



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**SCHOOL AGE 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

- GENERAL INFORMATION & CONSENT FORM
- IDENTIFICATION & EMERGENCY INFORMATION
- CHILD'S PREADMISSION HEALTH HISTORY
- BEHAVIOR MANAGEMENT GUIDELINES
- PARENT HANDBOOK RECEIPT / CHILD ABUSE (See Handbook)
- PERSONAL HISTORY - YOUR CHILD'S DEVELOPMENT
- CONSENT FOR EMERGENCY MEDICAL TREATMENT
- RELEASE AND WAIVER OF LIABILITY



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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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
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
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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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
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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
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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
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CORONA-NORCO FAMILY YMCA Behavior Management Guidelines for Youth Program

It is the program's goal to provide a healthy, safe, and secure environment for all children. Parents and Children who attend the programs are expected to follow the behavior guidelines based on our core values and to interact appropriately in a single or 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 **will respect** each other and the environment.

When parent(s) and child(ren) do not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child(ren) to a more appropriate behavior.
2. A discussion will take place where the child(ren) are reminded of the guidelines and day camp rules.
3. If behavior persists, the parent(s) will be notified of the problem. Staff will document the situation and the documentation will include what the issue is, what provoked the problem, and the corrective action taken.
4. Staff will schedule a conference with the parent(s) to determine the appropriate actions to be taken.
5. Staff will schedule a follow-up conference if the problem persists. This will include parent(s), child(ren), staff, and Program Director. The Program Director will review all documentation and notes from previous conferences, if subsequent conferences must be scheduled, a counselor may also be present.
6. If child(ren) behavior at any time threatens the immediate safety of the child(ren), other child(ren), or staff, the parent(s) may be notified, and the child(ren) are expected to be picked up immediately.
7. If the problem persists and the child(ren) continues to disrupt the programs, Corona-Norco Family YMCA reserves the right to suspend the child(ren) from the program. Termination from the programs will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a child(ren) for the remainder of the current day and the next day.

1. Endangering the health and safety of children, staff, members, or volunteers.
2. Stealing or damaging personal property and leaving program without permission.
3. Continuing to disrupt programs and refusing to follow the behavior guidelines or program rules.
4. Using profanity, vulgarity, or obscenities frequently and acting in a lewd manner.

If any of these behaviors persists Corona-Norco Family YMCA may suspend the child(ren) a second time before termination. **Immediate termination** may occur if child(ren) is in possession of and/or using tobacco, alcohol, illegal drugs, fireworks, possession of firearms, or explosives.

PARENT SIGNATURE REQUIRED:

I have read and reviewed with my child(ren) the Behavior Management Guidelines. We understand and agree to all the terms presented in this documentation.

Parent Signature: _____

Date: _____

Child's Name: _____

Date: _____



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PARENT HANDBOOK RECEIPT

This will acknowledge that we, the parent (s) of _____ have received a copy of the Corona-Norco YMCA Parent Handbook from the licensee or authorized representative of Corona-Norco Family YMCA. I understand and agree to comply with the policies and procedures as they have been described within this handbook. Please note: If you have any questions regarding information in this handbook please contact the Child Care Director.

Signature of Parent _____ Date _____

CHILD ABUSE PREVENTION RECEIPT

This will acknowledge that we, the parent (s) of _____ have received a copy of "Facing the Facts: A Parent's Guide to the Understanding of Child Sexual Abuse" which is in the back of the Parent Handbook from the licensee or authorized representative of Corona-Norco Family YMCA.

Signature of Parent _____ Date _____

BEHAVIOR RULES

This will acknowledge that we, the parent (s) of _____ have received a copy of the YMCA Behavior Rules from the licensee or authorized representative of Corona-Norco Family YMCA.

Signature of Parent _____ Date _____

BUS AND TRANSPORTATION RULES

This will acknowledge that we, the parent (s) of _____ have read the Bus and Transportation Rules and acknowledge that there will be a \$10.00 charge if the Corona-Norco YMCA is not contacted for any van pickup.

Signature of Parent _____ Date _____



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CORONA-NORCO FAMILY YMCA Personal History – Child's Development

Date: _____

Child's Name: _____

Nickname: _____

Ethnicity: _____

Sex: M F (Circle One)

Address: _____

City: _____ Zip Code: _____

Phone: () _____ - _____ Date of Birth: _____ Place of Birth: _____

Parent(s) or Guardian(s):

Name: _____ Occupation: _____

Work Days/Hours: _____ Work Number: _____

Status of Parent: Living Together () Living Apart ()

Name: _____ Occupation: _____

Work Days/Hours: _____ Work Number: _____

Status of Parent: Living Together () Living Apart ()

Child Resides With: Guardian/Foster () Mother () Father () Both Parents / Joint Custody () (Select One)

Complete For School Age Only:

During (Spring/Summer/Winter breaks) will you child require Non-School Day Services: Yes No (Circle One)

Other Children in Family (List in Birth Order):

Name: _____ Sex: M / F Date of Birth: _____ School/Grade: _____

Name: _____ Sex: M / F Date of Birth: _____ School/Grade: _____

Name: _____ Sex: M / F Date of Birth: _____ School/Grade: _____

Name: _____ Sex: M / F Date of Birth: _____ School/Grade: _____



Complete for Infant/Toddlers/Preschool ONLY:

1. Has your child ever been separated from parent(s) for any period, and if so, why?

2. What language is usually spoken at home? _____

3. What is your child's favorite book? _____

4. How many time do you read to your child: _____

5. Has your child experienced playing with other children, if yes when and where?

6. Please describe child's nature: (Check what applies)

- Friendly
- Shy
- Withdrawn
- Aggressive
- Energetic

7. Has your child experienced other adults, if yes when and where?

8. What age group does your child prefer to play? (Check all that applies)

- Infants
- 2 to 3 years
- 3 to 4 years
- 4 to 5 years

9. Does your child like being alone? Yes No (Circle One)

10. How does your child react to strangers?

- Friendly
- Shy
- Withdrawn

11. Does your child demand a lot of adult attention? Yes No (Circle One)

12. How does your child show his or her feelings:

- Pout
- Frown
- Mope
- Anger
- Cry
- Silent
- Other: _____

13. What makes your child upset and how do you settle him or her? _____



14. What is your child frightened of: (Check all that applies)

- Darkness
- Strangers
- Loud noises
- Rough/aggressive children
- Animals/Insects

15. What time does your child go to bed? _____ Awaken: _____

16. Does your child need assistance when going to restroom? Yes / No (Circle one)

17. Does your child have difficulties expressing his or her needs: Yes / No (Circle one)

18. Does your child have any special needs or health problems that staff should be aware of, If yes, what? (Example: Allergies, etc.) _____

Any additional information that would help the staff understand your child better with communication, special need? _____

Complete for School Age ONLY:

1. What language is usually spoken at home? _____

2. How will your child arrive at facility? _____

3. What hobbies/sport interest your child? _____

4. What age/grade does your child mostly socialize with: (Select All that applies)

- Kindergarten
- 1st to 6th graders
- 9th to 12th graders

5. How does your child relate to adults: _____

6. How does your child react to redirection when doing something wrong? _____

7. Does your child spend a great deal of time alone? Yes No (Circle one)

8. Does your child need assistance with homework? Yes No (Circle one)

9. Does your child have any special needs or health problems that staff should be aware of? If yes, what? (Ex. Allergies, etc.) _____

10. Describe your child's nature:

- Friendly / Happy
- Shy
- Withdrawn
- Moody
- Other: _____

Any additional information that would help the staff understand your child with communication: _____

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
()



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MEMBER/CHILDREN RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

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



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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: _____