



# YMCA OF CENTRAL NEW MEXICO CHILD CARE ENROLLMENT FORM

**YMCA OFFICE USE**

- ( ) Signatures Completed
- ( ) Parent Handbook Received
- ( ) Shot Records Received
- ( ) Financial Aid Completed

PROGRAM SITE		CHILD'S AGE	DATE OF BIRTH	GRADE IN FALL
CHILD'S NAME		SEX	PRIMARY PHONE	
CHILD'S ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN NAME		DATE OF BIRTH	PRIMARY PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	EMPLOYEER	WORK PHONE		
PARENT/GUARDIAN NAME		DATE OF BIRTH	PRIMARY PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	EMPLOYEER	WORK PHONE		
EMERGENCY CONTACT		RELATIONSHIP	PRIMARY PHONE	
HOME ADDRESS		CITY	STATE	ZIP
SECURITY CODE	LIST LAST 4 DIGITS OF PARENT'S SOCIAL SECURITY NUMBER AS A SECURITY CODE. THIS CODE WILL BE USED WHEN CALLING IN A CHILD'S ABSENCE, ETC. FOR PHONE VERIFICATION			

**I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:**

NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE

**CUSTODY/COURT ORDERS**

Are there any court orders affecting custody of this child? ( )yes ( )No **If yes, a copy MUST be provided for child's file**

Are there any restraining orders? ( )Yes ( )No Who has Primary custody of this child? \_\_\_\_\_

Child may be released to: ( )FATHER ( )Mother ( )OTHER/NOTES:

**PARENT'S ACKNOWLEDGEMENTS AND STATEMENT OF CONSENT**

<p><b>TRANSPORTATION:</b> (required for participation) I hereby give consent for my child to be transported and supervised by the YMCA to and from field trips. Advance notice will be given.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p> <p><b>IMMUNIZATION/ SHOT RECORDS:</b> I understand that due to licensing requirements the YMCA must keep all children's current shot records on file during Day Camp. I understand that I must provide the YMCA with a current copy of my child's shot records prior to their attendance.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>WATER ACTIVITIES:</b> (required for participation) I hereby give my consent for my child to participate in water activities that might be offered by the YMCA. I hereby give the YMCA staff permission to assist my child in the application of sunscreen. .</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p> <p><b>YMCA PARENT HANDBOOK:</b> This is to acknowledge that the YMCA of Central New Mexico has provided me with a Payment Schedule, Policies, and my own YMCA Parent Guide/Handbook. I agree to read and adhere to the information included. .</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>
<p>Please provide us with a current email address to receive notifications, reminders, newsletters and other important program information.</p>	<p>PARENT'S E-MAIL ADDRESS</p>

CHILD'S NAME
<b>CHILD'S HEALTH HISTORY</b>
Please list any DIETARY or Physical Restrictions:  _____
Please list any known ALLERGIES:  _____
Treatment to be given when in contact with states ALLERGIES:  _____ _____
Please check all the following that apply to your child's health history <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> AUTISM <input type="checkbox"/> DIABETES <input type="checkbox"/> ASTHMA <input type="checkbox"/> EPILEPSY <input type="checkbox"/> ASPERGER'S <input type="checkbox"/> DAILY MEDICATION <input type="checkbox"/> OTHER: _____
<b>Parent's Understanding of PROBATIONARY PERIOD:</b> I understand that my child's enrollment is on a probationary period of up to 2 weeks. During this probationary period the YMCA will observe your child in the program environment to assess if the needs of the child are being met. I understand that my child must be able to comply with the YMCA guidelines and Code of Conduct stated in the Program Guide/ Parent Handbook.
<b>Parent's Signature:</b> _____ <b>Date:</b> _____

CAMP LOCATION
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION</b>
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to: NAME OF PHYSICIAN: _____ ADDRESS: _____ PHONE NUMBER: _____ HOSPITAL OR CLINIC: _____ ADDRESS: _____ PHONE NUMBER: _____
I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. <u>Unless selected otherwise, your child will be taken to the nearest emergency facility available.</u>
<b>Parent's Signature:</b> _____ <b>Date:</b> _____
<b>INSURANCE INFORMATION</b> My child does ____ does not ____ have medical insurance for accidents and ill-nesses. I understand that if my child is uninsured that I will be responsible for any incurred medical costs due to any treatments, Medical or Emergency.
Name of Insurance Co, _____ ID # _____
Group # _____ Expiration Date _____
<b>Parent's Signature:</b> _____ <b>Date:</b> _____

<b>YMCA OF CENTRAL NEW MEXICO</b> <b>Child Care Enrollment Agreement</b> <a href="http://ymcacnm.org">ymcacnm.org</a>
<p>Welcome to the YMCA of Central New Mexico Child Care Programs. The terms of this enrollment are: as following: (please not that ithe Y's policies, procedures, philosophy, etc. are more fully stated in the <b>Child Care Parent Handbook</b>. Please read it carefully; your signature at the bottom will mean that you understand and will follow the Y's procedures and policies.)</p> <ul style="list-style-type: none"> <li>• Payment and completed registration is due before attendance.</li> <li>• Weekly tuition is due no later than 6:00 p.m. on the Wednesday prior to the week's service is to be provided.</li> <li>• <b>The YMCA does not accept temporary checks or cash payments at the sites.</b> If payment is not received by Wednesday at 6:00 p.m. for the following week, a \$10.00 late charge will be added to the amount due. Attendance will not be allowed, the following week, until payment is received in advance.</li> <li>• We recognize that many families have differing needs and we are willing to work with you on a case by case basis. Should you have any questions or concerns, you are encouraged to call your branch and speak with the Program Coordinator or Child Care Executive Director.</li> <li>• <b>Curriculum Enhancement Fee:</b> \$20 per school year (every August-EARLY CHILDHOOD ONLY) to assist early childhood centers with educational materials that will assist children's individual development.</li> <li>• There is a \$5 discount for a second child and every subsequent child from the same family attending YMCA child care programs.</li> <li>• Parents are required to sign children in and out of the program on a daily basis.</li> <li>• <b>Late Pick-Up Fee:</b> The YMCA Child Care hours are 7:00am – 6:00pm, Monday – Friday (Santa Fe Early Childhood Programs Only – 7am – 6:30pm). There is a late pick-up charge of \$1.00 per minute, or portion thereof for each child picked up after 6:00 p.m. Fee is due before or on the next day of attendance.</li> <li>• Medications must be in the original container and can be administered only with doctor's instructions and parent's written authorization.</li> <li>• The YMCA will not be responsible for personal property brought from home. Games, electronic toys, and other expensive items should not be brought to the YMCA.</li> <li>• Damage to any property or vehicle that occurs from a deliberate act of any child while attending our programs will be repaired or replaced at full expense by the child's parent or guardian.</li> <li>• The YMCA reserves the right to disenroll a participant at any time.</li> <li>• <b>Vacation Policy:</b> All childcare programs (including before and after school) have a two week vacation allowance in which parent's may chose for children to be absent without payment. The family must be in good financial standing with the center and children must be absent from the center. There are no rollovers. Vacation time must be taken before Dec. 31. Summer camp does not follow vacation time policy, however attendance is required for registered weeks. <b>If child is not utilizing vacation time, payment is due weekly.</b> Payment insures child's spot in program.</li> </ul>

<b>I understand and accept the YMCA of Central New Mexico terms and conditions of enrollment.</b>		
Parent or Guardian's Signature _____	Printed Name _____	Date _____