



# Metropolitan YMCAs of Mississippi

## 2022-2023 CHILDCARE REGISTRATION

**Child is NOT ENROLLED and CANNOT ATTEND until all items are completed!**  
 \_\_\_\_\_ REGISTRATION FORM (ALL PORTIONS SIGNED & DATED)  
 \_\_\_\_\_ NON-REFUNDABLE REGISTRATION FEE \_\_\_\_\_ 1<sup>ST</sup> WEEK'S TUITION  
 \_\_\_\_\_ AUTHORIZED PICK UP/EMERGENCY CONTACT INFORMATION  
 \_\_\_\_\_ FINANCIAL ASSISTANCE PACKET INCLUDING USDA ENROLLMENT FORM  
 \_\_\_\_\_ SCANNED IN \_\_\_\_\_ ENTERED INTO DAXKO ID # \_\_\_\_\_

### CHILD INFORMATION

FIRST NAME		LAST NAME		LAST FOUR OF SS NUMBER	
ADDRESS		CITY/STATE/ZIP		CELL/HOME PHONE	
GENDER		DATE OF BIRTH		AGE	
SCHOOL		GRADE ENTERING FALL '22		HEIGHT	WEIGHT
RESPONSIBLE PARTY NAME			RESPONSIBLE PARTY DATE OF BIRTH		
EMAIL		MOTHER'S NAME		FATHER'S NAME	

### ETHNICITY/RACE (optional reporting information only)

CAUCASIAN    AFRICAN AMERICAN    HISPANIC    ASIAN    AMERICAN INDIAN/ALASKA NATIVE    HAWAIIAN/PACIFIC ISLANDER    OTHER

### PARENT'S MARITAL STATUS

MARRIED    SINGLE    DIVORCED    SEPARATED    WIDOWED

### PERSONS AUTHORIZED to act for the parent in case of an emergency and/or authorized to sign child into/out of program.

Please list name and contact information below. Indicate authorization(s) by checking Yes or No.

NAME OF ADULT (include yourself)	CONTACT PHONE NUMBERS	RELATIONSHIP TO CHILD	AUTHORIZED TO ACT FOR PARENT IN EMERGENCY		AUTHORIZED TO SIGN CHILD INTO/OUT OF PROGRAM	
			YES	NO	YES	NO

The YMCA limits the number of people who can make changes to the above-authorized sign in/sign out/emergency contact list. **Unless state otherwise, the individual completing the registration form will be viewed as the only individual authorized to make changes to the list above.** As parent/guardian of the above child, I also give the following person the authority to modify information on the above authorized form: \_\_\_\_\_ (Enter N/A if none)

**AUTHORIZATION TO TRANSPORT:** The parents/guardians of the above registered child give authorization allowing the child to be transported from school to the YMCA; to and from YMCA scheduled field trips; and to transport the child to Inclement Weather scheduled locations and other situations requiring the transport of children to alternate locations as necessary. **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION TO TAKE PICTURES/VIDEOS:** The parents of the above registered child give authorization allowing the child to be photographed/videotaped and the photos/videos to be used in the promotion of the YMCA. **I understand that as a parent/guardian, I am not allowed to take pictures of children attending the YMCA as a safety measure.**  
**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### MOTHER INFORMATION

DRIVER'S LICENSE: (STATE AND LICENSE #)		PLACE OF EMPLOYMENT	
WORK ADDRESS	BUSINESS PHONE	CELL PHONE	

### FATHER INFORMATION

DRIVER'S LICENSE: (STATE AND LICENSE #)		PLACE OF EMPLOYMENT	
WORK ADDRESS	BUSINESS PHONE	CELL PHONE	

**RESPONSIBLE PARTY INFORMATION:** I hereby assume the responsibility to pay the cost of all services provided by the YMCA for the above child regardless of any change in family status, in any court ordered or mediated payment plan between parents, or changes in the state's childcare certificate program as applies to my situation. I understand that it is my responsibility to ensure that childcare fees are paid to the YMCA according to the childcare policy.

**Responsible Party Name(s) Printed:** \_\_\_\_\_

**Responsible Party #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Responsible Party #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WAIVER OF LIABILITY AND DISCLAIMER:** I hereby forever release, acquit, discharge and agree to indemnify and hold harmless the YMCA and all event sponsors and volunteers, as well as any officers, directors, agents, employees, successors or assigns of the aforementioned parties, in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant is registering (collectively the "Released Parties"), from any and all liabilities, claims, damages and demands and all other liabilities or whatever kind of nature arising from or related to the Y activity, including, but not limited to, any and all liabilities, claims damages and demands arising from any personal injuries, loss or death occurring as a result of the Y activity. I further agree that I will never institute any action or suit, at law, in equity or otherwise, against any of the Released Parties, and will not aid in the institution or prosecution of any such action or suit against the Released Parties which in any way involves or relates to the Y activity. I further state that my child is in proper medical condition to participate in and complete the YMCA activity and is not participating against doctor's advice, nor is my child taking medications which would deter my child's health in the participation of the YMCA activity. I understand that registration fees are non-refundable and that a two-week written notice must be provided in order to terminate services. I understand that failing to provide a two-week written notice will result in my being responsible for up to two weeks of childcare payments based on the child's last day of attendance in the program. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL RELEASE AND INSURANCE UNDERSTANDING:** I understand that the YMCA does not provide insurance for participants in its programs and it is my responsibility to provide for medical/dental insurance and/or expenses. I, \_\_\_\_\_ hereby give my permission to the YMCA staff to seek medical treatment (private physician or hospital) and/or transportation for my child should any emergency arise. I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken. **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

DOCTOR'S NAME		DOCTOR'S PHONE NUMBER	
ADDRESS	CITY/STATE	ZIP CODE	
DENTIST'S NAME		DENTIST'S PHONE NUMBER	
ADDRESS	CITY/STATE	ZIP CODE	

**MEDICAL/ALLERGY INFORMATION:**

List any medication prescribed, allergies or conditions pertaining to your child. When listing medications, please indicate if prescribed or if an allergy.

**MEDICATION REQUEST:** We can only administer medication prescribed by a licensed physician. Medication must be in original container and written information authorizing medication dispensing must be provided. Does your child require prescription medication? YES NO

If yes, please complete a MEDICATION AUTHORIZATION FORM to provide us with necessary information.

**INSURANCE INFORMATION**

MEDICAL INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
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**YMCA MEALS & SNACKS:** I understand that the YMCA provides meals and snacks in accordance with USDA guidelines and that special arrangements for meals/snacks are not made unless there is a medical condition that prevents my child from eating certain food or there is a recognized religions reason for not consuming certain foods. I understand that should my child have an allergy to a particular food item or a condition that prevents my child from eating particular foods, I must have a written doctor's statement indicating the nature of the allergy/condition and a listing of foods that are to be avoided. When a child has an extreme allergic reaction, a medical alert bracelet should be worn by the child at all times. The YMCA does not alter USDA meal patters based on the personal preference/tastes of the parent and/or child.

My child may need the following meals/snacks (PLEASE CHECK ALL THAT APPLY)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>MORNING SNACK:</b>					
<b>AFTERNOON SNACK:</b>					

**RESERVOIR AND CLINTON YMCA:** The Y provides a morning and afternoon snack on full-day care days and an afterschool snack for children in our care part-time. I understand that when my child attends full-day care that I must provide a **HEALTHY** lunch (**RESERVOIR ONLY**, Clinton will be provided a lunch) that meets the nutritional requirements of USDA. I understand that **SOFT-DRINKS** are NOT to be sent to the Y.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YMCA CHILDCARE PROGRAM AGREEMENT:** Please initial each statement confirming you have read, understand and agree to the following:

\_\_\_\_\_ **FINANCIAL ASSISTANCE:** Limited Financial Assistance is available and is based on individual need and available scholarship funds. A Financial Assistance form and required documentation (most recent 1 month's worth of check stubs, most recent IRS 1040 Federal Tax Return and USDA Free/Reduced Meals Family Application) must be completed in order to apply for financial assistance. Financial Assistance is not retroactive or guaranteed because an application is submitted. Before any financial assistance is provided, a complete Financial Aid packet must be approved. Financial Assistance provided according to the YMCA Financial Aid scale may be approved by the Childcare Director; however, any assistance provided beyond those guidelines must be approved by the branch director.

\_\_\_\_\_ **NON-REFUNDABLE REGISTRATION FEE & TWO-WEEK NOTICE REQUIREMENT:** I understand that the registration fee is **non-refundable** even if I decide not to enroll my child. I also understand that I must provide the YMCA two-week **written notice** of my child withdrawing from the Y. I understand that I will be held responsible for two-weeks of childcare fees if written notice is not provided, even if my child does not attend the program.

\_\_\_\_\_ **YMCA PAYMENT POLICY:** I understand that all payments must be made via weekly bank draft. Drafts will be processed the Friday before services are rendered. **ANY WEEKLY PAYMENT NOT RECEIVED ON TIME, FOR ANY REASON, WILL BE CHARGED A \$40 LATE FEE.** If you do not wish to pay via bank draft, payments must be made on a monthly basis. Monthly payments will be due on the first business day of the month by 6:00pm. **ANY PAYMENT MADE AFTER 6:00PM ON THE FIRST OF THE MONTH WILL BE ASSESSED A \$40 LATE FEE.** If payment is **NOT MADE ON TIME, YMCA SERVICES MAY BE SUSPENDED IMMEDIATELY** until my account is brought current. Partial payments of fees are not accepted. Payments are due in full when payable.

\_\_\_\_\_ **CHECK POLICY:** Your personal checks are welcome here with valid identification. If your check or automatic draft is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of **\$30** or the maximum amount allowed by law. The check writer is also responsible for all other check recovery costs, including all attorney's fees, court costs and taxes. **I understand that in the event I present an NSF check, I must make payment in cash or certified funds.**

\_\_\_\_\_ **LOST, DAMAGED OR STOLEN ITEMS:** I understand that the YMCA is not responsible for any items that are lost, damaged or stolen at the YMCA. Please mark your children's names on all clothing, backpacks, swimsuits and towels. Please provide your child with a water bottle EVERY DAY during summer/holiday camps. Children **may not bring** toys, phones, electronic games or other such items. I understand that I am responsible for any damages my child causes to YMCA property/facilities.

\_\_\_\_\_ **WATER SAFETY REQUIREMENT:** The YMCA has implemented a "Pass the Test or Wear the Vest" policy to increase safety of all non-swimmers. Children who cannot pass the swim test must wear a Coast Guard approved personal floatation device (life-vest) to be provided by the parent and kept at the YMCA for swim times in order for the child to attend the program each day during our summer camp program. The parent is responsible for provided a life-vest for the child when special swimming activities are scheduled during the school year. Due to pool regulations, life vests must be worn by all non-swimmers at all swim times whether the child is in the pool or on the pool deck.

\_\_\_\_\_ **APPLICATION OF SUNSCREEN:** According to the Mississippi State Department of Health, sunscreen is considered a medication. **I understand that sunscreen will be administered, unless a written statement of decline is submitted, to children before swim time** in accordance to Mississippi State Department of Health regulations pertaining to medicine and sun safe practices (sec 105.07, 108.05). Please send your child to the YMCA with sunscreen already applied to face, neck, shoulders and any other area on your child in danger of burning.

\_\_\_\_\_ **PARENT HANDBOOK AND MISSISSIPPI STATE CHILD CARE REGULATIONS:** I understand that the YMCA's Parent Handbook including discipline policies and a summary of the Mississippi State Child Care Regulations is located on the YMCA's website at [www.metroYMCAms.org](http://www.metroYMCAms.org). **A hard copy of the YMCA's Parent Handbook is available upon request.** I understand that these policies apply to all children programs at the YMCA. I understand that changes in policy will be posted at the site and that posted policies apply to all childcare programs at the YMCA.

\_\_\_\_\_ **YMCA FAMILY MEMBERSHIP DISCOUNT:** I understand that I must have a YMCA FAMILY MEMBERSHIP and my child must be listed on my YMCA Family Membership in order to receive a discount on childcare fees. Individual YMCA memberships are not eligible for this discount. I must maintain my YMCA Family Membership at all times. I understand that childcare service fees will revert to the higher non-YMCA Family Member rate effective the first week during which my YMCA Family Membership is deactivated.

\_\_\_\_\_ **FULL-TIME CARE FEE:** I understand that the YMCA charges a full-time care fee when full day care is provided 3 or more days in a given week. When school is out, such as parent teacher conferences, teacher in-services or one-day breaks, the YMCA provides full-time care for that day at no additional charge.

\_\_\_\_\_ **CREDITS:** I understand that the YMCA does not credit accounts for missed days. The YMCA provides childcare services by the week and holds a childcare spot for your child while enrolled in the program; therefore, tuition is due regardless of child's attendance at the program. I understand that I am still responsible for childcare fees even though my child may not participate in the YMCA childcare program while suspended from school/suspended from the YMCA childcare program. To ensure your child's place in our programs, payments must be made on their account. If your child is absent for more than 2 weeks, the child will be dropped from the YMCA's roll if payment has not been received. You will be held responsible for those two weeks. Once dropped, you will be required to pay another registration fee.

\_\_\_\_\_ **HOLIDAY CAMPS:** I understand that Thanksgiving, Christmas and Spring Break Camps are separate programs and my child must be enrolled in each program in order to attend. Separate fees apply to these specialty camps and are not included in the YMCA Childcare payment schedule. There is a minimum number of participants required in order for camps to be held. **There are no vacation weeks available for the school age program because fees are not assessed for holiday weeks unless your child attends the program.**

\_\_\_\_\_ **STATE CHILDCARE CERTIFICATE PROGRAM REQUIREMENTS:** If my child is enrolled or should become enrolled in the State's Childcare Certificate Program, I understand that I am responsible for making my required co-pay by the 5<sup>th</sup> of each month and that failure to make the required co-payment on time will be reported to my case manager which may result in the termination of my certificate. I understand that the co-payment is based on either full-time or part-time care and I will be charged accordingly. **I am responsible for field trip fees and any registration fees required.** My child receives 15 vacation days each certificate year (Oct. 1 to Sept. 30) in which my childcare provider is paid for these absences by the state. I understand that once my child has used all available vacation days, **I am responsible for paying the Y the daily reimbursement rate for my child since the state will not reimburse the Y for these missed days.** Payment for these unreimbursed days will be due by the 15<sup>th</sup> of the following month. Failure to comply with this requirement will be reported to my case manager, which may result in the termination of my certificate. If my childcare certificate is terminated, I am responsible for the full childcare fee due unless I apply for financial assistance and enroll my child in the YMCA's Weekly Payment Program. Any outstanding co-payment not received before the 5<sup>th</sup> of each month, and any unreimbursed fees not received by the 15<sup>th</sup> of the following month, are subject to a \$40 late payment fee. **MSDH Certificate # \_\_\_\_\_**

\_\_\_\_\_ **SAFE DROP OFF/PICK UP:** I understand that I am not to leave my child at the YMCA program center unless a YMCA staff is there to receive and supervise my child and that when full day care is provided, I must sign my child in. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs/alcohol, for the child's safety, staff have no recourse but to contact the police. (Please do not put staff in a position where they have to make this call.)

\_\_\_\_\_ **CHILD ABUSE:** I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation. **Corporal punishment is not allowed on the YMCA property or in the YMCA facility.**

\_\_\_\_\_ **Y BABY SIT:** I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program unless I have completed the "Acknowledgement of Outside Relationship" form and it has been submitted to the YMCA Childcare program director. The YMCA will take immediate staff and volunteer disciplinary action (including up to termination of employee or volunteer) if a violation occurs.

\_\_\_\_\_ **TERMINATION:** I understand that the YMCA may terminate my child's enrollment for any of the following reasons: Emergency names and phone numbers are incorrect; Parent is late picking up child after Program Center closes; Non/late/NSF payment of fees; Failure to adhere to the sign-in/sign-out policies; Failure to notify the YMCA that child will be absent; Behavior that is continually disruptive or dangers to others and/or self; Behavior that is destructive to property and/or refusal to replace said property; Any single incident that is deemed by the Childcare Director to be dangerous, harmful or disruptive; Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend, etc.).

\_\_\_\_\_ **NON-PAYMENTS:** I understand that non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I understand that if my child has an outstanding balance from a previous YMCA childcare program, my child will not be allowed to attend any current YMCA childcare program until the outstanding balance is paid in full. I further understand there is an administrative processing fee for any payment returned by my bank or credit account.

**I have read, understand and agree to abide by the YMCA Childcare Program as stated above.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WEEKLY BANK DRAFT INFORMATION**

PARENT NAME		NAME ON CHECK/CREDIT CARD	
ADDRESS	CITY/STATE		ZIP CODE
BANK NAME		CITY/STATE	

**WEEKLY DRAFT – DRAFT WILL OCCUR FRIDAY PRIOR TO THE WEEK SERVICES ARE RENDERED (ONLY FILL OUT ONE OPTION)****OPTION 1: CHECK**

ACCOUNT TYPE _____ CHECKING    _____ SAVINGS	ROUTING NUMBER	ACCOUNT NUMBER
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**OPTION 2: CARD**

CARD TYPE ___ VISA    ___ MC    ___ DISCOVER    ___ AMEX	CARD NUMBER	EXPIRATION DATE	CVC
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Advance childcare payments are required. Registration fee and first week's fees are due at registration. All subsequent fees draft weekly. Drafts will occur the Friday prior to the week services are provided.

**AUTOMATIC DRAFT & CHECK POLICY:** If your Automatic Draft or Personal Check is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of \$30 or the maximum amount allowed by law. You will also be responsible for all other recovery costs, including all attorney's fees, court costs and taxes. You will also be responsible for any uncollected childcare fees. I hereby authorize the YMCA to initiate debits on the above named Financial Institution to pay my weekly YMCA childcare services bill. This authorization is to remain in full force and effect until the YMCA has received a 30 day written notification from me, or until the YMCA or Financial Institution has sent me a 30 day written notice as to the YMCA's or Financial Institution's termination of the agreement. I understand that my weekly draft is subject to change should my membership status change or should the YMCA change its childcare billing rate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH VOIDED CHECK/COPY OR SAVINGS ACCOUNT CARD  
OR  
COPY OF CREDIT/DEBIT CARD TO THIS PAGE**

**WATER SAFETY REQUIREMENT:** My child, \_\_\_\_\_, has permission to be transported by counselors and/or Director to the YMCA swimming pool as determined by the counselors and Directors of the YMCA Afterschool Program. The YMCA has implemented a "Pass the Test or Wear the Vest" policy to increase safety of all non-swimmers. Children who cannot pass the swim test must wear a Coast Guard approved personal flotation device (life-vest) to be provided by the parent and kept at the YMCA for swim times in order for the child to attend the program. Due to pool regulations, life vests must be worn by all non-swimmers at all swim times whether the child is on the pool or on the pool deck. **Parent Signature:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_ **Medication to Bring on Trips:** \_\_\_\_\_

**AFTERSCHOOL PERMISSION SLIP FOR ON-SITE AMENITIES:** My child, \_\_\_\_\_, has permission to be transported by counselors and/or Director to various programming areas of the YMCA location as determined by the counselors and Directors of the YMCA Afterschool Program.

My child attends the: (please check box for your YMCA location)

\_\_\_\_\_ Clinton Family YMCA: Areas include Indoor Soccer Arena, Group Fitness Room(s), Indoor Track and Sports Fields located behind the main building.

\_\_\_\_\_ Reservoir YMCA: Areas include Zip Line, Group Fitness Room(s), Tennis Courts PRV Pavilion/Playgrounds and Sports Fields located in front of main building.

Parent Signature: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Medication to Bring on Trips: \_\_\_\_\_