: _____

Home Phone	Work Phone	Mobile/Pager Phone	Alternate Phone

Relationship to child: _____ Preferred Method of Communication: Phone Email Text All

PARENT/LEGAL GUARDIAN #2

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Email: _____ Employer: _____

Home Phone	Work Phone	Mobile/Pager Phone	Alternate Phone

Relationship to child: _____ Preferred Method of Communication: Phone Email Text All

PERSON OTHER THAN THOSE LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY IF THE PARENT / LEGAL GUARDIAN CANNOT BE REACHED

Name:	Relationship to Child:
Contact Number:	Alt Contact Number:
Address:	City/State/Zip:

IN ADDITION TO THOSE LISTED ABOVE, I HEARBY AUTHORIZE THE YMCA STAFF TO ALLOW MY CHILD TO LEAVE WITH THE FOLLOWING PERSON(S):

Name:	Relationship to Child:
Contact Number:	Alt Contact Number:

Name:	Relationship to Child:
Contact Number:	Alt Contact Number:

Name:	Relationship to Child:
Contact Number:	Alt Contact Number:

Name:	Relationship to Child:
Contact Number:	Alt Contact Number:

HEALTH INFORMATION

In the event of an emergency and a parent/legal guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation (see the medical waiver below).

	Name	Phone	Address	City/State/Zip
Licensed Physician				
Hospital or Clinic				

Allergies and Special Conditions

- | | | | | |
|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Migraines | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diabetes (onset) | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Seizures | <input type="checkbox"/> Food Allergies(list below) |
| <input type="checkbox"/> Insect Allergy (list below) | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding/Clotting | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Skin Rashes |
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Bathroom Accidents | <input type="checkbox"/> Carries EpiPen | | |

If any food or insect allergies, please explain _____

Behavioral and Special Needs

Can your child participate in a 1:12 ratio (one staff for every 12 children)? Yes No Does your child run from adults? Yes No

Is your child prone to breakdowns or fits? Yes No Does your child have a behavioral diagnosis? _____

What strategies work best if your child gets upset? _____

What are your child's limitations? _____

Does your child need to wear a pull up during naptime? Yes No

Additional Information

In order to best meet your child's needs, we require that you list any other special needs that you child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries/hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of:

Parent/Guardian Acknowledgements

Please initial all required and the applicable optional boxes. By leaving blank you are denying consent.

INITIAL	Water Activities (Optional): I do hereby give my consent for my child to participate in water activities, including but not limited to wading pools, sprinkles, and splash pools.
INITIAL	Photo Release (Outside Purposes) (Optional): I give permission for my child to be photographed or videotaped while participating in the program for the Y or United Way purposes. No names will be released.
INITIAL	Photo Release (School Purposes) (Optional): I give permission for my child to be photographed while at school for school purposes only. This includes (please check the applicable options): <input type="checkbox"/> posting photos on the bulletin board <input type="checkbox"/> giving or sharing photos with class members <input type="checkbox"/> giving photos only to parents/guardians
INITIAL	Medical Treatment (Required): In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.
INITIAL	Immunization (Required): I have provided my child's current immunization record. When the immunization is updated, I will provide the updated copy.
INITIAL	Transportation (Required): I give permission for the YMCA staff to transport my child in program vehicles for the purpose of field trips or emergency situations. Additionally, Y Childcare staff may not babysit or transport children at any time outside of the program.
INITIAL	Policy Agreement (Required): I acknowledge that I have been made aware of where to access or have received a copy of the San Angelo YMCA Afterschool Program Parent Handbook. I accept responsibility to read and adhere to all billing procedures and policies of the program.
INITIAL	Contact Information (Required): I agree to immediately notify program staff of any changes or updates to my contact information, including that of my authorized pick up persons.
INITIAL	Custody (Required): YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document and/or any court order provided to us regarding child custody and release.
INITIAL	Extra Clothes (Required): I agree providing an extra set of clothing every day. If the Y provides clothing for my child and I do not return it within a week, I will be charged a \$10 fee.
INITIAL	Pick Up Policy (Required): I understand that only the persons listed on the enrollment form may pick up my child. I understand that ANY person picking up my child may be asked to present photo identification at any time. Failure or refusal to show ID will result in termination from the program.
INITIAL	Payments (Required): Payments may be made in installments, which are due on Friday for the upcoming week, or monthly, which are due on the 1 st of each month. I understand that fees are "averaged" for the school year, making each months payment the same. There are no discounts for months with extended holidays. Failure to make on time payments can result in the disenrollment of the child.

Primary Parent/Guardian Signature: _____ Date: _____

Additional Information & Demographics

While this section is optional, the information collected will help us understand the families who use our program and aid in the program applying for additional funding. Failure to complete this section will not affect the service your child receives. This page will not be attached to your child's enrollment information that is sent to the Afterschool Program site.

Child Information	
Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, Latina <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White or Caucasian	
How long has your child attended the Y Preschool Program?	
<input type="checkbox"/> 1 st Time	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years

Parent/Guardian #1 Information		Parent/Guardian #2 Information	
Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Hispanic, Latino, Latina <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American		Race: <input type="checkbox"/> American Indian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Hispanic, Latino, Latina <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American	
Highest Education Level:		Highest Education Level:	

Household Information	
Household Income:	Number in Household:
Which of the following best describes your child's family?	
<input type="checkbox"/> Two-parent family <input type="checkbox"/> One-parent family with <i>mother</i> at home <input type="checkbox"/> One-parent family with <i>father</i> at home <input type="checkbox"/> Child lives alternately with mother and father <input type="checkbox"/> Child lives with another relative, a guardian, or a person other than parents <input type="checkbox"/> Other: _____	

Why did you choose the Y Afterschool Program?	
<input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Reputation of the YMCA <input type="checkbox"/> My kids love it <input type="checkbox"/> Previous Experience with the Y Afterschool Program	
<input type="checkbox"/> Other (explain):	<input type="checkbox"/> Referral (explain):

How did you hear about us?	
<input type="checkbox"/> Afterschool Site <input type="checkbox"/> Internet (Facebook, Twitter, etc) <input type="checkbox"/> YMCA Flyer/Postcard <input type="checkbox"/> Family/Friend Referral <input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email	

SAN ANGELO YMCA BANK DRAFT FORM

STEP #1

Child's Full Name:	
Child's Address:	
City/State/Zip:	
Phone Number (Day/Evening):	
Child's School:	

STEP #2

Begin Draft Date: _____

STEP #3

Draft Date	Amount
Monthly on the 5th	\$
Monthly on the 20th	\$
Weekly on Friday	\$

STEP #3

Account Owner(s) Information

Primary First Name :		MI:		Last Name:	
Secondary First Name:		MI:		Last Name:	
Address:				City/State/Zip:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Saving			Bank Name:	
Bank Address:				City State/Zip:	
Routing Number (9-digits):				Account Number:	

AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK.

1. I understand that this transfer will occur monthly on the 5th or 20th, whichever I selected above, or weekly on Friday from my checking or savings account listed above.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types or child care plan in anyway, I must provide the Y with at least 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, the item(s) will be re-presented electronically and I understand I will be charged a \$25 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
6. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.
7. As a convenience to me, I hereby request and authorize you to pay and charge my account checks

Account Holder Signature _____

Date _____

Please
Staple
Here

STAPLE VOIDED CHECK HERE

Please
Staple
Here