School Age Childcare

San Gabriel Valley YMCA
Youth Member
Enrollment Packet

School Year 2010/2011

Child Name _____

Date of Enrollment _____

Last Day of Enrollment _____

Childcare Site _____

It is the responsibility of the parent for providing all forms / paperwork required for each child enrolled and also attending a Parent Orientation with the YMCA.

_____ Enrollment Form / Consent for emergency medical treatment
_____ Admissions Agreement
_____ Child's preadmission health history - parent's report
_____ Consent for emergency medical treatment
_____ Identification and emergency information
_____ Personal Rights
_____ Notification of parent's rights
_____ Caregiver background check process
_____ Acceptance of policies & procedures parent manual
_____ Code of conduct
_____ YMCA release waiver
_____ Acknowledgement of receipt of licensing reports
_____ Parent orientation date _____ Y-Staff Signature _____

Each file is to be kept until child is 20 years of age.
When child withdraws, child's file will be turned into the office by the end of the month.

Admissions Agreement

Payment Schedule

Payment Date	Before School	After School	Before & After	Kinder	Day Camp/ Holiday Camp
Wednesday, 8/23/10*	$35	$80	$115	$115	N/A
Monday, 8/30/10	$70	$160	$230	$230	N/A
Monday, 9/13/10	$70	$160	$230	$230	N/A
Monday, 9/27/10	$70	$160	$230	$230	N/A
Monday, 10/11/10	$70	$160	$230	$230	N/A
Monday, 10/25/10	$70	$160	$230	$230	N/A
Monday, 11/08/10	$70	$160	$230	$230	N/A
Monday, 11/22/10	$70	$160	$230	$230	N/A
Monday, 12/06/10	$70	$160	$230	$230	N/A
Wednesday, 12/15/10*	N/A	N/A	N/A	N/A	$200
Monday, 1/3/11	$70	$160	$230	$230	N/A
Tuesday, 1/18/11	$70	$160	$230	$230	N/A
Monday, 1/31/11	$70	$160	$230	$230	N/A
Tuesday, 2/15/11	$70	$160	$230	$230	N/A
Monday, 2/28/11	$70	$160	$230	$230	N/A
Monday, 3/14/11	$70	$160	$230	$230	N/A
Monday, 3/28/11	$70	$160	$230	$230	N/A
Monday, 4/6/11*	$35	$80	$115	$115	$125
Monday, 4/18/11	$70	$160	$230	$230	N/A
Monday, 5/2/11	$70	$160	$230	$230	N/A
Tuesday, 5/16/11	$70	$160	$230	$230	N/A
Monday, 5/30/11	$70	$160	$230	$230	N/A
Monday, 6/13/11	$35/$70*	$80/$160*	$115/$230*	$115/$230*	$125/NA*

* For one week
Payment on December 15, 2010, pays for 8 days of holiday camp.
** Payment on April 6, 2011, is for one week of childcare.
If attending spring break, payment of $125 is also due.

Los Molinos, Los Robles, Grazide and Cypres begin August 30, 2010
Merced and Merlinda begin August 23, 2010

I have read and understand these policies. I understand that failure to abide by all policies can result in termination of child care.

Signature of Parent:	Date:
Child's Name:	
Child's Name:	YMCA Child Care Site:

Admissions Agreement

Financial Policy Agreement

Program Membership

To enroll in YMCA Child Care you must be a Y member. You may sign up for membership at the time of registration.

Registration Fee / Deposits

Your program membership is your registration fee.

Notification of Drop or Absence

All participants are required to notify the YMCA of any absence or drop from the program 14 days in advance of the absence or drop. Participants are still responsible for the dues, if advanced notification is not received.

Delinquent Payments

Payments are due every two weeks on Mondays. Please refer to the payment schedule on page 5. If the date falls on a holiday, payment is due the following day. A **late payment penalty of $10** will be assessed for **each** day payment is not received. **Childcare services will be suspended if payment or payment arrangements are not made within 2 days of the due date.**

Families experiencing financial hardship may be eligible for aid. Arrangements for handling these situations must be made ***prior*** to the payment due date.

Bad Checks, Drafts and Account Delinquency

A $35 fee will be assessed for rejected checks or credit card drafts. These charges will be in addition to any late payment penalties. Members are expected to pay immediately the amounts due resulting from these rejected items plus the assessment. These payments may only be made with a cashiers check, money order, credit card or cash. After 2 returned checks or drafts, payment can only be made by cashiers check, money order, credit card or cash. Accounts in delinquency will be referred to the L.A. County Fraud Department.

Refunds

Refunds will be made only when a member withdraws from the program and has given 15 days notice in advance. The balance may be taken as a refund or a credit for future program participation. *You must give* **written** *notice to the YMCA Child Care Office* ***14 days in advance****. A full refund cannot be given without a full 14 days notice.* ***Membership, registration and deposit fees are non-refundable no exceptions.***

Late Pick Up Charges

There is a $2.00 charge for every minute you are late. ***Our centers close at 6:30 p.m.*** Emergencies called in by telephone will be taken into account. When late, you will be required to sign and date the late pick up form. The late charge will need to be paid within 1 day. If parents are continually late in picking up their child, a conference will be held and suspension is possible until arrangements can be made to ensure the child is picked up by 6:30 p.m. (See page 7 of Parent Manual for more information).

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME | SEX | BIRTH DATE

FATHER'S NAME | DOES FATHER LIVE IN HOME WITH CHILD?

MOTHER'S NAME | DOES MOTHER 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
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?* ☐ YES ☐ NO | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO | WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"* | WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO | IF YES, WHAT KIND AND ANY SIDE EFFECTS:

DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO | IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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'S SIGNATURE | DATE

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 WHATEVER
NAME

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
( )

LIC 627 (5/01) (CONFIDENTIAL)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONSENT FOR EMERGENCY MEDICAL TREATMENT-
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NAME

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
( )

LIC 627 (5/01) (CONFIDENTIAL)

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing

   Licensing Office Address: 1000 Corporate Center Drive

   Licensing Office Telephone #: 1-323-981-3350

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: ***CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.***

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

_____
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: ***This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is **http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm**

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
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	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 CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE | DATE

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

DATE OF ADMISSION | DATE LEFT

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

Department of Social Services Community Care Licensing Division

NAME

1000 Corporate Center Drive Suite 200B

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park	91754	1-323-981-3350

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) (PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (DATE)

Acceptance of Policies & Procedures

I have received a copy of the San Gabriel Valley YMCA's Child Care Parent Manual regarding the policies, procedures, and the financial policy.

I have read and understand these policies. I understand that failure to abide by all policies can result in termination of child care.

Signature of Parent:	Date:
Child's Name:	
Child's Name:	YMCA Child Care Site:

San Gabriel Valley Family YMCA

CODE OF CONDUCT

As a participating member of the YMCA, I will agree to the following code of conduct while attending and participating in all YMCA activities.

1. No Sex This includes kissing.

2. No Drugs This includes tobaccos, marijuana, alcohol, and inhalants.

3. No Weapons This includes Guns and Knives.

4. You agree to role the four Character Counts; Respect, Responsibility, Caring, and Honesty.

Any violation of this code will result in suspension of program participation and could lead to exposition. If at Camp or Caravan you will be sent home at the parent's expense.

I have read and understand this Code of Conduct and will support it.

_____ _____ _____ _____

Participant's Signature Date Parent's/Guardian's Signature Date

San Gabriel Valley Family YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (MEMBER/CHILDREN)

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 of 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. UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases ") from all liability to the undersigned of such children and all his 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 of such children, whether caused by the negligence of the releasees or otherwise while the undersigned of 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 negligence, intentional act or other contributory act 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.

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 the negligence of releasee 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.

4. PHOTO RELEASE, I give permission to the YMCA to use any photos of myself or family members to include children and adults for future promotions and press releases.

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 California 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

Date_____ _____

Signature of Applicant/Parent

_____ _____

Name of Child in Program Name of Child in Program

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____ , currently attending or newly enrolled at _____ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

☐ Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: _____

☐ Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: _____

☐ Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: _____

☐ As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE DOCUMENTS RECEIVED:

San Gabriel Valley YMCA

Enrollment Form

Program _____

School Location _____ Site Location _____

Participant's Name _____
Last First Middle

Address _____
Street City Zip

Home Phone _____ Other Phone: _____ Email Address: _____

Grade _____ Birth date: _____ Age: _____ Sex (circle): Male Female

Mothers/Guardian Name _____
Last First Middle

Address _____
Street City Zip

Home Phone: _____ Other Phone: _____ Email Address: _____

Place of employment: _____ Work Phone: _____

Father/Guardian Name: _____
Last First Middle

Address: _____
Street City Zip

Place of employment: _____ Work Phone: _____

Emergency Contacts: The following people have my unrestricted permission to pick up my child from the YMCA.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone _____

Medical Insurance _____ Policy # _____

Out of State Contact _____ Phone _____

Authorization and Acknowledgement

I give my child permission to participate in all activities of the program. I understand that the San Gabriel Valley YMCA assumes no Financial obligation, but in case of illness or accident, the San Gabriel Valley YMCA has my authority to secure medical attention. I further accept that my child is physically fit to participate in the activities. This authorization is to remain in force from date of signing unless revoked in writing. I understand that NO REFUNDS will be made for days missed and early withdraw. I understand that DEPOSITS / ADVANCED PAYMENTS ARE NONREFUNDABLE in the event of early withdraw from the program. I also understand that ALL PAYMENTS ARE DUE PRIOR TO RECEIVING SERVICES.

Field Trip Release
I hereby grant permission for my child to leave the YMCA premises under the supervision of a staff member for neighborhood walks or in an authorized vehicle.

Photo Release
I hereby grant permission for my child to be included in brochures and publicity pictures connected with the YMCA programs.

☐ Check this box if you have any court restrictions on your child
NOTE If this box is checked a copy of the restriction must be on file with the YMCA.

Signed: _____ Date: _____
Parent and or Guardian

Rev 1-25-2010