



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

---

**KINDERGARTEN, SCHOOL AGE, P.M CHILDCARE  
ENROLLMENT INFORMATION**

---

STUDENT NAME \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_

MOTHER'S NAME \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PARENT PICK-UP TIME (P.M.) **CIRCLE ONE BELOW**  
(3:45-4:00) (4:45-5:00) (5:45-6:00)

---

**CHECK OFF LIST OF DOCUMENTS**

---

- CONSENT FOR MEDICAL TREATMENT
- IDENTIFICATION & EMERGENCY INFORMATION
- PRE-ADMISSION HEALTH HISTORY
- CHILD ABUSE (See Handbook)
- RECEIPT OF PARENT HAND BOOK
- PERSONAL HISTORY – YOUR CHILD'S DEVELOPMENT
- YMCA BEHAVIOR RULES

Corona-Norco Family YMCA 1331 River Road Corona, CA 92880

P 951 736 9622 F 951 736 6759 W [www.ymcacornor.org](http://www.ymcacornor.org)



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

GENERAL INFORMATION & CONSENT FORM

Child's Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_

Program: Kindergarten School Age P.M. Child Care

Mother's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

---

**CONSENT FOR TREATMENT OF A MINOR**

---

(I), (We), the undersigned, parent (s) of \_\_\_\_\_, a minor,  
Do hereby authorize the Corona-Norco YMCA as agent (s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician In the exercise of his/her best judgment my deem advisable.  
This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.  
This authorization shall remain effective until \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent Date

---

**PUBLICITY RELEASE**

---

(I), (We) hereby grant permission for the above-named minor to be included in promotional pictures for the Corona-Norco Family YMCA brochures and publications.

\_\_\_\_\_  
Signature of Parent Date

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY  
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
-------------------	-------------------------

## CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

**DEVELOPMENTAL HISTORY** *(\*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

---

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

---

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

---

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

---

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

---

REASON FOR REQUESTING DAY CARE PLACEMENT

---

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
--	------



## Behavior Management Guidelines for Youth Programs

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

It is the program's goal to provide a healthy, safe, and secure environment for all participants. Children who attend the program are expected to follow the behavior guidelines based on our core values and to interact appropriately in a group setting.

### Behavior Guidelines:

1. We will **care** for ourselves and for those around us.
2. **Honesty** will be the basis for all relationships and interactions.
3. Everyone is **responsible** for their own actions.
4. We **respect** each other and the environment.

When a participant does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the participant to more appropriate behavior.
2. The participant will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
4. Staff will schedule a conference with the parent so they can determine the appropriate action to take.
5. Staff will schedule a progress check or a follow-up conference. If the problem still persists, staff will schedule a conference that includes the parent, participant, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
6. If a child's behavior at any time threatens the immediate safety of that child, other children or staff, the parent may be notified and expected to pick up the child immediately.
7. If a problem persists and a child continues to disrupt the program, the program reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a participant for the remainder of the current day and the next day:

1. Endangering the health and safety of children and/or staff, members, and volunteers
2. Stealing or damaging program or personal property
3. Leaving the program without permission
4. Continuing to disrupt the program
5. Refusing to follow the behavior guidelines or program rules
6. Using profanity, vulgarity, or obscenity frequently
7. Acting in a lewd manner

If any of these behaviors persists, staff may suspend the participant a second time before expulsion. Immediate expulsion may occur if a participant is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

### PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

---

Parent's signature

Date

---

Participant's signature

Date





**MEMBER/CHILDREN  
RELEASE and WAIVER of LIABILITY and  
INDEMNITY AGREEMENT**

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

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children 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 program 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 by the undersigned and such children.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all 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 or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
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 or such children 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 to the undersigned or such children

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 foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of \_\_\_\_\_ 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 AND UNDERSTAND THIS DOCUMENT AND RELEASE

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

Signature of Applicant/Parent: \_\_\_\_\_

Signature of other Adult: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

HOME PHONE  
( )

WORK PHONE  
( )