

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

Child's Name _____ Nickname _____

Birthdate _____ Age _____ Sex _____

School _____ Grade _____

Name of Person Requesting Child Care:

First Middle Last

Relationship to Child _____

Email address (not required) _____

Are You A Member Of Our YMCA? _____ Membership Expiration Date _____

Type Of membership: _____ Family _____ Single Parent Family _____

Does your Child have any Special Needs? _____ no _____ yes

Is there any custody issues we need to be aware of?
If yes please explain. Please provide documentation of custody if applicable.

I would like my Child's First Date of Attendance to Be _____
I would Like My Child Registered For _____ Continual Attendance
Until Withdrawal, _____
School Year Only, _____ One Calendar Year, _____ Other

**YMCA SCHOOL AGE CHILD CARE
CHILD'S BACKGROUND INFORMATION**

The Child Care Center staff would greatly appreciate your cooperation in filling out this form as it will be of great help to us in getting to know and understand your child.

HOME:

List any favorite toys _____

Does your child have any particular fears? _____

SOCIAL:

How does your child get along with peers? _____

Describe your child's personality? _____

Does anyone in your family have a hobby, talent, or special interest that they could share with the children at the center? _____

What things tend to upset your child? _____

Does your child have temper tantrums? _____

Describe any behavior habits of your child: (biting nails, biting, thumb-sucking, etc.) _____

Any characteristics symptoms child shows when beginning to get ill? _____

How might your child react to anxiety or stressful situations? _____

Is your child easy or hard to manage? _____

What methods of discipline and direction do you use? _____

In what ways would you like to see your child develop during this next year at the center? _____

EATING:

What are your expectations at mealtime: _____

Schedule :

<input type="checkbox"/> Before School	Arrival _____	Bus Departure
<input type="checkbox"/> After School	Arrival _____	Departure
<input type="checkbox"/> Full-Time Summer Care	Arrival _____	Depart
<input type="checkbox"/>		
School your child attends: _____		

My Child _____ Will/Will Not need transportation for school.

If so:

- From YMCA to school in A. M.
- From school to YMCA.

Transportation is provided to Miami Trace Elementary and Washington City Schools by buses from the respective schools. YMCA does provide transportation to Fayette Christian School.

Due to the Ohio Child and Adult Care Food Program, we are required to keep a record of racial and ethnic percentages. Please circle the following that apply:

Caucasian, not Hispanic
American Indian
African American

Asian/Pacific Islander
Hispanic
Other _____

What are your child's food likes: _____ and dislikes: _____

Child(ren)

Names: _____

The following persons are authorized to pick up my child(ren)

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Parent's Signature **Date**

Staff will require a picture ID in order to release a child to someone they don't know. Thank you for your cooperation in this matter.

Parent Agreement

1. I agree to pay an enroll fee for school year program (SACC). This fee is non-refundable. An enrollment fee of \$50 is required for the all-classrooms. **Human Services clients pay only \$25. A three-week withdrawal notice is required.** The enrollment fee for my child is \$ _____. Enrollment fees must be paid before child attending. No enrollment fee for summer day camp program.
2. I understand that my child's tuition fees are based on enrollment, not attendance, and that there is no adjustment for non-attendance. No adjustment for fees is made for holidays. Summer program is charged by weeks enrolled.
3. I agree to pay the weekly rate of \$ _____ for child care services
4. I understand that a 15% discount off the regular tuition fee will be given for each additional child I may enroll at the childcare center. The discount will be subtracted from the lowest regular tuition rate of any children I may enroll.
5. I am aware of the hours the center is in operation. My child may not be dropped off and left unattended before the center opens. The child must be picked up by the closing time. If my child has not been picked up within 30 minutes, I am aware that the person listed for my child's emergency transportation authorization form will be notified to pick up my child. If they are unreachable, I understand that the center will need to contact Human Services.
6. YMCA will not assume responsibility for children before they have arrived at the center or after they have left the center while they are on school transportation to and from school.
7. I understand that YMCA reserves the right to make changes in it's program, policies, and fees after notice has been given to parents.
8. I understand that staff will report any suspicion of child abuse as required.
9. I agree to cooperate with the center by seeing that my child is in good state of health every day before he/she attends the center.
10. I understand that expenses obtaining any necessary medical treatment for my child are my responsibility.
11. I am aware that it is my responsibility to read and understand the information and policies in the parent handbook.
12. I understand that YMCA is not responsible for anything that may happen as a result of false information.
13. I understand that any attempts to solve a particular problem will include an evaluation, parent conference, and many attempts to solve the problem.
14. I understand that I am bound to the terms of my child's enrollment and this contract until I give a 3-week notice of any desired changes to the director.
15. I agree to cooperate with the center with any governmental laws, rules, and regulations that may effect the operation of this licensed child care center.
16. The YMCA reserves the right to terminate a child's enrollment if the administration determines that it is not in the best interest of the child or the school to continue enrollment.
17. The Fayette County Family YMCA request s consent to release photographs, slides, moving pictures, and audio/visual tapes of children enrolled in our program for the purpose of YMCA records, public relations and/or advertising, videos, voice or text material and either with or without my child's name or photo accompanying quotation.

Signature of Parent/Guardian

Date

Signature of Administrator

Date

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address					
City		State	Zip		
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> Work number <input type="checkbox"/> Cell number <input type="checkbox"/> Home number					
Where can you be reached while your child is in this program?					
Parent/Guardian Name			Relationship to Child		
Home Address					
City		State	Zip		
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> work number <input type="checkbox"/> cell number <input type="checkbox"/> home number					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.					
Name		Name			
City	State	City	State		
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child		
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? (check all that apply)

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (check one)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (check one)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours? (check one)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section) No

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Center or Type A Home Name			Center or Type A Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook.

Parent/Guardian Signature _____ Date _____

Signatures

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. The administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form to indicate the date reviewed.

Parent/Guardian Signature(s)		Date	
Administrator/Designee Signature		Date	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.