

2022-2023 YMCA DAYCARE & PRE-K Registration



Name of Child: _____
 School: _____
 Age: _____ Birthdate: _____

Gender: Male Female
 Start Date: _____
 Daycare Rm/Location: _____

Family's Physical Address:		Street	City	State	Zip
Family's Mailing Address:		Street	City	State	Zip

Primary Parent or Guardian:		Secondary Parent or Guardian:	
Birthdate	<i>(Is Responsible for Payment)</i>	Birthdate	<i>Does this person reside with the child? Yes No</i>
Relationship to Child: _____		Relationship to Child: _____	
Home Phone: _____		Home Phone: _____	
Cell Phone: _____		Cell Phone: _____	
Employer: _____		Employer: _____	
Work Phone: _____		Work Phone: _____	
Email Address: _____		Email Address: _____	

★ Is there someone who does not have legal access to your child? Yes No (If Yes, you must submit documentation)

Please list the name of the person who does not have access to the child:

*This program cannot, without a court order, limit the access of biological/adoptive parent by request of the other, regardless of reason. A legal restraining order must be on file at the administration office and site if biological/adoptive parent is not allowed to pick up the child. Our program will not accept approval by a parent or guardian, written or otherwise, contradicting the legal restraining order.

Authorized Person for Pick Up/Emergency Notification, You must list a minimum of 3 contacts other than listed above.	
1-Name: _____ Phone: _____	Relationship: _____ Street Address: _____
2-Name: _____ Phone: _____	Relationship: _____ Street Address: _____
3-Name: _____ Phone: _____	Relationship: _____ Street Address: _____

Please complete the following questions. Be sure to provide an explanation where needed.				
1	Is your child physically and mentally able to participate in the Daycare Program? If NO, please explain:	Yes	No	
2	Does your child have an Individual Education Plan (IEP) or is being evaluated for one? (If YES, provide a copy of the IEP)	Yes	No	
3	Does your child have any condition requiring special attention; medical or routine? (If YES, fill out <u>Child with Special Needs Form</u>) If YES, please explain:	Yes	No	
4	Is your child allergic to bee stings? (If YES, fill out <u>Child with Special Needs Form & Allergy & Anaphylaxis Emergency Plan</u>) If YES, does your child require medication if stung? (If YES, fill out <u>Medication Consent Form</u>)	Unknown	Yes	No
5	Is your child allergic to any foods? (If YES, fill out <u>Child with Special Needs Form & Allergy & Anaphylaxis Emergency Plan</u>) If YES, please explain:	Yes	No	
6	Does your child have other allergies (Medications, Seasonal, etc)? (If YES, fill out <u>Child with Special Needs Form & Allergy & Anaphylaxis Emergency Plan</u>) If YES, please list:	Yes	No	
7	Does your child have asthma? (If YES, fill out <u>Child with Special Needs Form & Special Health Care Plan for a Child with Asthma</u>) If YES, does your child require medication? (If YES, fill out <u>Medication Consent Form</u>)	Yes	No	
8	Does your child require medication to be taken at program? (Please remember to include times) (If YES, fill out <u>Medication Consent Form</u>) If YES, please list:	Yes	No	
<p><i>-If you answered yes above, all forms must be completed prior to the child attending.</i></p> <p><i>-A Medication Consent Form must be completed for each medication.</i></p> <p><i>-The medication must be labeled with the child's name, dosage, and expiration date and turned in to the office at the time of registration.</i></p>				

Please read, initial in the box to the right, and sign this form at the bottom of the page:		Initial
Field Trip Permission: I give permission for my child to participate in the field trips taken by the YMCA DAYCARE Program. I understand that I will be given prior notice if a trip is planned. (Example: Walk to farmers market, visit to library or the Downtown YMCA, etc...)		
Media Release: I give consent for my child to be photographed or videotaped in program activities that may be used in news releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The YMCA will also make every attempt to notify me of any such use of the likeness of my child.		
Medical Treatment (mandatory for participation): In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.		
Waiver (mandatory for participation): Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA SACC sites, use of the equipment or facilities and participation in activities, whether on its premises or at another location, and for son/daughter, legal guardian and his/her heirs and assigns hereby waive, release and to hold free from all claims for damages the Watertown Family YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in my son/daughter participating in the programs and activities of the YMCA, and agree that he/she will not participate in any activity that may injure themselves or others.		
Memorandum of Understanding (mandatory for participation): I understand the Parent Handbook is available online at www.watertownymca.org under the Childcare. I understand my and my child's rights and responsibilities contained within the Parent Handbook, including the discipline policy.		
Parent/Guardian Signature:	Date:	