

# YDAY CAMP

We build strong kids, strong families, strong communities.

## Childcare Enrollment Form

Attach a recent photo of your child

### OFFICE USE:

Financial Aid  
 Parent Handbook received  
 Signatures complete  
 Form Complete

Date of Admission: \_\_\_\_\_

SUMMER CAMP LOCATION NAME		CHILD'S AGE	DATE OF BIRTH	GRADE IN FALL
CHILD'S NAME		SEX	HOME PHONE NO.	
CHILD'S ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	HOME PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	PLACE OF EMPLOYMENT		WORK PHONE NO.	
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	HOME PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	PLACE OF EMPLOYMENT		WORK PHONE NO.	
<b>EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED</b>		RELATIONSHIP	PHONE NO.	
<b>EMERGENCY CONTACT HOME ADDRESS</b>		CITY	STATE	ZIP
<b>SECURITY CODE</b>	<b>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, ECT. FOR PHONE VERIFICATION.</b>			

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

NAME	RELATIONSHIP	PHONE NO.

**Parent's Acknowledgements:** This is to acknowledge that the YMCA of Arlington 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.

**Child's Description** (requested by Arlington Police Dept.)

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Distinct Features (scars, birthmarks, etc): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CUSTODY/ COURT ORDERS

Are there any court orders affecting custody of this child?  Yes  No *(If yes you MUST provide the YMCA with a copy of these orders)*

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 Consent

**TRANSPORTATION:** (required for participation) I hereby give consent for my child to be transported and supervised by the YMCA to and from field trips.

**WATER ACTIVITIES:** (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.

**IMMUNIZATION:** My child's shot records are on file at \_\_\_\_\_ Elementary School. (School phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health History**

Please list any **DIETARY** or **PHYSICAL** restrictions:

\_\_\_\_\_

\_\_\_\_\_

Please list any known **ALLERGIES**:

\_\_\_\_\_

\_\_\_\_\_

Treatment to be given when in contact with stated **ALLERGIES**:

\_\_\_\_\_

\_\_\_\_\_

Please check all the following that apply to your child's **HEALTH HISTORY**:

- ADD       ADHD       EXISTING ILLNESS  
 DIABETES       TAKES DAILY MEDICATION  
 ASTHMA       OTHER: Please explain: \_\_\_\_\_

**The YMCA of Arlington Child Care Programs generally have staffing ratios of 1:12. Do you feel this will be adequate for your child's needs?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If No please explain \_\_\_\_\_

**Parent's Understanding:** 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 him or her in the program environment to assess if the needs of the child are being met. I have been given and understand the YMCA Code of Conduct for Child Development programs.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

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 LICENSED PHYSICIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**NAME OF 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In accordance with the State of Texas Minimum Standards For Childcare Centers Subsection 746.605, I acknowledge all information on this form must be correct and completed before my child(ren) will be admitted into the program.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA OF ARLINGTON RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Arlington 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 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 therein and such affiliated programs have been inspected and 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 OF ARLINGTON FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA OF ARLINGTON, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA of Arlington, its directors, officers, employees, and agents ("the releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore 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 of Arlington, without respect to location.
- The undersigned hereby agrees to indemnify and save and hold harmless the releases 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 of Arlington or participating in any program affiliated with the YMCA of Arlington, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about or on the premises of the YMCA of Arlington and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Arlington.
- The undersigned further assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the YMCA of Arlington and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Arlington.
- The undersigned gives permission to the YMCA of Metropolitan Forth Worth to use photographs, film footage, or tape recordings which may include their own image (or family members) or voice for purposes of promoting YMCA programs.
- The undersigned understands that YMCA membership dues and program fees are not deductible as charitable tax contributions.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the law of the state of Texas 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

\_\_\_\_\_  
Parent or Guardian's Signature if Participant is legally a minor

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Parent's E-Mail Address