



**YMCA of Central Texas
Enrollment Form
2018-2019**

Financial Assistance _____ %

OFFICE USE ONLY

OFFICE USE ONLY

AFTERSCHOOL: _____ **TO** _____ **START DATE:** _____

SUMMER CAMP: _____ **START DATE:** _____

HOLIDAY CAMP: _____ **START DATE:** _____

EEC: 1 _____ 2 _____ 3 _____

CCS YMCA Member Non-Member

CHILD 1 INFORMATION:

CHILD 2 INFORMATION:

First & Last Name: _____
 Date of Birth: _____ Age: _____
 Gender: Male Female Grade: _____
 Resides with Primary Parent/Guardian
 Resides with Secondary Parent/Guardian
 Child 1 Ethnicity: Caucasian African American
 Hispanic Asian or Pacific Islander Other
 T-shirt size: Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL
SPECIAL NEEDS OR 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 prescribed medication for long-term continuous use, and any other information staff should be aware of (including allergy or sensitivity to sunscreen/off).
 Check box is if child has **NO** Special Needs or Illnesses _____

First & Last Name: _____
 Date of Birth: _____ Age: _____
 Gender: Male Female Grade: _____
 Resides with Primary Parent/Guardian
 Resides with Secondary Parent/Guardian
 Child 2 Ethnicity: Caucasian African American
 Hispanic Asian or Pacific Islander Other
 T-shirt size: Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL
SPECIAL NEEDS OR 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 prescribed medication for long-term continuous use, and any other information staff should be aware of (including allergy or sensitivity to sunscreen/off).
 Check box is if child has **NO** Special Needs or Illnesses _____

PRIMARY PARENT/GUARDIAN:

SECONDARY PARENT/GUARDIAN:

Person listed as Primary Guardian will be the sole person authorized to request changes to Information and/or cancellation of care

Are there any custody issues? Yes No

Is your child eligible to receive free or reduced lunch?
 Yes No Uncertain

Primary Parent/Guardian: Mother Father Other

Primary 1 Ethnicity: Caucasian African American
 Hispanic Asian or Pacific Islander Other

Primary First & Last Name: _____

Primary Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Check box if secondary parent is authorized to make changes to childcare account.

Secondary Parent/Guardian: Mother Father Other

Primary 2 Ethnicity: Caucasian African American
 Hispanic Asian or Pacific Islander Other

Authorized to pick child up? Yes No

Secondary First & Last Name: _____

Secondary Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Cell Phone: _____

Work Phone: _____



Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

EMERGENCY CONTACT & AUTHORIZED PICK-UPS

****MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN PARENT(S)****

The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.

Emergency Contact #1

First and Last Name: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact #2

First & Last Name: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____ Work Phone: _____

Authorized Pick-Ups:

1. First and Last Name: _____ Cell Phone: _____
2. First and Last Name: _____ Cell Phone: _____

PHYSICIAN INFORMATION:

Physician Name: _____ Address: _____ Phone: _____

To comply with State Licensing laws, a preferred physician and hospital must be listed. In the event my child requires medical treatment and I cannot be reached, I hereby authorize the YMCA of Central Texas staff to make arrangements to transport my child and/or children to:

- Baylor Scott & White Medical Center 100 Hillcrest Medical Blvd. Waco, TX 76712 254-202-2000
- Providence Healthcare 6901 Medical Parkway Waco, TX 76712 254-751-4000
- Hill Regional Hospital 101 Circle Drive Hillsboro, TX 76645 254-580-8500
- Other (Please provide name and full address of hospital): _____

PARENTAL CONSENT ** Please provide your initials acknowledging each item below.**

_____ **CONSENT FOR TREATMENT:** I give consent for any and all necessary treatment when my child(ren) is in the care of his/her physician or hospital.

_____ **IMMUNIZATION:** I can provide the immunization record and/or records are on file at my child's school. If not, please provide a copy of your child's immunization upon registration. All required immunizations and/or tuberculosis tests are current.

_____ **ADA Policy:** Parents have the obligation to disclose significant, medical, physical, or behavioral issues at the time of the child's enrollment and on an ongoing basis.

LARGE GROUP FORMAT: I understand that, due to large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

Child 1: Name of School: _____ Address: _____ Phone: _____

Child 2: Name of School: _____ Address: _____ Phone: _____

PLEASE SIGN TO INDICATE THAT YOU HAVE READ THE PARENTAL CONSENT AND AGREE TO THE TERMS LISTED ABOVE:

X _____
Signature of Parent/Guardian

Date



| | |
|---------------------|---------------------|
| Child's Name: _____ | Child's Name: _____ |
| Child's Name: _____ | Child's Name: _____ |

PARENT STATEMENT OF AGREEMENT – Initial or check each box and sign at the bottom.

- I understand that I have access to the YMCA Parent Handbook to view on or before the first day of my child's enrollment. This information is available at ymcactx.org or upon request at the Waco Family Y.
- I understand that the YMCA reserves the right to terminate a participant for any of the following reasons:
 - Failure to pay program fees by the designated due dates.
 - Inappropriate behavior of a child/parent that endangers anyone involved in the YMCA.
 - Inappropriate behavior towards YMCA staff.
- I authorize my child(ren) to participate in the following activities while enrolled in the YMCA:
 - Swimming/Water Activities
 - View Age-Appropriate Movies
 - Transported in a YMCA authorized vehicle. (ex. Field Trips/School)
 - RUN WACO RUN (Date to be announced in the Fall)
 - Application of sunscreen and bug repellent (if applicable)
- I understand that some of our programs are in a public school facility and that school playground equipment may not meet Licensing Standards.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid state issued photo IDs and who are over the age of 16 can be authorized to pick up the child.
- I understand that YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I give permission for my local YMCA and YMCA of the USA to receive academic and other relevant data from my child's school. The Y will use this information to evaluate our programs in order to see what we are doing well, to identify program areas we can improve, and to ensure that the children we serve are benefiting from Y programs.

BEHAVIOR POLICY: Good behavior is important to everyone in daily life. Certain behaviors are expected from children, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child, and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then a Behavior Contract will be issued. A sample contract is available at the camp site. Failure to correct behavior may result in suspension or dismissal. Please note that not all of the steps of a Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of the YMCA staff or participants will not be tolerated and can result immediate suspension or expulsion from the program. Tuition will not be credited or refunded for children removed for the program.

PLEASE SIGN TO INDICATE THAT YOU HAVE READ THE PARENT STATEMENT OF AGREEMENT AND AGREE TO THE TERMS LISTED ABOVE:

X _____
 Signature of Parent/Guardian

 Date



Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

FEES AND PAYMENT POLICIES

ENROLLMENT FEE/ ACTIVITY FEE: Non-Refundable/Non creditable Afterschool and EEC requires an enrollment fee. Day Camp requires an activity fee. These fees must be paid at time of registration and are non-refundable/ non creditable.

PROGRAM FEES: Non-Refundable/Non creditable Payments will be due in advance of care.

LATE PAYMENT FEE: Non-Refundable/Non creditable A payment is considered late after the due date. (See payment schedule) A \$10 late fee will be charged for all late payments.

TERMINATIONS: If cancelled or withdrawn from the childcare program due to non-payment, a re-registration fee of \$30 will be due if you choose to re-enroll your participant. Spaces Limited.

Day Camp - Overdue balance not reconciled by the Wednesday prior to the week of care, the participant will be cancelled from the program. See payment calendar.

Afterschool- Overdue balance not reconciled by the 4th of the month; the participant will be cancelled from the program. See payment calendar.

EEC- Overdue balance not reconciled by the Friday before the week of care; the Participant will be cancelled from the program. See payment calendar.

CANCELLATION POLICY: No Credits or Refunds will be given for activity fee/enrollment fee/ late fees/ program fees. All cancellations must be submitted on a withdrawal form in advance of end of care. Cancellations are for the entire program (no weekly cancellations). Withdrawal forms are available at ymcactx.org or at Waco Family YMCA (6800 Harvey Dr.). Withdrawal forms may be submitted in person or by email to yds@ymcactx.org.

NSF PAYMENTS: I understand that if a draft is returned for insufficient funds, a third party will attempt to collect by drafting the account up to three times, which may cause your bank to assess overdraft fees. If collected, the third party company will charge your bank account a \$30 fee. If a bank draft is returned because the account is closed a \$20 fee will be assessed. A \$30 fee is charged for all non-sufficient funds and declined credit cards.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ THE YMCA OF CENTRAL TEXAS' FEES AND PAYMENT GUIDELINES AND ADHERE TO ALL BILLING PROCEDURES:

X _____
Signature of Parent/Guardian

Date



| | |
|---------------------|---------------------|
| Child's Name: _____ | Child's Name: _____ |
| Child's Name: _____ | Child's Name: _____ |

FOOD ALLERGY/ALLERGY EMERGENCY PLAN

(If child has no allergies – skip this page)

Child's Name: _____ Age: _____ D.O.B.: _____

Program Name: EEC Afterschool Location: _____ Day Camp Holiday Camp

Parent's Name: _____ Phone #: _____

Physician's Name: _____ P#: _____

Emergency Contact and Phone #: _____

Known Food Allergy/Allergy List: _____

It is our intention to prevent your child from receiving any food that may cause an allergic reaction. However, in case of emergency, please list the steps which should be taken if your child has an allergic food reaction.

In accordance with Child Care Licensing minimum standard rule #746.3819, this document must be signed by 1) Parent/Guardian; 2) Health Care Professional; 3) Child Care Center Staff.

PARENT'S NAME (PRINT)

PARENT SIGNATURE

DATE

HEALTH CARE PROFESSIONAL

HEALTH CARE PROFESSIONAL SIGNATURE

DATE

STAFF NAME (PRINT)

STAFF SIGNATURE/TITLE

DATE



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| | |
|---------------------|---------------------|
| Child's Name: _____ | Child's Name: _____ |
| Child's Name: _____ | Child's Name: _____ |

PAYMENT METHOD AUTHORIZATION FORM

AUTOMATIC PAYMENT/DRAFT

Automatic Payment Plan: The YMCA of Central Texas offers an automatic payment plan. Weekly/Monthly fees are automatically charged to Bank, Credit Union, or Credit Card Company. There is no additional cost for this program.

*Payments are drafted according to the program's set due dates. (See Payment Schedule) *

OPTION 1: CREDIT/DEBIT:

(Please select one) Visa MasterCard American Express Discover

Name of Card Holder: _____ Cell/work Phone: (____) _____

Credit Card #: _____ Expiration Date: _____

Option 2: BANK DRAFT/EFT:

Name of Account Holder: _____ Name of Bank: _____

Bank Routing/Transit Number: _____ Bank Account Number: _____

****A two-week notice is required for draft cancellations****

I hereby authorize the YMCA of Central Texas to debit the above credit/card/bank draft/EFT on the dates indicated for my childcare payments. If returned, payment may be re-ran at a later date. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____
 Signature of Parent/Guardian

 Date

RECEIVED BY: _____
 DATE: _____

PROCESSED BY: _____
 DATE: _____



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| | |
|---------------------|---------------------|
| Child's Name: _____ | Child's Name: _____ |
| Child's Name: _____ | Child's Name: _____ |

LIABILITY WAIVER: INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Participant's Name _____ Member (Y/N)

Child 1 DOB _____ / _____ / _____ Age _____ Sex _____

Participant's Name _____ Member (Y/N)

Child 2 DOB _____ / _____ / _____ Age _____ Sex _____

Parent/Guardian Name _____

Home Address _____ City _____ Zip _____

Parent/Guardian (Home) Phone _____ (Cell) Phone _____

The YMCA of Central Texas will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent child/events and outings, special events, sports programs, or any related YMCA sponsored activities. Nor will the YMCA of Central Texas be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA program locations. I, the undersigned for myself and for my heirs, so hereby release the YMCA of Central Texas and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Central Texas to use photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs for no compensation.

INSURANCE

I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities.

MEDICAL RELEASE

I authorize the YMCA to provide or obtain emergency medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care; I am responsible for all expenses.

TRANSPORTATION

I hereby give consent for my child to be transported and supervised by the YMCA to and from activities and for field trips as needed.

PLAYER / PARENT CONTRACT

We as parents agree to abide by the rules and regulations laid down by the YMCA for both player conduct and present conduct in the clinic keeping with the YMCA's purpose of teaching fair play, cooperation, sportsmanship, honesty, responsibility, respect, and caring. As parents we will serve as positive role models for our children by exhibiting such behavior and values.

_____/_____
 Child 1 Name Child 2 Name

Signature of Parent or Legal Guardian (18 years or older) Date



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Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____



**YMCA OF CENTRAL TEXAS PHOTO
AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has signed below.

For my participation in activities to be conducted by YMCA OF CENTRAL TEXAS, I hereby give my permission and consent, now and for all time, to YMCA OF CENTRAL TEXAS, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF CENTRAL TEXAS, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses that may include but are not limited to print media such as newspapers and Internet applications such as the YMCA OF CENTRAL TEXAS' website and Facebook profile without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA OF CENTRAL TEXAS, I authorize, according to this Release, shall belong to YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with YMCA OF CENTRAL TEXAS;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with YMCA OF CENTRAL TEXAS will not be subject to any obligation of confidentiality and may be shared with and used by YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA;
- YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF CENTRAL TEXAS; and
- YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with YMCA OF CENTRAL TEXAS for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF CENTRAL TEXAS as described herein.

I agree to the above terms.

I do NOT agree to the above terms.

Adult/Parent/Guardian 1 Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Adult/Parent/Guardian 2 Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____