



CONEJO VALLEY YMCA
2018-2019 CHILD CARE REGISTRATION PACKET
 (M.A.T.E.S.)

DAXKO: _____

Scheduled

PARTICIPANT INFORMATION

FIRST NAME	M.I.	LAST NAME	D.O.B.	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
STREET ADDRESS		CITY	STATE	ZIP
SCHOOL ATTENDING	GRADE	TEACHER'S NAME	CLASS ROOM NUMBER	
M.A.T.E.S.				

PARENT / GUARDIAN INFORMATION

FIRST NAME	M.I.	LAST NAME	D.O.B.	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
PHONE NUMBER	ALTERNATE PHONE	E-MAIL ADDRESS		

PARENT / GUARDIAN INFORMATION

FIRST NAME	M.I.	LAST NAME	D.O.B.	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
PHONE NUMBER	ALTERNATE PHONE	E-MAIL ADDRESS		

AUTHORIZED PICK-UP LIST

Only the parents / guardians listed above and the individuals listed below will be allowed to pick-up the participant from camp (must be at least 18 years of age and present photo I.D. at pick-up):

NAME OF AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD
NAME OF AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD

Full-Time Options (4-5 Days)	Monthly Fee
PM Care 2:45 - 6:00 PM	<input type="checkbox"/> \$402
PM Care 2:45 - 4:45 PM	<input type="checkbox"/> \$235
Kindergarten 1:45 - 2:45 PM	<input type="checkbox"/> \$156
Kindergarten 1:45 - 4:45 PM	<input type="checkbox"/> \$355
Kindergarten 1:45 - 6:00 PM	<input type="checkbox"/> \$489

Part-Time Options (1-3 Days)	Monthly Fee
PM Care 2:45 - 6:00 PM	<input type="checkbox"/> \$340
Kindergarten 1:45 - 6:00 PM	<input type="checkbox"/> \$410
Morning Care Options (4-5 Days)	Monthly Fee
AM Care Only	<input type="checkbox"/> \$195
AM Care Add-On	<input type="checkbox"/> \$65

Start Date of Attendance:		Days Attending:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
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MEDICAL INFORMATION & CARE AUTHORIZATION

PARTICIPANT MEDICAL INFORMATION		
DOCTOR	PHONE NUMBER	OFFICE LOCATION (CITY OR HOSPITAL)
DENTIST	PHONE NUMBER	OFFICE LOCATION (CITY)
HEALTH INSURANCE PROVIDER	POLICY NUMBER	
KNOWN ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL, ETC.)		
PRESCRIBED MEDICATION (DOCTOR'S NOTE REQUIRED)	OTHER NEEDS (BEHAVIORAL CONCERNS, FEARS, ANXIETIES, ETC.)	

The health information as written above is correct to the best of my knowledge and I permit my child to engage in all prescribed YMCA activities. In the event I cannot be reached in an emergency, I give permission to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I hereby give the YMCA staff permission to administer prescribed medication to my child and I agree to provide a note from my child's doctor outlining all prescribed medication procedures. I further acknowledge that the YMCA of Southeast Ventura County does not carry health or accident insurance on its participants and understand that all expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant and his or her parents or guardians.

Name of Parent / Guardian

Signature of Parent / Guardian

Date

PARENT HANDBOOK RECEIPT & ACKNOWLEDGEMENT

I have received a copy of the Conejo Valley YMCA Child Care Parent Handbook and I understand that it is my responsibility to read and become familiar with its contents. I agree to abide by the program requirements and the parent / guardian responsibilities outlined in the handbook. I hereby give the YMCA permission to take, copyright, and publish photographs of my child for promotional purposes. I give permission for my child to be transported by the YMCA staff to field trips in buses and/or vans.

Name of Parent / Guardian

Signature of Parent / Guardian

Date

MEMBERSHIP TERMS AND CONDITIONS

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SOUTHEAST VENTURA COUNTY YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereof and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

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 from any liability for other claims, including loss of property, to the fullest extent of the law.

THE YMCA CONDUCTS regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Name of Primary Adult on Membership

Signature of Primary Adult on Membership

Date

Name of Second Adult on Membership

Signature of Second Adult on Membership

Date

Name of Child

Name of Child

Name of Child

Name of Child



BILLING METHOD AUTHORIZATION CONEJO VALLEY YMCA

Payment Agreement:

I authorize my financial institution to honor preauthorized credit card charges and/or electronic funds transfers against my account for membership, program, and/or contribution payments as indicated below. When my financial institution honors the credit card or E.F.T. by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized credit card or E.F.T. not be honored by said financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. It is further understood that the Y, at its discretion, may resubmit the amount due for payment on a future date if such payment is not honored by the financial institution.

I choose to utilize the Credit Card payment option for monthly payments (automatic direct charge to credit card):

Card Holder Name: _____ Type: AMEX MasterCard Discover VISA

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____ Zip Code: _____

I choose to utilize the E.F.T. option for monthly payments (direct debit from my checking or savings account):

Name on Account: _____ Type: Checking Savings

Routing Number: _____ Account Number: _____

NAME ADDRESS CITY, STATE ZIP	ATTACH A VOIDED CHECK	0123 01-23456789
PAY TO THE ORDER OF _____	DATE _____	\$ <input type="text"/>
VOID		
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR _____		
⑆012345678⑆	01234567890123⑆	0123

ROUTING # ACCOUNT NUMBER

I acknowledge the payment agreement set forth above and agree to adhere to these policies as stated on this form.

Member Name

Signature

Date

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()