

# Westwood YMCA - Child Care Registration

2093 Harkney Hill Rd., Coventry, RI 02816  
(401) 397-7779 - Fax (401) 397-3930



Child's Name: \_\_\_\_\_ DHS # (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Female [ ] Male [ ] School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you a member? Yes [ ] No [ ] Ethnicity: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ **Father/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**In case of emergency list parent to call 1st:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Is there any court order relating to the child's custody or release? Yes [ ] No [ ]*  
*If yes, please provide a copy of the court order.* **Start Date:** \_\_\_\_\_

## CHILD'S PARTICIPATION SCHEDULE

<b>Washington Oak / Western Coventry Coventry Grades K - 6 (Elementary)</b>
<input type="checkbox"/> Before School Only 7:00am-9:00am
<input type="checkbox"/> After School Only 3:00pm-6:00pm
<input type="checkbox"/> Before and After School

<b>Metcalf Exeter/West Greenwich Grades K - 6 (Elementary)</b>
<input type="checkbox"/> Before School 6:30am-9:00am
<input type="checkbox"/> After School 3:00pm-6:00pm
<input type="checkbox"/> Before and After School

Minimum of <u>2</u> days - Circle days for part time <b>ONLY</b> M T W T H F
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## EMERGENCY CONTACT INFORMATION

**SIGN OUT AUTHORIZATION / EMERGENCY CONTACTS** - The following individuals have my **unrestricted** permission to sign the above named child out from the YMCA school - age child care program and should be contacted when I cannot be reached. **(Minimum of two required)**

Name	Phone #1	Phone #2	Relationship to Child

The following individuals are **restricted** from signing out my child due to a court - issued restraining order (A certified copy of the official court documentation must be kept in child's YMCA file).

Name	Name
Name	Name

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important:** Please be aware that the signatures on this application are the only persons authorized to make changes. This includes adding or deleting pick - up names.

OFFICE USE ONLY:	Reg Fee _____	Membership _____	Pymt Agrmt _____	YN _____	ST _____
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# ENROLLMENT AGREEMENT

## Please carefully read and sign below.

- I understand that I am committing my child to participation in the School Age Child program for the current school year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the program director 10 days in advance.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of an emergency an emergency release plan will be followed.
- I understand that my child must be signed in and out daily by myself or my designee (as listed on the enrollment form).
- I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- If my child is experiencing problems in the program, a conference will be arranged between the parent, program director and executive director. The YMCA reserves the right to terminate child care services if the problem(s) are not rectified.
- I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.), the YMCA services will also be cancelled. There is **no refund** for services due to unforeseen school cancellations or unscheduled dismissals.
- If I choose to participate in vacation weeks I must register in advance and pay in full and all accounts should be up to date.
- All information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.
- I understand that if any information on my child's enrollment forms changes, it is my responsibility to notify both the YMCA Branch and the program site director in writing immediately.
- **I have received, read, and agree to abide by all policies, procedures, and fee requirements as outlined in the parent handbook. I will make all authorized individuals aware of the policies and procedures as stated above and in the parent handbook.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH HISTORY (to be filled out by parent)

1. Please list any medications your child is currently taking, including the dose and reason: \_\_\_\_\_
2. Please list all known allergies: \_\_\_\_\_
3. Please list the date and nature of any operations or serious injuries: \_\_\_\_\_
4. Please describe any disability or chronic or recurring illness: \_\_\_\_\_
5. Please list any activities encouraged or limited by the physician: \_\_\_\_\_
6. Please describe any dietary modifications or considerations: \_\_\_\_\_

**IMPORTANT: Please include a copy of your child's immunization record with this form**

## AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of admittance, I hereby authorize the Westwood YMCA to arrange for Medical examination and/or treatment of my child, should an emergency arise at the child care site or on a field trip. It is also understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises: \_\_\_\_\_.

I understand the choice of hospital may be limited by the service of local rescue squad.

Print Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities excepted as noted. I hereby give my permission to the medical personnel selected by the child care director to order routine tests, x-rays, treatment and necessary transportation for the individual named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMERGENCY CLOSURE - EARLY DISMISSAL FORM

Child's Name	Grade	Teacher's Name	School Name
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In the event that school should dismiss early due to an emergency closure, such as inclement weather, power failure, water main break, etc., the school age child care program will be canceled. Also, if the school calls for an early dismissal not previously scheduled in the current school calendar, the YMCA school age child care program will be canceled.

Please complete the section below:

If there is an emergency school closure or unscheduled early dismissal, my child:

- Will be picked up by \_\_\_\_\_ Phone: \_\_\_\_\_.
- Other \_\_\_\_\_.

If there is any change in the above procedure, please notify in writing your site director and the YMCA branch at once!

I understand that it is my responsibility to ask the school office about their procedure for emergency closure/dismissal. I have discussed these procedures with my child, and my child understands what he/she should do in the event of an emergency school closing or early dismissal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*For Youth Development  
For Healthy Living  
For Social Responsibility*

Parent's Last Name \_\_\_\_\_

## PAYMENT AGREEMENT

Welcome from the Westwood YMCA, a branch of YMCA of Pawtucket - School Age Services Office!

In order to process your school age enrollment forms, we must have the payment agreement filled out. Determine if you would like to draft via checking/savings account (avoided check must be submitted with application) OR draft via a credit card (Mastercard, Visa, Discover or American Express). The \$35.00 registration fee is due upon registration.

**If you have a payment agreement from last year and your using the same account this year, you must resubmit anew payment agreement. We are required to get your written approval each year.**

Child #1 _____	Weekly Fee \$ _____
Child #2 _____	Weekly Fee \$ _____
Child #3 _____	Weekly Fee \$ _____
Child #4 _____	Weekly Fee \$ _____
<b>TOTAL WEEKLY DRAFT \$ _____</b>	

\_\_\_\_\_ **Please check if you would like to purchase the Family Membership**

\_\_\_\_\_ **Payment in full \$240.00 draft from same account as child care**

**OR**

\_\_\_\_\_ **\$20.00 per month, drafted on the 1st of each month, use same account as child care**

*Membership must be drafted for 12 consecutive months before cancelling, cancellation must be in writing.*

*Membership is continuous until you cancel.*

\_\_\_\_\_ **Please check if you would like the \$35 registration fee to be drafted from Bank or Credit Card**

**I/We wish to participate on one of the *Express Payment Plans* (choose one):**

Option I **Bank Draft** (weekly draft from checking or savings account)

\_\_\_\_\_  
PRINT NAME ON THE ACCOUNT

\_\_\_\_\_  
ROUTING #

\_\_\_\_\_  
ACCOUNT # (Please attach **VOIDED** check)

\_\_\_\_\_  
NAME OF BANK

Checking \_\_\_\_\_ Savings \_\_\_\_\_  
(Check One)

\_\_\_\_\_  
ACCOUNT HOLDERS SIGNATURE

\_\_\_\_\_  
DATE

Option II **Credit Card** (weekly charge to credit card) **Visa, Mastercard, Discover or American Express**

\_\_\_\_\_  
PRINT NAME ON THE ACCOUNT

\_\_\_\_\_  
CREDIT CARD TYPE & NUMBER

\_\_\_\_\_  
EXP DATE

\_\_\_\_\_  
ACCOUNT HOLDERS SIGNATURE

\_\_\_\_\_  
DATE

# WESTWOOD YMCA

## FAMILY MEMBERSHIP

Family Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Father's Place of Business \_\_\_\_\_ Work# \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_ Work # \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

**Members: 2 adults and their related children up to the age of 23 living at the same address**

1. Father's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

2. Mother's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

5. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

6. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

7. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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How did you hear about the YMCA?

(Please check one)

- Direct Mail
- Newspaper
- Friend
- YMCA
- Drive by - Live in area
- Other \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_



### OFFICE USE ONLY

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ MemberST \_\_\_\_\_ Car Passes \_\_\_\_\_ Guest \_\_\_\_\_ Program \_\_\_\_\_