



We build strong kids, strong families, strong communities.

YMCA of the Coastal Bend

Child's School _____

Start Date _____

Child's Name _____ Grade (20__-20__) _____

Child's Address _____ Date of Birth __/__/__ Boy/Girl (circle)

City _____ Zip _____

Parent/Legal Guardian 1:

Name _____ Email _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____ Other # _____

Employer _____ Work Phone # _____

Parent/Legal Guardian 2:

Name _____ Eligible to pick up child? Yes ___ No ___

Address _____ City _____ Zip _____ If NO, attach copy of legal document

Home Phone # _____ Cell # _____ Other # _____

Employer _____ Work Phone # _____

Local person other than those listed above to contact in case of emergency if the parent/legal guardian cannot be reached:

Name _____ Relationship to child _____

Contact Number _____ Contact Number _____

Address _____

In addition to parent/legal guardian and local person listed above, I hereby authorize the YMCA staff to allow my child to leave the facility ONLY with the following person(s):

Name _____ Relationship to child _____

Contact Number _____ Contact Number _____

Address _____

Name _____ Relationship to child _____

Contact Number _____ Contact Number _____

Address _____

Name _____ Relationship to child _____

Contact Number _____ Contact Number _____

Address _____

All information on this form is required by the Texas Department of Family and Protective Services or the YMCA to ensure the safety of your child. This information can only be changed through the Afterschool office by an authorized parent or guardian.



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Child's School _____ Child's Name _____

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EMERGENCY INFORMATION

MEDICAL INFORMATION: In the event of an emergency and a parent/guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Refer to medical waiver on back page.

Immunizations: My child's immunization record is current and on file at _____ Elementary School.
(name of school)

	Name	Phone	Address	City/Zip
Licensed Physician				
Hospital or Clinic				

Allergies: My child has the following allergies: _____

In order to best meet your child's needs we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of: _____

Treatment to be given: _____

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

PART 1

Please initial all lines to indicate received written policies/materials and agree to terms.

_____ **Parent Guide:** I acknowledge that I received a copy of the YMCA Afterschool Parent Guide. I accept responsibility to read and adhere to billing procedures and all policies as set forth in the Parent Guide.

_____ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Afterschool staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

_____ **Waiver for Participation (Required):** I understand that YMCA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the YMCA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

_____ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, trainings or display.

_____ I understand that my child will walk from his/her classroom to the YMCA After School Program location.

PART II

TUITION INFORMATION

- A) Is either parent or guardian employed by IWA or Central Catholic schools? ___ Yes ___ No
(To receive employee rate, please provide proof of employment)
- B) I understand that a non-refundable \$20 registration fee is due at the time of registration. This fee is charged per child for registration processing and curriculum materials.
- C) I understand withdrawal from the program requires 2 weeks written/faxed notice. The YMCA reserves the right to dis-enroll a participant for non-payment and/or behavioral issues.
- D) I understand that my tuition is due either by bank draft on the 1st or the 1st and 15th; or by check on the Friday before the servicing week. Failure to pay tuition in a timely manner will result in a \$10 late fee unless prior arrangements have been made with the Child Care Director and could possibly result in removal from program.

(Parent Signature)

(Date)