



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA OF GREATER SEATTLE Youth Program Registration Form

YOUTH INFORMATION

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address			Apt	City	State	Zip Code

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Date of Last Physical / /	Date of Last Dental Exam / /	Date of Last Tetanus / /
Dietary Modifications/Allergy		Current Medications (physician approved form will be required)

Depending upon your child's need, additional paperwork and a meeting with a YMCA Director MAY be required prior to your child's start to ensure your child can best be accommodated. This process may take up to 10 business days. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. Write "none" if none.

Operations/Serious Injury	Chronic/Recurring Illness
Physical Disability	Behavioral Disorder

Developmental Delays

List any activities from which your child should be exempted for health reasons:

EMERGENCY & INSURANCE INFORMATION

Child's Physician	Address	Phone Number
Child's Dentist	Address	Phone Number
Local Emergency Contact (other than parents or doctor) & Phone Number	Out of Emergency Contact & Phone Number	

It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

Medical Insurance Company	Policy Number
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PARENT OR GUARDIAN

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip
Phone Number	Cell Phone		Work Phone	Does Child Live With You?		
Primary Email						
Employer Name						

PARENT OR GUARDIAN

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip
Phone Number	Cell Phone		Work Phone	Does Child Live With You?		
Primary Email						
Employer Name						

PICK UP AUTHORIZATIONS

Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip

YMCA POLICIES

Everyone is Welcome: The YMCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

Personal Safety Discussions: Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA of Greater Seattle respects the diversity and rights of the individuals it serves.

AUTHORIZATIONS

Participation

I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Medical Treatment

I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Insurance

It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

Photo Release:

The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs.

Release from Liability

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. BY SIGNING BELOW, I RELEASE THE YMCA OF GREATER SEATTLE, ITS EMPLOYEES, VOLUNTEERS, INDEPENDENT CONTRACTORS, DIRECTORS AND AGENTS FROM ALL LIABILITY BASED ON ANY DAMAGE, LOSS OR INJURY WHETHER IT IS THE RESULT OF ORDINARY NEGLIGENCE OR OTHERWISE, CAUSED TO MY CHILD OR TO ME FROM PARTICIPATION IN YMCA PROGRAMS.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: _____ **Date:** _____



I have read and understand the Payment, Credit and Refund Policy outlined below.

(Please initial)

- Payment must be received no later than 1st day of the month of care. If payments are not received by the due date, your child care may be cancelled and deposit will be forfeited.
- Cancellations or transfers require written notice 30 days prior to the effective date of the change.
- Registration fees are non-refundable and non-transferrable.
- A Payment Schedule is located in your Child Care Programs Handbook.
- A fee of \$30 may be assessed for any returned/declined payment transactions.
- Refund and credit policy will use guidelines below:

Notice Given Prior To:	Refund	Credit
Thirty days with written notice	100%	100%
Two weeks with written notice	0%	50%

I have read and understand the No Tolerance Policy, outlined below.

(Please initial)

No Tolerance Policy

The following will NOT be tolerated in our programs:

- Abusive, harassing and/or obscene language or gestures
- Threats of harm, physical aggression, violent acts or bullying
- Weapons of any kind
- Damaging or defacing YMCA property
- Offensive conduct
- Purposely leaving the area of supervision without permission
- Improper exposure

I have read and understand the Snack, Meals Plans & Lunch Policy outlined below.

(Please initial)

I understand that if I would like to provide alternate food for your child during snack time (e.g. food from home, extra food from their packed lunch) for dietary, health or other reasons please ask for a YMCA Parent Meal Plan Agreement (WAC 170-297-7525-Parent or Guardian Provided Food).

I have read and understand the Peanut and Nut Policy outlined below.

(Please initial)

To help the YMCA create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

I have understand the Holiday & Site Closures outlined below.

(Please initial)

YMCA Child Care programs are closed on the following days:

- | | |
|---------------------------------------|--|
| • Labor Day | * New Year's Day* |
| • Veterans Day (Staff Training Day) | * Martin Luther King Jr. Day |
| • Thanksgiving Day & the Friday after | * President's Day (Staff Training Day) |
| • The day after Thanksgiving | * Memorial Day |
| • Christmas Day* | * Independence Day* |

*If the holiday falls on a Saturday, there will be no care on the preceding Friday. If the holiday falls on a Sunday, there will be no care the following Monday.

Agreement

I have read and initialed the above information and I fully understand all policies of the YMCA's Child Care Programs. Policies are stated in the Family Handbook for child care programs available at ykids.org.

Child's Full Name: _____

Parent/Guardian Signature: _____ Date: _____



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Welcome to Early Learning with the YMCA of Greater Seattle! Our goal is to make the transition to our program as smooth as possible for you and your child. This form provides information about your child to our teaching staff, helping get to know your child and prepare for a great beginning!

Child's Name:		Date of Birth:	
Parent(s)/Guardian(s):			

THINGS YOUR CHILD DOES WELL
Current accomplishments, milestones:
LIKES AND DISLIKES
Favorite activities and interests:
Things your child does not like:
Other areas we can support your child:
AREAS YOUR CHILD IS WORKING ON
Current goals, challenges, frustrations (i.e. toilet training, eating, routines, language, transitions, social interactions, etc.):
Behavior challenges we can support for your child to be successful:
What helps when my child is upset:



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TRANSITIONING INTO THE PROGRAM

What are your expectations of the program and teaching staff?

What are your child's previous child care experiences, including length of time? (i.e. group care, nanny, family, etc.)

Are there any issues or concerns from previous child care experiences for you or your child that may be helpful for us to know?

Is your child potty trained?

FAMILY INFORMATION

Who lives in the same household as your child? What are their relationships to your child?

What special holidays or events are celebrated in your child's home?

Language(s) your child speaks or understands:

Language(s) spoken at home:

HEALTH INFORMATION

Food allergies/dietary needs/preferences (If your child has allergies, please complete an Allergy Form):

Medications (If medication will need to be given in care, please complete a Medication Form):

Health, behavior, or developmental issues:

FAMILY SCHEDULE

What will be your normal drop off and pick up times? *We know that schedules sometimes change. We ask that you let us know in advance of schedule changes, late arrivals, or vacations. This allows us to ensure appropriate staffing and classroom space.*