

# CHC YMCA Child Development Center Application

Registration is accepted on a first-come/first-serve basis. A one time registration fee of \$25.00 is required at time of registration. There will also be an annual fee of \$25.00 deducted each school year. Your Payments are due each Friday before the week of childcare service. CCAP is accepted. FINANCIAL ASSISTANCE is available for those who qualify.

Infant (Nursery 1 or 2) \_\_\_\_  
 Toddler \_\_\_\_  
 Preschool \_\_\_\_

Full-Time (4-5 days) \_\_\_\_  
 Part-Time (2-3 days) \_\_\_\_  
 Start Date: \_\_\_\_\_

## STUDENT

|  |                               |            |
|--|-------------------------------|------------|
| First name   | Middle initial                | Last name  |
| Date of Birth / /  | Race _____ Gender M ___ F ___ | Age: _____ |
| Physical conditions/special needs:   | Medications/allergies:        |            |
| To better serve your child, please indicate with a check if he/she has been diagnosed with any of the following:<br>__ADD/ADHD __Convulsions __Bleeding/Clotting Disorders __Autism __Aspergers __Fragile X<br>__Cerebral Palsy __Bipolar Disorder __Tourettes __Rhett Syndrome __Down Syndrome<br>__Chronic Health Problems __Asthma/Severe Allergies __Diabetes __Heart defect/disease __Other |                               |            |
| Does your child have an IEP or 504 plan? YES ___ NO ___ Name of Physician _____ Phone _____  |                               |            |

## PARENT/GUARDIAN

|   |   |                       |
|---|---|-----------------------|
| <b>1st</b>                                | Name  | Relationship to child |
| Address                                   |   | City State Zip        |
| Date of Birth / /                         | Employer  | Email                 |
| Phone (Work)                              | Phone (Home)                                      |                       |
| Phone (Cell)                              | Would you like to opt in for text message alerts? | Yes No                |
| If yes to above, please list your carrier |   |                       |
| <b>2nd</b>                                | Name  | Relationship to child |
| Address                                   |   | City State Zip        |
| Date of Birth / /                         | Employer  | Email                 |
| Phone (Work)                              | (Cell)  | (Home)                |

## EMERGENCY CONTACT/AUTHORIZED PICK-UP Anyone picking up your child must be at least 18 years of age or older. A picture ID is required at pick-up.

In addition to the parents/guardians listed above, I authorize the following to pick up the child/children and or be contacted in an emergency:

|              |        |                       |
|--------------|--------|-----------------------|
| <b>1st</b>   | Name   | Relationship to child |
| Phone (Work) | (Cell) | (Home)                |
| <b>2nd</b>   | Name   | Relationship to child |
| Phone (Work) | (Cell) | (Home)                |
| <b>3rd</b>   | Name   | Relationship to child |
| Phone (Work) | (Cell) | (Home)                |
| <b>4th</b>   | Name   | Relationship to child |
| Phone (Work) | (Cell) | (Home)                |

## PHYSICIAN/INSURANCE INFORMATION

|  |               |
|--|---------------|
| Insurance Carrier  | Policy Number |
| Physician Name   | Phone         |
| Preferred hospital in the event child needs to be transported for medical attention: |               |

I give permission to the Paris-Bourbon County YMCA to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency. I also give permission for the attending physician to order anesthesia, injections or surgery for my child in the event of a life or death situation. I further understand that the YMCA only carries liability insurance and will not be responsible for any injuries/accidents while participating in our childcare programs. Families are requested to carry their own accident insurance.

● **PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

## PAYMENT INFORMATION Please check one.

Check here if either parent  YMCA member  YMCA employee  
is:  Financial assistance recipient

I am currently on automatic draft. Please use the account on file ending in \_\_\_\_\_ to draft my account for registration fee(s)/deposits and to set up my weekly payments. **Authorized account holder signature:** \_\_\_\_\_

I am authorizing a NEW bank draft from my checking account and I have attached a voided check.

**Financial Institution** \_\_\_\_\_

I am authorizing a NEW credit/debit card draft and I have provided all the information below:

Credit/Debit Card Type:  Visa  MasterCard  Debit

Name on card \_\_\_\_\_ Authorized signature \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Billing street address \_\_\_\_\_ Billing zip code \_\_\_\_\_

I have the legal authority to sign up the child/children named on this form and to the best of my knowledge; the information on this application form is complete and accurate. I further understand that this is an application and the named child/children's participation is contingent upon space being available in the program(s) in which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s). I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. This health history is correct as far as I know, and the child herein described has my permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian.

Initial \_\_\_\_\_

The YMCA has permission for my child(ren) to be photographed and/or interviewed for promotional purposes  Yes  No

● **Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Total Deposits/Registration Fees** \_\_\_\_\_

**Terms & Conditions: Weekly amount to be drafted** \_\_\_\_\_

\*I understand that this is a continuous payment plan and will remain in effect until I give notice to the YMCA. **Initials** \_\_\_\_\_

\*Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time. **Initials** \_\_\_\_\_

\*I understand that my account will be drafted **weekly** on **Friday** prior to the week of service. **Initials** \_\_\_\_\_