

# 2024-2025 Y-Care Child Enrollment

Parents and Guardians,

Being we are a state-licensed facility, the enrollment form attached must be completed fully as well as an updated copy of immunization records.

Every line requesting information needs to have a written response. Enrollment forms with any missing information big or small will not be processed which could lead to losing your spot.

Under the parent Health Statement, if a food allergy, behavioral concern, or medical concern

is listed we require an Individualized Care Plan (ICP), food substitution form, or IEP/504 before enrollment. You can find the forms online or ask the front desk attendant for a copy.

If you have any questions or concerns please feel free to contact the Childcare Staff.

Brittany Watkins

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Dalton Green

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Thank you for enrolling in our program!

# 2024-2025 Y-CARE ENROLLMENT FORM

CHILD'S NAME:

DOB:

GENDER:

School:

Grade:

Child's Street Address:

City & Zip:

Circle all that apply:

Y MEMBER

NONMEMBER

OUTREACH SCHOLARSHIP

JCSD EMPLOYEE

BLAIR OAKS EMPLOYEE

Y EMPLOYEE

## PARENT/GUARDIAN

NAME:

DOB (required):

STREET ADDRESS:

CITY/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY & ZIP CODE:

WORK HOURS:

WORK DAYS: S M T W T F S

WORK PHONE:

NAME:

DOB (required):

STREET ADDRESS:

CITY/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY & ZIP CODE:

WORK HOURS:

WORK DAYS: S M T W T F S

WORK PHONE:

**COURT DOCUMENTATION IS REQUIRED FOR ANY BIOLOGICAL PARENT  
BARRED FROM ACCESSING THEIR CHILD.**

## Immunization Record is Required

# 2024-2025 Y-CARE ENROLLMENT FORM

## EMERGENCY CONTACT OTHER THAN PARENTS

NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_

AUTHORIZED PICK UP: PLEASE LIST OTHER PEOPLE WHOM YOU AUTHORIZE TO PICK UP YOUR CHILD:

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION FOR MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize YMCA to contact the following:

DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOSPITAL (circle one): \_\_\_\_\_ SSM ST MARY'S 681-3000 \_\_\_\_\_ CAPITAL REGION 632-5000 \_\_\_\_\_

## CACFP (Child and Adult Care Food Program) Requirement

CHECK HERE DAYS your child will attend		What time does your child arrive?	What time does your child leave?	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MON		2:45 PM	PM	
TUES		2:45 PM	PM	
WED		2:45 PM	PM	
THUR		2:45 PM	PM	
FRI		2:45 PM	PM	

### Ethnic and Racial Makeup. Circle one

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other pacific Islander	White	Not listed: _____
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SNACK provided in PM only

Snack provided on the following holidays: Columbus Day, Veterans Day, Election Day

## Immunization Record is Required

# 2024-2025 Y-CARE ENROLLMENT FORM

## ACKNOWLEDGEMENTS

I have received a copy of the Y-Care Parent Handbook, which contains policies regarding admission, care and discharge of children (Available online at [www.jcymca.org](http://www.jcymca.org). Printed copies by request).

I have been informed that a copy of the licensing rules for child care centers is available at this facility for review.

The YMCA and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

When my child is ill, I understand and agree that s/he may not be accepted for or remain in care.

I give the YMCA permission to transport my child if necessary. I understand that Y-Care does not participate in field trips.

I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations, or exemptions from immunizations.

I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

**PARENT SIGNATURE:**

**DATE:**

## LIABILITY RELEASE

I, the undersigned, request permission for \_\_\_\_\_ to enter the Jefferson City Area YMCA (hereinafter the YMCA) school age programs and to participate in the YMCA activities associated with the program. I know and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises.

In consideration of demands, damage actions and cause of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA premises and participation in any YMCA activity. I certify that I am 18 years of age and that my participation in the YMCA activities are voluntary. I give consent for my child to be photographed, videotaped or to appear in local newspaper articles or other local media.

**PARENT SIGNATURE:**

**DATE:**

## PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

My child is in good health, is able to participate in group care, and has no special health or medical requirements.

If my child is able to participate in group care but has special health or medical requirements, I have listed them here. PLEASE LIST ANY SPECIAL HEALTH OR MEDICAL CONDITIONS, including chronic health problems (Asthma, seizures), behavioral disorders, special needs, etc.:

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An INDIVIDUALIZED CARE PLAN FORM is REQUIRED for any child with a condition as listed above. Falsification of records is grounds for expulsion from the program.  
A food substitution form is required to make food accommodations

**PARENT SIGNATURE:**

**DATE:**

# Immunization Record is Required

# 2024-2025 Y-CARE ENROLLMENT FORM

## AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR YMCA & AFFILIATE PAYMENTS

DAY OF WITHDRAWAL - MONTHLY 1st

NAME OF CUSTOMER

MAILING ADDRESS OF CUSTOMER (STREET CITY STATE & ZIP CODE)

MEMBERSHIP/PROGRAM MONTHLY PAYMENT

### I HAVE GIVEN AUTHORITY TO:

FULL NAME OF BANK/CREDIT CARD

ADDRESS, CITY, STATE AND ZIP

to honor preauthorized checks drawn by you on my account for membership/program payments as indicated above. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership/program. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment.

ACCOUNT NO.

BANK TRANSIT NO.

Please attach a voided check or a letter from your bank stating the routing and account numbers.

Checking  Savings  Credit Card / Exp. Date \_\_\_\_\_

Begin Draft \_\_\_\_\_ @ \$ \_\_\_\_\_

Change Draft \_\_\_\_\_ @ \$ \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Member Signature

\_\_\_\_\_ Staff Signature

## YMCA MEMBER & AFFILIATE AGREEMENT

1. I understand:

<sup>initial</sup> this is a continuous membership and I am committing to maintain it for at least one year. Should I cancel my membership before making 12 monthly payments, I will pay either the joining fee or the balance of the year's membership dues. This final payment will be drafted from my account.

<sup>initial</sup> at this time I am paying the joining fee designated for my membership type.

2. Membership dues are neither refundable or transferable.

3. It is to my complete understanding that if I wish to terminate or change my membership/program in any way, I must give written notice in person. Bank drafts for membership dues and/or program fees must be cancelled in writing by the 25th day of the calendar month to be effective for the following month. Drafted amounts are not refundable except in the case of double drafts or incorrect amounts.

4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership/program. I understand that I will receive at least 30 days written notice prior to any such change.

5. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.

**Auto draft is required for registration. Parents who are current Y patrons with an electronic payment method on file with the YMCA may indicate that account above by providing the last 4 digits of the card or bank account. Otherwise, complete the form above in full.**

## Immunization Record is Required