



Child's First Name _____ Last Name _____ Birth date _____

REGISTRATION CHECKLIST

FOR ALL PARTICIPANTS

- Program & Plan Selection
- Registration Fee
- Allergies Information
- Permissions Form
- Admissions Agreement
- YMCA Release and Waiver of Liability and Indemnity Agreement for Minors
- LIC 700 Identification and Emergency Information
- LIC 702 Child's Preadmission Health History
- LIC 627 Consent for Emergency Medical Treatment
- LIC 613A Personal Rights
- LIC 995 Notification of Parent's Rights
- Licensed Program ATS Application

IF APPLICABLE

- LIC 9221 Parent Consent of Administration of Medications
- IMS Physician Checklist and Training Log - Epi-Pens
- IMS Physician Checklist and Training Log - Inhaled Medication
- LIC 9166 Nebulizer Care Consent/Verification
- IMS Physician Checklist and Training Log - Glucagon
- IMS Physician Checklist and Training Log - Blood-Glucose Monitoring
- Special Assistance Questionnaire
- Alternative Payment/3rd Party Payment Certificate

PRESCHOOL & INFANT/TODDLER PROGRAMS ONLY

- LIC 701 Physician's Report (Due 30 days from enrollment)
- Lead Blood Test (Due 30 days from enrollment, for programs in City of San Diego)
- Immunization Records

UPON REGISTRATION

- Payment Contract

UPON ENTERING PROGRAM

- Receipt of Participant/Parent's Code of Conduct
- Receipt of Family Handbook



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FOR SOCIAL RESPONSIBILITY

Child's First Name _____ Last Name _____ Birth date _____

PROGRAM & PLAN SELECTION FOR SY 2018-2019

YMCA Branch _____ Program Location (circle): **THRIVE SCHOOLS**

PROGRAM PLAN

<input type="radio"/> Plan 1	AM/PM 5 Day Participant \$343/month + \$50 initial registration fee Family Member \$298/month Days your child will attend: <input type="radio"/> M <input type="radio"/> Tu <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F
<input type="radio"/> Plan 2	AM 5 Day Participant \$162/month + \$50 initial registration fee Family Member \$141/month Days your child will attend: <input type="radio"/> M <input type="radio"/> Tu <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F
<input type="radio"/> Plan 3	PM 5 Day Participant \$260/month + \$50 initial registration fee Family Member \$226/month Days your child will attend: <input type="radio"/> M <input type="radio"/> Tu <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F
<input type="radio"/> Plan 4	AM 3 Day Participant \$127/month + \$50 initial registration fee Family Member \$110/month Days your child will attend: <input type="radio"/> M <input type="radio"/> Tu <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F
<input type="radio"/> Plan 5	PM 3 Day Participant \$199/month + \$50 initial registration fee Family Member \$173/month Days your child will attend: <input type="radio"/> M <input type="radio"/> Tu <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F

INITIAL ATTENDANCE AND FEE SCHEDULE

In order to register your child, you will need to have all forms completed and be prepared to pay the registration fee and first month's tuition. A 10-month payment plan will be completed upon registration.

Rates are billed monthly. The \$50 registration fee is waived with a family membership. Space is not guaranteed until registration and enrollment are complete.



Child's First Name _____ Last Name _____ Birthdate _____

LICENSED PROGRAM REGISTRATION INFORMATION

Child's Gender (optional) _____ Intended Start Date _____

Language Spoken at Home _____ Ethnicity (optional) _____

Registering Parent/Guardian First Name _____ Last Name _____

Place of Employment _____

Mobile Phone Number _____ Email _____

Additional Parent/Guardian First Name _____ Last Name _____

Place of Employment _____

Mobile Phone Number _____ Email _____

Is this additional parent/guardian authorized to make changes to enrollment information? YES NO

Will you be using alternative/3rd party payments?¹ CRS CDA NACCRRRA Other: _____

Does your child have any allergies? YES² NO

Does your child have/use any of the following?
Epi-Pen³ Inhaled Medication⁴ Glucagon⁵ Blood Glucose Monitoring⁶

Will your child be taking any regular medications not listed above? YES⁷ NO

Does your child have any conditions requiring special consideration? YES⁸ NO

For School-Age Programs Only:

School _____ Grade in Fall 2018 _____

- 1. Alternative Payment/3rd Party Certificate must be on file with the YMCA prior to start date.
- 2. Additional Allergies Information Form required.
- 3. Additional IMS Physician Checklist and Training Log for Epi-Pens and LIC 9221 required.
- 4. Additional IMS Physician Checklist and Training Log for Inhaled Medication, LIC 9221 and LIC 9166 required.
- 5. Additional IMS Physician Checklist and Training Log for Glucagon Medication and LIC 9221 required.
- 6. Additional IMS Physician Checklist and Training Log for Blood-Glucose Monitoring and LIC 9221 required.
- 7. Additional LIC 9221 required.
- 8. Must have a conversation with the Program Director for the program prior to enrollment to ensure reasonable accommodations can be provided, additional special assistance questionnaire may be required.



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Child's First Name _____ Last Name _____ Birthdate _____

ALLERGIES INFORMATION

Specific Type of Allergy/Allergies _____

Milk/Dairy

Wheat/Gluten

Medication

Eggs

Berries

Bees/Insects

Nuts

Lotion

Other

Type of reaction(s) my child experiences when having an allergic reaction _____

Procedures to follow if my child comes in contact with the specified allergen(s) _____

Physician/Allergist _____ Phone Number _____

Parent/Guardian Signature _____ Date _____



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WALKING FIELD TRIP PERMISSION

- I hereby give permission for my child to go on all walking field trips. Walking field trips are a regular part of the program curriculum and include visiting other locations at the YMCA/School facility other than our licensed classrooms. Field trips will be under the supervision of YMCA staff at all times.
- I do not give permission.

SUNSCREEN PERMISSION

- I hereby give permission to the YMCA staff to apply sunscreen to my child as indicated on the curriculum calendar and/or daily schedule. I will provide my own sunscreen. (Sunscreen must be given to YMCA staff and labeled with the child's name. It will be kept locked up at the program when not in use.)
- My child will not use sunscreen. I understand that it is my responsibility to ensure that my child is otherwise prepared to be safe from the heat and sun during outdoor curriculum times.

DIAPERING OINTMENT PERMISSION (only for programs that provide diapering)

- I hereby give permission to the YMCA staff to apply topical ointment to my child as needed in the process of diapering my child. I will provide my own ointment. (Ointment must be given to YMCA staff and labeled with the child's name. It will be kept locked up at the program when not in use.)
- N/A

Parent/Guardian Signature _____ Date _____



Child's First Name _____ Last Name _____ Birthdate _____

ADMISSIONS AGREEMENT

Enrollment Start Date: _____

Please read and initial your understanding of the following and sign below:

_____ I have received the Family Handbook and the Participant/Parent Code of Conduct and am responsible for reading and abiding by the Policies and Procedures as set forth by the YMCA.

_____ I understand that I am responsible for ensuring my child is signed in and out of the facility by an authorized adult (18+ years old) on a daily basis and that I may be asked to present a pictured government ID for verification.

_____ I understand that, after completing registration, if there is space available in the program, it will take up to 3 business days before my child can begin attending the program.

_____ My rate will be \$ _____ (to be billed monthly) for _____ days a week in the _____ program. I understand that I will be given a minimum of 30 days notice of any rate changes.

_____ I understand that cancellations and withdrawals from the program are required in writing 10 business days prior to my child's last day in the program. Failure to do so will result in financial responsibility for payment. No refunds are given.

_____ The \$50 registration fee for non-YMCA members and \$100 wait list fee for preschool and infant/toddler programs are non-refundable. The \$100 wait list fee will be applied to the first month of tuition if and when my child is enrolled.

_____ Monthly payments are made via Automatic Transfer System (ATS) on the 10th or 25th for checking accounts and the 15th for credit cards. Notification of changes or corrections must be made in writing 10 business days prior to my billing date via an ATS Form. I understand that it is my responsibility to notify the YMCA of any changes.

_____ A \$10 service fee will be applied to accounts with late payments, returned payments, stopped payments, unpaid balances, and closed accounts and that the service fee may be assessed for each of these reasons independently.

_____ YMCA program participation requires my child's account to be in good standing and that non-payment of any outstanding fees will result in my child not being allowed to participate in any other YMCA programs.

_____ A \$1 per minute fee will be assessed for late pickups past the program closing time.

_____ Program fees are averaged out over the total number of operating days within the year, no credits or refunds will be given for holidays, vacations, weekends, or days when program is not in session.

_____ YMCA staff and volunteers are not allowed to baby-sit, transport, or otherwise be present with participants outside of YMCA programs.



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Child's First Name _____ Last Name _____ Birthdate _____

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s) _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Legal Guardian Signature _____ Date _____

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR ADULTS

Name of Adult(s) _____

In consideration of being permitted to enter the YMCA for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

1. I acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I assume full responsibility for, and risk of, bodily injury, death or property damage except if caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I assume full responsibility for, and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Adult Name (print) _____ Adult Signature _____ Date _____

Adult Name (print) _____ Adult Signature _____ Date _____

Waiver/Consent

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Parent/Legal Guardian Signature _____ Date _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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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

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
()

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)

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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



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YMCA OF SAN DIEGO COUNTY LICENSED PROGRAM ATS APPLICATION

CHILD'S NAME	BIRTH DATE
SCHOOL/PRESCHOOL	
PARENT NAME(S)	

PAYMENT INFORMATION

CHECK OR CARD ACCOUNT HOLDER'S NAME(S)	
CREDIT CARD NUMBER	EXPIRATION DATE
BILLING ADDRESS (STREET NUMBER, STREET NAME, CITY, STATE, ZIP CODE)	
HOME PHONE CELL PHONE	WORK PHONE
EMAIL ADDRESS	

Automatic payments occur monthly.
Checking accounts on the _____ and credit/
debit cards accounts on the _____.

Please Initial: _____

Changes to automatic payments must
be submitted in writing and at least _____
days prior to draft date.

Please Initial: _____

I hereby authorize the YMCA of San Diego County to initiate debits to
the bank/credit account attached. This authority is to remain in full force
and effect until the YMCA or BANK has received the _____ days written
notification from me (us) of its termination in such a manner as to afford
the YMCA or BANK a reasonable opportunity to act on it. A \$ _____
service fee will be applied for accounts returned unpaid, closed, or
payment stopped. I understand there are no refunds given. I understand
it is my responsibility to check my monthly bank statement and report
any corrections immediately to the YMCA.

Check or Card Holder's Signature: _____ Date: _____

FOR CHECKING ACCOUNT PLEASE ATTACH A VOIDED CHECK

DATE RECEIVED	DRAFT BEGIN DATE	FIRST MO. DRAFT FEE	DRAFT DATE	ENTERED CCC	ENTERED EXCEL	COMMENTS

NOTES AND ADJUSTMENTS

ATTACH VOIDED CHECK HERE