

# **Waynesboro Family YMCA Childcare**

## **Attendance Agreement and Statement of Understanding**

Name of Child \_\_\_\_\_

Name of Parent(s)/Guardian \_\_\_\_\_

1. I agree to walk my child to his/her classroom each day and release my child to a teacher before leaving my child. I agree to sign my child in and out each day and leave the best contact phone number for the day.
2. I understand all forms required must be completed and on file before my child may attend. Completing this registration form does not guarantee my spot.
3. I understand that no medication will be administered without a doctor's prescription and written authorization from parent/guardian. The YMCA does not administer medication unless there is a life threatening condition such as asthma, allergies, etc. We will administer long term medications (ie ADHD meds) provided the scheduled dose is required during operating hours.
4. I agree to support and reinforce the YMCA's rules and procedures that concern the health and safety of my child and other children enrolled.
5. I understand and agree to pay the tuition as indicated to me in the Parent Handbook. I understand that tuition is due regardless of days missed due to illness, holidays, vacation, or any other reason. Tuition is not prorated for any reason. I understand that summer camp is a full summer commitment regardless of the number of weeks attended.
6. I understand that I must give written notice to terminate my child's enrollment in the program. My notice must be given at least 2 weeks (10 days) in advance. Without written notice, I am responsible for any charges incurred on my account. This notice does not apply to summer camp which is a full summer commitment.
7. I agree to be accountable for all debts owed to the YMCA before and after termination of my account.
8. I understand that childcare services may be terminated if my child's behavior patterns threaten his/her own health and safety or those of other children or staff.
9. I understand that I will be notified whenever my child becomes ill and I agree to pick up my child thereafter as soon as possible.
10. I understand that my child cannot attend the program if he/she has any illness that threatens the health of other children. I understand Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever free without the use of medications for 24 hours before returning to the program following an illness.
11. I understand I must inform the center within 24 hours if my child or any member of my immediate family has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening diseases which MUST be reported immediately.

I have received a copy of the YMCA Childcare Parent Handbook. I have read the policies and understand their application to my child. I understand that this is a legal and binding contract.

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

**FOR YMCA STAFF USE ONLY**

Enrollment Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone Number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name	
Address	
City, State, Zip Code	
Cell Phone Number	
Place Employed	
Employment Address	
City, State, Zip Code	
Employment Phone	

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Name	
Address	
City, State, Zip Code	
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Employment Phone	

Person(s) or agency having legal custody of child \_\_\_\_\_  
Please attach copy of custody papers and/or court orders.

**INFORMATION ABOUT YOUR CHILD**

Please indicate if your child has any physical problems/medical problems: \_\_\_\_\_

Pertinent developmental information/special accommodations needed: \_\_\_\_\_

Previous childcare centers, private homes, schools attended: \_\_\_\_\_

Please indicate school and grade your child attends:

School \_\_\_\_\_ grade \_\_\_\_\_

Allergies or intolerance to foods, medication, etc and any action to take in an emergency (list all medications your child takes daily)(all allergies require an allergy action plan)

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS (these must be local and complete addresses)  
Names of two persons (other than parents/guardian) to contact if  
parent/guardian cannot be reached.**

Name	Complete Address	Phone Number

Persons authorized to pick up child without being contacted by parent: \_\_\_\_\_

Persons NOT authorized to pick up child.\*\*\*\*\*  
(appropriate paperwork such as custody papers must be attached if parent is not allowed to pick up)

In what ways would you like to see your child develop during this program? \_\_\_\_\_

**MEDICAL EMERGENCY INFORMATION**

The parent/guardian hereby authorizes the Waynesboro YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests, the use of surgeon, and/or the administration of drugs to child/ward if an emergency occurs when the parent/guardian cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when the parent/guardian cannot be reached. Otherwise, the parent/guardian will be notified immediately.

I will be responsible for payment of medical expenses. \_\_\_\_\_ (please initial)  
Medical treatment cost for child is covered by:

Insurance Company	
Policy Number	
Group Number	
Medicaid Coverage	
Account Number	
Child's Physician/Clinic	
Phone Number	

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

\*\*\*\*This form will be kept on file and taken to doctor/treatment facility in case of emergency.

**FOR YMCA STAFF USE ONLY**

Child's Name	
Place of Birth	
Birth Date	
Birth Certificate Number	
Date Issued	
Other Form of Proof	
Date Documentation Viewed	
Person Viewing Documentation	

For the safety of our staff and our program, the following statements must be signed by the parent/guardian before your child may attend their first day:

**SUNBLOCK AUTHORIZATION**

I authorize the staff at the YMCA to apply sunblock to my child as needed. I understand that I must provide the sunblock. It must be labeled with my child's name and given to my child's teacher. Sunblock must be SPF 15 or greater and must not be expired. It must be used according to the manufacturer's instructions for application.

Please list any sunblock that may cause any reactions and the reactions caused:

\_\_\_\_\_

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

**INSECT REPELLANT AUTHORIZATION**

I authorize the staff at the YMCA to apply insect repellent to my child as needed. I understand that I must provide the insect repellent. It must be labeled with my child's name and given to my child's teacher. It must not be expired. It must be used according to the manufacturer's instructions for application.

Please list any insect repellent that may cause reactions and the reactions caused:

\_\_\_\_\_

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

**SWIMMING AUTHORIZATION**

I give permission for my child to swim at the Waynesboro YMCA during scheduled swim times for their classroom. I understand that it is my responsibility to provide an appropriate swimsuit and towel for my child. I understand that if my child does not swim they will be expected to sit in the pool area during scheduled times.

My child has been swimming for \_\_\_\_\_ years. My child **is/is not** a good swimmer.

My child may swim in the deep end (starting at 4 foot), once they have passed a swim test.

**YES NO**

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

**TRANSPORTATION/FIELD TRIP PERMISSION**

I give permission for my child to participate in any planned field trip that the YMCA Childcare Center offers. This includes walking to the playground and/or Public Library and walking to The Greenway. If I do not wish for my child to attend, I understand that it is my responsibility to provide alternate care for the date of the field trip. I will have my child in attendance by the designated time to ensure that all pre-field trip prep has taken place. I will hold harmless and indemnify the YMCA and all claims, damages, actions, liability, and expense now and in the future in connection with any and all personal and bodily injury and/or damage or theft to my personal property be it foreseen or unforeseen. In addition, I give permission for my child to ride the YMCA Childcare Buses to and/or from school when they are enrolled in any Before/After School or Summer Program.

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

**WELL CARE AGREEMENT**

I agree to bring a note from my child’s physician allowing my child back into the program if my child has been absent due to a contagious illness that requires an antibiotic. I also agree that I will not bring my child to the YMCA Childcare Center if they have a fever of 100 degrees or higher, or have had diarrhea or vomiting within the last 24 hours without the use of medication.

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

**PICTURE AUTHORIZATION**

I give permission for my child to have his/her picture taken at the YMCA. I understand that the picture may be used for the advertisement on the YMCA website, social media, newspaper, or on display to show people what our programs are about.

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

**HANDBOOK RECEIVED**

I have received a copy of the YMCA Childcare Parent Handbook. I have read and understand all policies and procedures stated within. I agree to follow all policies and procedures stated within.

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

**AGREEMENTS**

1. The YMCA Childcare Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes the YMCA Childcare Center to obtain immediate medical care if any emergency occurs and the parent/guardian cannot be located immediately. \*\*\*\*
3. The parent/guardian agrees to immediately pick up their child if they are called by the director or teacher due to their child's behavior.

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

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*If there is an objection to seeking emergency medical care, a statement shall be obtained from the parent/guardian that states the objection and the reasons for the objection.