

YMCA SACC & 8th Period Registration

School Attending _____ School Year _____ Staff Initials _____

| | | | |
|---|----------|----------------|----------------|
| Name of Child | Nickname | Date of Birth | Sex |
| Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed | | | |
| Previous Child Day Care Programs and Schools Attended | | | |
| If child attends this center and another school/program, give name of school/program | | | Grade |
| Home Address | | | Home Phone |
| PARENT(S)/GUARDIAN(S) INFORMATION | | | |
| Father | | Place Employed | Business Phone |
| Home Address | | | Home Phone |
| Cell Phone | | E-mail Address | |
| Mother | | Place Employed | Business Phone |
| Home Address | | | Home Phone |
| Cell Phone | | E-mail Address | |
| EMERGENCY INFORMATION | | | |
| Allergies or Intolerance to food, medication, etc. | | | |
| Action to take if an allergic reaction or emergency occurs | | | |
| Medications/Vitamins taken on Doctor's orders | | | |
| Child's Physician | | | Phone |
| TWO PEOPLE TO CONTACT IF PARENT(S) CANNOT BE REACHED | | | |
| Name | Address | | Phone |
| Name | Address | | Phone |
| Persons authorized to pick up child (must be 18 or older) | | | |
| Persons NOT authorized to pick up child | | | |

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

The parent(s)/guardian(s) authorize the YMCA to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostics tests upon, the use of surgery on, and/or the administration of drugs to their child/ward if an emergency occurs when he/she cannot be located immediately. It is also understood the this agreement covers only true emergency situations and only when he/she cannot be reached. The parent(s)/guardian(s) understand the provider will make every effort to contact them and/or their designated emergency contacts.

I/we will be responsible for payment of medical expenses.

| | | |
|---|---|----|
| Insurance Company | Policy Number | |
| Parent Guardian Signature | Date | |
| ADDITIONAL CHILD INFORMATION | | |
| List any friends attending our program | Personality (shy, aggressive, leader) | |
| Appetite (robust, average, below average) | Health (robust, average, below average) | |
| Please list any information that may help us better understand and engage your child in order to provide them with a happy YMCA experience: | | |
| Regarding child care, child is (excited, nervous, upset) | Religious Affiliation/Denomination (optional) | |
| PERMISSION SLIPS/PARENT STATEMENT OF UNDERTANDING | | |
| Check yes or no to the following: | YES | NO |
| I hereby give my permission for the YMCA to take photos and/or videos of my child and use them for publicity if they so desire. | | |
| I hereby give my permission for my child to be transported by a YMCA vehicle and participate in all program activities and field trips. | | |
| I hereby give my permission for my child to participate in YMCA swimming activities. | | |
| Child's swimming level (beginner, intermediate, advanced): | | |

I have received the YMCA Parent Handbook. I understand and agree to abide by the following:

I and my child have read and understand the vehicle and swimming rules and agree to abide by them.

YMCA staff and volunteers are not permitted to babysit or transport children at any time outside of the YMCA program.

I am not allowed to leave my child at the YMCA or YMCA off-site location unless at YMCA staff or volunteer is there to receive and supervise my child.

My child will not be permitted to leave the YMCA program with an unauthorized person. I will make prior arrangements for a non-authorized person to pick up my child. Persons who appear to be under the influence of drugs or alcohol will not be allowed to pick up my child. The police may be called for safety.

State law mandates that YMCA staff are mandated to report any suspected cases of child abuse or neglect to appropriate authorities.

The YMCA will notify me of any illness my child has and I will pick the child up as soon as possible thereafter.

I will inform the YMCA within 24 hours should my child or member of the immediate household develop any communicable disease—immediately, should it be a life-threatening illness.

If my child is continually picked up late, my child will be dis-enrolled from the program with no refund.

I agree to give two weeks written notice if I need to withdraw my child from the program.

| | |
|---------------------------|------|
| Parent Guardian Signature | Date |
|---------------------------|------|



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FOR SOCIAL RESPONSIBILITY**

AUTHORIZATION TO DRAFT ACCOUNT FOR PROGRAM FEES

By signing below, the member acknowledges that he/she has received a copy of the Rappahannock Area YMCA Inc.'s Electronic Fund Transfer policy, and agrees to abide by it for all electronic fund transfers requested from their account on behalf of the Rappahannock Area YMCA Inc. Payment for program fees by electronic fund transfer is subject to approval by the department head in charge of the program and the Finance Department.

I would like to pay for the following program fees by Electronic Fund Transfer (EFT):

Program Name (circle): SACC Fun Club 8th Period

Date of First Draft: _____

Name of Bank: _____ (Voided Check must be attached)

Routing/Transit Number: _____ Account Number: _____

Name of Account Holder: _____

Please circle: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Name of Account Holder: _____

I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Funds Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from by banking institution.

Name: _____

Signature: _____ Date: _____