

CHC YMCA Child Development Center Application

Registration is accepted on a first-come/first-serve basis. A one time registration fee of \$30.00 is required at time of registration. There will also be an annual fee of \$30.00 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: _____
	Grade in 2021 _____	School attending: _____
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: __ADD/ADHD __Convulsions __Bleeding/Clotting Disorders __Autism __Aspergers __Fragile X __Cerebral Palsy __Bipolar Disorder __Tourettes __Rhett Syndrome __Down Syndrome __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

1st	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			
2nd	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:

1st	Name	Relationship to child		
	Phone (Work)	(Cell)	(Home)	
2nd	Name	Relationship to child		
	Phone (Work)	(Cell)	(Home)	
3rd	Name	Relationship to child		
	Phone (Work)	(Cell)	(Home)	
4th	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** _____