



# YUMA FAMILY YMCA 2019/2020 CHILDCARE REGISTRATION FORM

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Parent's name \_\_\_\_\_ Birth date \_\_\_\_\_ (Required for registration)  
 Parent's E-mail address \_\_\_\_\_ (Required for registration)  
 Address \_\_\_\_\_ City \_\_\_\_\_ AZ Zip code \_\_\_\_\_  
 Primary Phone (H) or (C) \_\_\_\_\_ Work # \_\_\_\_\_

Note: Parents must **SEND A MESSAGE ON BLOOMZ** or CALL YMCA (928) 317-0522 or HLS SITE: (928) 210-9485 or GARY KNOX SITE (928) 503-9333 by 12:00 PM, when the child will be absent from the Child Care Program, or a \$5 fee will be assessed towards your next month draft for each occurrence.  
**PROGRAM LOCATIONS: HLS SITE - 1590 S AVE C & GARY KNOX SITE - 2926 S 21<sup>ST</sup> DRIVE**

MY CHILD'S FIRST DATE OF CARE: _____ (check plan you are registering for and circle rate)	CHOOSE ALL PLANS OF CARE NEEDED	Draft on the 1st of every month	
<b><input type="checkbox"/> BEFORE SCHOOL ONLY PLAN</b>		<b>MEMBER</b>	<b>NON-MEMBER</b>
Before school child care is available at <b>HL SUVERKRUP</b> from 6:30 AM until school begins. Transporting to: Please (√) <input type="checkbox"/> HL Suverkrup/Gowan <input type="checkbox"/> Desert View <input type="checkbox"/> Reagan <input type="checkbox"/> Valley Horizon <input type="checkbox"/> Salida del Sol <input type="checkbox"/> Gary Knox <input type="checkbox"/> Pueblo <input type="checkbox"/> Mesquite <input type="checkbox"/> _____		<b>\$ 95</b>	<b>\$ 155</b>
<b><input type="checkbox"/> AFTER SCHOOL ONLY PLAN</b>		<b>MEMBER</b>	<b>NON-MEMBER</b>
After school including transportation to YMCA site from school dismissal until 6:00 PM. Includes early release days. Transporting from: Please (√) <input type="checkbox"/> <b>HLS SITE:</b> <input type="checkbox"/> HL Suverkrup/Gowan <input type="checkbox"/> Desert View <input type="checkbox"/> Reagan <input type="checkbox"/> Valley Horizon <input type="checkbox"/> Salida del Sol <input type="checkbox"/> <b>GARY KNOX SITE:</b> <input type="checkbox"/> Gary Knox <input type="checkbox"/> Pueblo <input type="checkbox"/> Mesquite <input type="checkbox"/> _____		<b>\$ 165</b>	<b>\$ 235</b>
<b><input type="checkbox"/> BEFORE and AFTER SCHOOL PLAN</b>		<b>MEMBER</b>	<b>NON-MEMBER</b>
Before school available at <b>HL SUVERKRUP</b> from 6:30am until school begins. Then from school dismissal until 6:00 PM. Includes early release days. Transporting from: Please (√) <input type="checkbox"/> <b>HLS SITE:</b> <input type="checkbox"/> HL Suverkrup/Gowan <input type="checkbox"/> Desert View <input type="checkbox"/> Reagan <input type="checkbox"/> Valley Horizon <input type="checkbox"/> Salida del Sol <input type="checkbox"/> <b>GARY KNOX SITE:</b> <input type="checkbox"/> Gary Knox <input type="checkbox"/> Pueblo <input type="checkbox"/> Mesquite <input type="checkbox"/> _____		<b>\$ 185</b>	<b>\$ 255</b>

**PROGRAM CLOSED:**  
 ● Labor Day   ● Veteran's Day   ● Thanksgiving Day and day after   ● Christmas Eve and Day  
 ● New Year's Day   ● Martin Luther King Day   ● Presidents Day   ● Memorial Day  
*Any other days will be posted if needed*

**REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED:**

Signed registration form    Completed emergency card    Immunization record    Best of Care form

SESSION BILLING IS BASED ON THE FULL SCHOOL YEAR PRICE AND THEN DIVIDED INTO 10 EQUAL PAYMENTS. EACH MONTH YOU PAY 1/10<sup>TH</sup> OF YOUR TOTAL BILL, REGARDLESS OF THE NUMBER OF SCHOOL DAYS ACTUALLY OCCURRING IN THAT MONTH. THIS INCLUDES MONTHS THAT CONTAIN INTERSESSIONS & SCHOOL BREAKS. THE Y DOES NOT GIVE CREDITS FOR ILLNESSES, HOLIDAYS OR FAMILY VACATIONS TAKEN DURING SCHOOL DAYS. ALL PLANS USE THE ATS BANK DRAFT (CREDIT/DEBIT CARD) SYSTEM AND ARE WITHDRAWN ON THE 1<sup>ST</sup> OF EACH MONTH. REGISTRATIONS MUST BE RECEIVED 10 DAYS PRIOR TO THE 1<sup>ST</sup> TO BE INCLUDED ON THE DRAFT OR PRE-PAYMENT IN FULL FOR THAT MONTH IS REQUIRED. IF YOUR PAYMENT IS RETURNED BY YOUR FINANCIAL INSTITUTIONS FOR ANY REASON, THE ITEMS WILL BE RE-PRESENTED ELECTRONICALLY AND YOU WILL BE CHARGED A \$25 PROCESSING FEE. IF YOU ARE LATE IN PICKING UP YOUR CHILD (REN), \$15 FOR FIRST 5 MINUTES, A DOLLAR PER MINUTE AFTER LATE FEE WILL BE APPLIED TO YOUR ACCOUNT. YOU MAY DISENROLL WITH A 30 DAY PRIOR WRITTEN NOTICE. THIS NOTICE MUST BE TURNED INTO THE YMCA.

ATS BANK DRAFT DATES:   8/1   9/1   10/1   11/1   12/1   1/1   2/1   3/1   4/1   5/1

Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

**MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE.**

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**DUE AT TIME OF REGISTRATION:**

\$35 or 0	Child Care Registration Fee/per child or waived with Family Membership	For office use only
\$	First month childcare payment (if registration not received 10 days prior to the 1 <sup>st</sup> )	ID #
<b>Total due today:</b> _____	<b>Paid by:</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD	Date _____ Staff Initials _____
<b>Draft Begins on:</b> / 01 /		Comments: _____

Financial Assistance is available upon request. You must fill out and attach a Financial Assistance Form and provide proof of income. DES participants must attach your Certificate of Authorization to this form.





CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Child Care Administration

**BEST OF CARE**

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

**Instructions:** This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME	DATE OF BIRTH
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PARENT/GUARDIAN COMPLETING THIS FORM	WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
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PROVIDER/CENTER NAME

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Has your child attended child care in the past?  Yes  No

*If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)*

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What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

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What is important to you about your child's care?

Who is important to your child?

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Does your child prefer to play alone or with other children?  Alone  Other children

Does your child have a favorite toy or comfort object?  Yes  No

*If yes, what?*

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What is your child's current sleep schedule?

Does your child fall asleep easily?  Yes  No

What is his/her mood upon waking?

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What does your child like?

What does your child dislike?

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See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:

*Happy?*

*Sad?*

*Mad?*

*Tired?*

*Other?*

How does your child react when:

*Something unexpected happens?*

*Something happens he/she doesn't like?*

*He/She is scared?*

*Other?*

Does your child have any health issues?  Yes  No

*If yes, please explain:*

Does your child have any other special needs?  Yes  No

*If yes, please explain:*

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her?  Yes  No

*If yes, please explain:*

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.



## BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all day camp participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **care** for ourselves and for those around us.
- **Honesty** will be the basis for all relationships and interactions.
- People are **responsible** for their actions.
- We **respect** each other and the environment.

When a camper does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, camper, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the day camp program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a camper for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the day camp program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the camper a second time before expulsion. Immediate expulsion may occur if a camper is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

### Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

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Parent or caregiver's signature

Date

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Camper's signature

Arizona Department of Health Services  
Bureau of Child Care Licensing

Travel Permission Form

R9-3-408.A.1.a-e  
R9-5-517.A.1

**PERMISSION to transport a child from the Facility or Group Home**  
My child has permission to be dropped off at or picked up from his/her school,  
bus stop or another location.

Child's name:	
Name of location where the child will be dropped off and/or picked up:	
*Beginning date:	*End date:
<small>*The time period is not to exceed 12 months, during which permission is given for other trips away from the facility or group home.</small>	
Time(s) to be dropped off and/or picked up:	
Special Instructions:	
Parent/Guardian Signature:	Date:

R9-3-408.B.1. - Maintain a copy of the written permission for 12 months after the date of the last trip.  
R9-5-517.A.2 - Maintain a copy of the written permission on facility premises for 12 months after the date on the written permission.





# YMCA WAIVER

FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## VALLEY OF THE SUN YMCA

The [Valley of the Sun] YMCA ("YMCA") is a charitable, nonprofit entity that strives to support programs that build healthy spirit, mind and body for all. To continue to be able to offer our services to all who need them, regardless of ability to pay, all members and participants assume their own risk of injury while at the YMCA or participating in YMCA programs, and agree to sign the release and waiver of legal liability below. If you have any questions or concerns about this form, our policy, or any of the YMCA's programs or services, please contact 602-404-9622.

### **CONFIDENTIALITY, RELEASE, WAIVER, and INDEMNITY AGREEMENT**

IN CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM BY OR AFFILIATED WITH THE YMCA, AT ANY LOCATION, I PERSONALLY, AND ON BEHALF OF MY MINOR CHILD NAMED AS A PARTICIPANT BELOW, HEREBY AGREE TO THE FOLLOWING:

- 1) I agree that prior to participating, each participant will inspect the facilities and equipment to be used, and if I or the participant believes anything is unsafe, I will immediately advise YMCA staff of such condition(s) and refuse to participate.
- 2) I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability and death and severe social and economic losses which may or may not result from the participant's own actions, inactions, or negligence or from the participation in any of the YMCA's programs or use of any of the YMCA's facilities or equipment. Further, I understand that there may be other risks not known to the YMCA or not reasonably foreseeable.
- 3) I personally, and on behalf of my minor child, assume all the foregoing risks and accept personal responsibility for any and all claims, demands, causes of actions, suits, losses, costs, damages or expenses (including reasonable attorney fees) following any such personal injury, disability, death, and social and economic loss, including for any pain and suffering, loss of wages, loss of consortium, or damage to person or property.
- 4) I personally, and on behalf of my minor child, RELEASE, WAIVE, FOREVER DISCHARGE AND COVENANT NOT TO SUE the YMCA, their affiliates, assignees, directors, officers, employees, agents, representatives, volunteers and insurance carriers (hereinafter referred to as "releasees") from any and all claims, demands, causes of actions, suits, losses, costs, damages or expenses (including reasonable attorney fees) for any and all personal injuries, pain and suffering, loss of wages, loss of consortium, death or damage to person or property, RESULTING FROM PARTICIPATION IN THE YMCA'S PROGRAMS, INCLUDING BUT NOT LIMITED TO ANY PERSONAL TRAINING SESSION/ASSESSMENT BY FITNESS STAFF OF THE YMCA, USE OF THE YMCA'S FACILITIES OR EQUIPMENT, AT ANY LOCATION, AND THE USE OF ANY PERSONAL INFORMATION (DEFINED HEREIN) AS PROVIDED HEREIN.
- 5) I personally, and on behalf of my minor child, agree that if I or a participant has any concerns about a participant's health or ability to participate in the YMCA's programs or use of the YMCA's facilities or equipment, at any location, I will discuss my or the participant's concerns with the participant's physician before deciding or allowing a participant to participate in the YMCA's programs or use the YMCA's facilities or equipment and further agree to follow the participant's physician's recommendation regarding physical activity including participation in the YMCA's programs or use of the YMCA's facilities or equipment at any location.

- 6) I acknowledge and agree that the YMCA and its releasees reserve the right to decline to accept any participant or to require any participant to withdraw from its programs or use of the its facilities or equipment at any time, when such action is determined by the YMCA or its releasees to be in the best interests of the health, safety, and general welfare of the other participants of the YMCA or of the individual participant.
- 7) I acknowledge and agree that I have been informed that the YMCA conducts regular sex offender screenings on all members, participants and guests to determine if I am a registered sex offender and if it is found to be true will no longer qualify to be a member of the YMCA and my membership and/or program participation will be terminated immediately.
- 8) By Participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and form any liability for other claims, including loss of property, to the fullest extent of the law.
- 9) I acknowledge that I have been informed that personal, health, family, enrollment, usage and program participation information of a participant (the “Personal Information”) obtained during the YMCA’s programs, the use of the YMCA’s facilities or equipment, or personal training session/assessment by fitness staff of the YMCA will be treated as private and confidential and, except as expressly provided herein, will not be released or revealed to any person outside the YMCA fitness staff without my express written consent. Personal Information will not be shared with third parties for purposes of solicitation. I consent to the use of Personal Information for research and statistical purposes so long as the ultimate results of such research and statistical analysis does not identify me or provide facts that could lead to my identification. The Personal Information and any other non-Personal Information may be used by the YMCA fitness staff in the course of establishing a program of healthy living (including fitness training) for me or the participant and evaluating my or the participant’s progress in the program. I further expressly agree that this CONFIDENTIALITY, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and all-inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 10) I personally, and on behalf of my minor child, agree that any picture taken of me or my minor child may be used for YMCA publicity purposes.

**I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY, RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN OF MY POTENTIAL RIGHTS AND THE POTENTIAL RIGHTS OF MY MINOR CHILDREN, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH HEREIN.**

Participant Name \_\_\_\_\_

**If under 18 years old, parents or legal guardians must sign below, individually and on behalf of the participant.**

Participant/Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant/Parent Signature \_\_\_\_\_

Date \_\_\_\_\_