



Fergus Falls Area Family YMCA

2021-2022 School Aged Child Care

Must register for both programs if sending child to both non school days and after school care.

Select which program you want to register for:

- NO SCHOOL DAY CAMP ONLY \$20 registration fee/child
- AFTER SCHOOL CARE / EARLY OUT ONLY \$20 registration fee/child

Non Refundable- Non Transferable

FOR FRONT DESK STAFF USE ONLY

- Registration Form
- Programs Policies - signed
- Copy of Child Immunization Record (if not on file already)
- Registration Fee
- Program Auto - Payment Form
- Staff Initials

* Please make sure all selections/lines are completed before accepting registration packet.

CHILD'S INFORMATION (Please print legibly.)

Child's First and Last Name: _____ Male Female Member

Age: ____ Grade Entering: _____ Date of Birth: _____ Non-Member

2nd Child's First and Last Name: _____ Male Female Member

Age: ____ Grade Entering: _____ Date of Birth: _____ Non-Member

3rd Child's First and Last Name: _____ Male Female Member

Age: ____ Grade Entering: _____ Date of Birth: _____ Non-Member

FAMILY INFORMATION (Check parent to contact for payment and other questions)

Parent/Legal Guardian Information:

Primary Parent /Guardian:

First Name _____ Last Name _____ DOB _____ Relationship to Child _____

Cell Phone _____ Work Phone _____ Employer _____

Home Address _____ City _____ State _____ Zipcode _____

Email Address _____

Secondary Parent /Guardian:

First Name _____ Last Name _____ DOB _____ Relationship to Child _____

Cell Phone _____ Work Phone _____ Employer _____

Home Address _____ City _____ State _____ Zipcode _____

Email Address _____

Emergency Contact/Authorized Pick-Ups: Must list at least one emergency contact other than the parent/guardian listed above. This must be a local person other than those listed above to contact in case of emergency if parent/guardian cannot be reached. (The individual authorized to pick up your child must be at least 16 years or age & possess a valid state-issued ID)

Emergency Contact (1)

First and Last Name: _____

Relationship to child: _____

Cell Phone: _____

Emergency Contact (2)

First and Last Name: _____

Relationship to child: _____

Cell Phone: _____

Emergency Contact (3)

First and Last Name: _____

Relationship to child: _____

Cell Phone: _____

Emergency Contact (4)

First and Last Name: _____

Relationship to child: _____

Cell Phone: _____

EMERGENCY INFORMATION

In case of emergency, please contact the following first: Mother/guardian Father/guardian Other/guardian
Child's doctor _____ Doctor's phone _____
Hospital preference _____

Persons not authorized to visit or pick up my child (Court documentation must be attached):

Health History: Please check all that apply & complete the information below.

Name of Child(ren): _____, _____, _____

Asthma Seizures Allergies/ Food intolerances (specify below) Diabetes Heart Problems (specify below)

Physical Limitations or Concerns (specify next page)

Additional medical information or special requests can be described below. If your child has an allergy or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, please list clear instructions on what to do in the event of an exposure to factor. Please attach an additional sheet if necessary.

Does your child have a disability or special need? No or Yes Childs Name: _____

Does your child have a history of negative behavioral problems, that you are aware of that may require special assistance from staff? No or Yes Childs Name: _____

If "yes" please describe and list any tips that you may have that work best for your child in preventing or handling the negative behavior. Please attach an additional sheet if Necessary.

IMMUNIZATION DATES

Already on File with YMCA: Yes No

My child is exempt from required immunizations due to medical or religious reasons. YES or NO

Date of last Tetanus: Child 1: _____, _____ Child 2: _____, _____ Child 3: _____, _____

Date of last DTP (Diaphtheria, Pertussis, Tetanus): Child 1: _____, _____ Child 2: _____, _____ Child 3: _____, _____

Date of last Polio: Child 1: _____, _____ Child 2: _____, _____ Child 3: _____, _____

Date of last MMR (Measles, Mumps, Rubella): Child 1: _____, _____ Child 2: _____, _____ Child 3: _____, _____

Date of last Hep B (Hepatitis B): Child 1: _____, _____ Child 2: _____, _____ Child 3: _____, _____

Date of last Hib (Haemophilus influenza type b): Child 1: _____, _____ Child 2: _____, _____ Child 3: _____, _____

Date of last Varicella (Chickenpox) Child 1: _____, _____ Child 2: _____, _____ Child 3: _____, _____

My child(ren) have received all appropriate screenings and routine shots that are recommended by the state of Minnesota? YES NO Parent/guardian Initials

2021-2022 SCHOOL AGE CHILD CARE PROGRAM POLICIES

Child's Name: _____,

Please read each of the following policies and sign below to indicate your understanding of these policies.

Photography – I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

PAYMENT POLICIES

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due are paid. All weekly payments are due on the Friday before each week. I understand that it is my responsibility, if I choose to draft for the program, to provide the YMCA with current up-to-date bank or credit card information throughout the term of the program. Should any program draft not be honored by my bank, for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the YMCA.

Cancellations – Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program unless notified week prior to care.

Refunds – I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. The registration fee and weekly deposits are non-refundable.

Late Pick-Up Agreement:

I understand that my child will need to be picked up from the YMCA by 5:30 pm. If I cannot be there by 5:30 pm I understand I must contact the Program directly. If I fail to pick up my child by 5:30 pm, a \$10 late fee for every 10 minutes I'm late will be charged to my account. If we have not heard from you by 5:45 pm, we may notify social services and law enforcement.

PROGRAM POLICIES

Babysitting Policy– The YMCA strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgement of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.

Inclement weather – Please refer to local media sources or, if available, www.fergusfallsymca.org for program closings related to inclement weather. Our policy follows the Fergus Falls School District/ No Travel advised put out by county.

Lost Items – I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.

Special Needs – When the YMCA staff has determined that a child's needs are greater than the resources that the YMCA can provide. (ie. social, emotional, behavioral, etc.) The parents will be contacted and informed. We always strive to include everyone, but take into account the safety and wellbeing of all children when determining the participation of any single child. Decisions are made on a by case basis.

MEDICAL TREATMENT POLICIES

Accident Insurance– Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs. I understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.

MEDICATION – The YMCA does not administer any medication and will do so only when directed in writing by child's parent or guardian. (Form filled out) However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.

Permissions:

Swimming: I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities. Unless noted otherwise:

Behavior Policy! Good behavior is important to everyone in daily life. Certain behaviors are expected from the children involved in the YMCA program. Staff establishes and enforces clear and consistent limits and expectations for first formal step to help solve rule violations. The behavior contract involves parents, child and staff as it requires the participation of all parties. If your child’s behavior becomes an ongoing problem, the director or coordinator will have a conversation or meeting depending on situation. Failure to correct behavior may result in suspension or dismissal. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues that compromise the safety of the YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from program.

INFORMED CONSENT and WAIVER OF LIABILITY

The YMCA of Fergus Falls may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events, grants permission for the YMCA of Fergus Falls to use these photographs and/or video in its marketing and public relations efforts. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, or failure to follow general operating procedures of the program. I have been given program information, including information on where to access a copy of the Parent handbook. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

In consideration of the YMCA accepting this registration, I, for myself, and/or the minor(s) for whom I am signing, release and forever discharge the Fergus Falls Area Family YMCA and all connected with the YMCA, of and from any and all rights, claims, demands, and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing on his/her property at any time. I declare that the above minor(s) is/are physically sound and medically approved to participate in the activities of the YMCA. I authorize use of any and all photographs taken of my child(ren) with the YMCA or on YMCA related trips to be used for the publicity of the YMCA, facility and programs.

Parent/legal guardian signature

Date