



Athena-Weston

School-age Child Care Enrollment Authorization

Date Registration Form Received: _____

YMCA Athena-Weston Afterschool Program Registration Form

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact the Director of Child Development at khuling@wwymca.org.

Please complete registration packet forms, sign all applicable pages & return to the Director of Child Development at the YMCA. Please make sure all areas are legible.

Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry
School Child Attends		School Phone#
ALLERGY ALERT	Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, please complete an allergy care plan.	

Parent or Guardian Contact Information

Name (First, Last)		Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone

Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider	Phone

Has your child previously been in child care? Yes No If yes, what type of care and for how long?

Child General Information - please include all information that will assist us in providing quality care for your child

General likes and dislikes

Strengths/Challenges

Developmental and health history that could affect the child's participation in child care

Interactions with other children

Favorite Activities

How does your child like to be comforted?

Other Information Center staff may need to know

Child's home language

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any educational special needs (IFSP, etc.)? Yes No If yes, list any health partners or providers you would like us to know about.

Child Medical Information

Does your child have special medical needs? Yes No If yes, list any health partners or providers you would like us to know about.

Does your child regularly need/take any medication? Yes No If yes, why are medications taken and time of day?

Other Children in the Home

Name (first, last)	Age	Gender
Name (first, last)	Age	Gender
Name (first, last)	Age	Gender
Name (first, last)	Age	Gender

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on neighborhood walks. Yes No Note: A signed permission slip is required for all field trips out of the neighborhood.

My child may use sunscreen, and apply their own sunscreen under adult supervision. Yes No

My child may be photographed and/or recorded for publicity or news purposes: Yes No This applies to: On-site Off-site photography.

My child may participate in special occasions/celebrations where food is served as part of the celebration. Yes No

The following information is important for the safety and protection of your child.

- I understand that my child will not be released to any person(s) not listed on this registration form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA program site unless a YMCA staff member is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child out before leaving in the afternoon.
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that I will need to provide written authorization if my child is allowed to walk home from the program.

- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff are not allowed to babysit or transport children at any time outside the YMCA school district facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**
- In the case that your **child becomes ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the program as soon as possible.
- In the case that your child or anyone in the immediate household of the child develops a **reportable communicable disease** as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to **take proper action, except in the case of life-threatening diseases which must be reported immediately.**
- My signature authorizes the management and staff of the YMCA to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.

Payment:

- I understand that all scheduled fees are due and payable by the 1st of each month.
- The program accepts various forms of payments. Payees should inform the Director if any updates or changes to payment arise. Payments and late fees are accepted at the Walla Walla YMCA in the form of cash, check, credit/debit card, or automatic bank transfer. Payments may be made online at the Walla Walla YMCA.
- Please return the attached "autopay" form to have payments scheduled and help avoid late fees
- Any bounce back payments or late payments will be charged a late fee of \$25.00
- If this occurs more than once you will be required to pay a month ahead. If you are late for pick up, there will be a fee of \$10 fee per late day added to your monthly payment.
- If the parent elects to withdraw a child from program they are asked to give thirty (30) days notice. The program reserves the right to determine if a pro rated refund is payable.

By signing below, you are authorizing all of the above.

Parent/Guardian Signature :	Date:
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WALLA WALLA YMCA ("YMCA") PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Parent/Guardian Signature of participant (s) under the Age of 18 | Date

Name (s) and age (s) of participant (s) under the age of 18, if any