



Copper Basin YMCA 2010 – 2011 Childcare Registration Form

Child's Name _____ Birth Date _____ Grade (2010/11) _____
 Parent's Name _____ Address _____
 City _____ Zip Code _____ Home # _____ Work # _____
 Parent's E-mail Address _____ Cell # _____

Start Date: _____

Please circle which school your child will be attending:			Draft on the 5 th of every month Due on the FIRST of every month		
CIRCLE CROSS	COPPER BASIN	WALKER BUTTE	SKYLINE	Facility Member	Program Member
Before School Plan			\$195	\$220	
On-site after school child care from school dismissal until 6:00 PM. <i>Only available at Copper Basin and Walker Butte.</i>					
After School Plan			\$195	\$220	
On-site after school child care from school dismissal until 6:00 PM. Includes early release days.					
Before and After School Plan			\$330	\$380	
On-site before and after school child care from 6:00 AM until school starts and from school dismissal until 6:00 PM. Includes early release days.					
Transportation Fee (monthly) YMCA After school only			\$15	\$15	
___ Circle Cross ___ Skyline					

Program Closed: Labor Day Thanksgiving Day and day after Christmas Eve & Christmas Day
 New Year's Eve & New Year's Day Memorial Day

Registrations will not be accepted without the following attached:

- Signed registration form Completed blue card Immunization record Bank draft form & credit debit number or "voided" check

ALL PLANS ARE ON A LEVEL PAY SYSTEM. ALL THE DAYS OF SCHOOL ARE ADDED TOGETHER AND DIVIDED INTO 10 EQUAL PAYMENTS DUE MONTHLY THROUGHOUT THE YEAR. PAYMENTS WILL REMAIN CONSTANT, INCLUDING MONTHS THAT CONTAIN INTERSESSIONS & WINTER BREAK. FULL PAYMENTS ARE DUE IN DECEMBER, MARCH, AND MAY. ALL PLANS USE THE BANK DRAFT (CHECKING ACCOUNT OR CREDIT/DEBIT CARD) AND ARE WITHDRAWN ON THE 5TH OF EACH MONTH. NO ACCOUNT CREDIT FOR ABSENT DAYS. PLEASE READ STATEMENT OF SERVICES REGARDING POLICIES. DUE DATES ARE LISTED BELOW. IF YOUR PAYMENT IS RETURNED NSF FOR ANY REASON, THE ITEMS WILL BE RE-PRESENTED ELECTRONICALLY AND YOU WILL BE CHARGED A \$25 PROCESSING FEE. YOU MAY DISENROLL WITH A 2 WEEK PRIOR WRITTEN NOTICE.

BANK DRAFT DUE DATES: SEP 5 OCT 5 NOV 5 DEC 5 JAN 5 FEB 5 MAR 5 APR 5 MAY 5

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

Parent/Guardian's Signature _____ Date _____

DUE AT TIME OF REGISTRATION:

\$	Total due that will not be bank drafted (<i>Staff: Must collect one draft please</i>)	For office use only			
\$35	Child Care Registration Fee per child	Member #			
\$30	YMCA Annual Program Membership/ waived with Family Facility Membership	Starfund #			
\$	Total due today	Comments:			
Paid by: Check # _____ If CASH Please Check _____					
Credit Card # _____ Exp Date _____		Staff initials:		Date in:	
Cardholder's Name _____		CCC		BC	IR
Draft Begins on					

Financial Assistance is available upon request. You must fill out and attach a Financial Assistance Form and provide proof of income. DES participants must attach your Certificate of Authorization to this form.

YMCA
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made:

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

 / /
date
parent's or guardian's signature
(if participant is legally a minor)

 / /
date
participant's signature



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):	
----------	--

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:	
--	--

Does your child have insurance coverage? No Yes Name of Insurance Company: _____

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: