



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Part Time Child Care Registration Form

Completed registration form must be accompanied by:  \$100 registration fee  USDA paperwork

Copy of Birth Certificate

School Entrance Health Form (including physical and immunization records)

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Please list all other schools or programs that your child attends \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name & Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name & Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_

## EMERGENCY INFORMATION:

The following people should be contacted in case of an emergency, only if a parent/guardian cannot be reached. Emergency contacts should be two additional individuals other than parents/guardians; with different addresses and phone numbers.

### Emergency Contacts:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

The following people are authorized to pick-up child (Name/Relationship to child/Phone):

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Unauthorized to Pick-up child: \_\_\_\_\_

Please list any allergies or intolerance to food, medication, etc., and any action to take in an emergency

\_\_\_\_\_

Physician Name and Address: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

**ATTEDANCE:**

½ Day 8:30-12:30 M-F	\$120/wk
2 day or 3 day Full-day	\$40/day

Date	Drop-off	Pick-up	Total Hours	Fee

**PARENT/GUARDIAN CONSENT AND WAIVER AGREEMENT:**

Please initial each of the following and sign below.

- \_\_\_\_\_ I give permission for the named child to be included in Child Care photos and videos for promotional use.
- \_\_\_\_\_ I understand that a Commonwealth of Virginia School Entrance Health form must be filled out, signed, and returned. I agree to provide the YMCA with my child’s Birth Certificate. I understand that my child is not registered and is unable to attend YMCA Child Watch until the above documents are on file with the YMCA office.
- \_\_\_\_\_ In the event that I cannot be reached in any emergency involving the named child, I hereby give permission to the appropriate medical personnel, selected by the YMCA staff, to provide medical treatment deemed necessary by such personnel. I agree to be responsible for all charges incurred in the treatment of the child regardless of whether our insurance covers such charges. When I receive a call from the YMCA staff indicating my child is ill, I agree to have my child picked up from Child Watch immediately.
- \_\_\_\_\_ Parent will inform the Piedmont Family YMCA within 24 hours or next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the state Board of Health, except for life threatening disease which must be reported immediately.
- \_\_\_\_\_ I understand that I am responsible for payment prior to the start of the program. There will be no refunds if the child does not attend. There will be a \$35 fee for all returned checks. There will be a \$1.00 per minute, per child late fee after 6:00 PM.
- \_\_\_\_\_ I hereby certify that my child is in good health and capable of safe participation in this YMCA program. I assume all risks and hazards incidental to this program and for the transportation to and from the program.

I have read and agree to abide by the Child Care policies. I acknowledge this to be a legal and binding contract.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
YMCA Administrator \_\_\_\_\_ Date \_\_\_\_\_