OTTAWA YMCA CHILD CARE FORM

DATE_____

PROGRAM (CIRCLE ONE) AFTER SCHOOL/ SUMMER CAMP

GROUP OR SCHOOL_____

Child's First Name: _____ Childs's Last Name: _____

Home Address: _____

Age:_____ Birthdate___/____/_____ Grade _____ ☐ Male ☐ Female

Parental Custody, if applicable: _____

PARENT/LEGAL GUARDIAN -Primary

Full Name: _____ Relation to Child: _____

Cell Phone: _____ Work Phone _____

Home Address: _____

Email: _____ Employer: _____

PARENT/LEGAL GUARDIAN -Secondary

Full Name: _____ Relation to Child: _____

Cell Phone: _____ Work Phone _____

Home Address: _____

Email: _____ Employer: _____

EMERGENCY CONTACTS & PICKUP AUTHORIZATIONS

In addition to parents/legal guardians, ONLY those listed below will be authorized to pick up your child. Please list all additional persons authorized to pick up your child. No child will be released without written permission. Please make sure that all individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by a court order, a copy of the order must be given to the YMCA. Date of birth is REQUIRED for each individual.

ADDITIONAL AUTHORIZED PICKUP (Guardian, Relative, Friend, Babysitter, Etc.)

FULL NAME	CELL PHONE	RELATION TO CAMPER
1.		
2.		
3.		
4.		

PHOTO RELEASE

_____ I Authorize

_____ I Do Not Authorize

My child to be photographed during his/her attendance at the Ottawa YMCA. This consent releases all personnel of the YMCA from liability. This consent gives permission for photographs to be used in publicity for the Ottawa YMCA.

ALERTS

I agree to download the Class DOJO App to recieve communications for my child(ren):

☐Yes ☐No

ADDITIONAL AUTHORIZATION

_____ My child has permission to be transported by and take field trips sponsored by the Ottawa YMCA if signed up for Day Camp or school for our After School Program. I understand any restrictions may require my child to be signed out from the Ottawa YMCA Program and for me to provide alternate care arrangements.

OTTAWA YMCA CHILD CARE REGISTRATION

CHILD HEALTH HISTORY

Current Allergies: _____

_____

Current Dietary Restrictions: _____

_____

May YMCA Staff apply bug repellant to your child? ☐Yes ☐No

May YMCA Staff apply sunscreen to your child? ☐Yes ☐No

Describe any current illnesses, developmental delays, and/or medical conditions the YMCA should know about: _____

_____

List any current medications (prescription and over the counter): _____

_____

Will you be sending the above medicine with your child? ☐Yes ☐No

Reasons for the above medications: _____

_____

PERMISSION TO TREAT:

I hereby give permission to the medical personnel selected by the YMCA Director to provide routine health; to administer medications; to order X-rays, routine tests; treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment, including hospitalization for the person above.

_____

Parent/Guardian Signature:

_____

Date:

the YMCA

OTTAWA CHILD CARE REGISTRATION

YMCA CONSENT FORM

The undersigned, in my individual capacity as parent or guardian, confirm the following statements and give consent for my child to participate in the following stated activities. I understand that if at any time my child cannot participate in the listed activities, it is my obligation to notify, in writing, the YMCA Staff in advance.

- I have read the Ottawa YMCA Summer Camp Parent Handbook or After School Booklet.
- I grant permission for my child(ren) to participate in all planned program activities, inlcuding but not limited to walking trips, special excursions, and to nearby public park facilities.
- I understand my child will be swimming while he/she is in the care of Ottawa YMCA.
- I authorize my child to ride as a passenger in vehicles used by the Ottawa YMCA.
- I have read and understand the YMCA's Discipline Policy.
- I give permission to photocopy all forms.
- In my individual capacity as a parent or guardian of a child participating in the Child Care program, I understand that participation in this program involves certain risks, including but not limited to: personal injury and property damage arising from equipment & activities or other actions from other participants. In consideration of these services provided and understanding the stated risks, I personally and on behalf of my child release the Ottawa YMCA and its staff, agents, volunteers, and all other persons having any affiliation with the YMCA from all liability and claims arising from any occurrence or accident while my child participates in Ottawa YMCA Childcare program.
- I understand that YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I authorize YMCA staff to perform basic first aid covered in the Red Cross First Aid class. This includes but is not limited to: burns, bruises, cuts, nose bleeds, broken bones or fractures, and CPR.
- I understand that any belonging my child(ren) brings to the program is not the responsibility of the staff and any lost, stolen, or damaged items are the responsibility of the child(ren) or parent to replace.
- Children and their families are responsible for any damage or cost associated with their child(ren)'s behavior.
- I understand if my child is throwing up, has a temperature over 100 degrees, diarrhea, pink eye, strep throat, has live ring worm, displays any signs/symptoms of any contagious illness will be asked to leave the program until they are without the above symptoms for 24 hours.
- I understand that program fees are NOT refundable. Clases missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited, or refunded (see brochure for the complete refund policy).
- I understand this facility engages and complies with the background check and clearance procedure through DCFS Child Care Connect.

_____

Parent/Guardian Signature:

_____

Date:

the YMCA

OTTAWA YMCA CHILD CARE REGISTRATION

YMCA FINANCIAL AGREEMENT

Childcare/Camp Financial Agreement:
It is important for the Ottawa YMCA to maintain a balanced financial position to ensure its ability to provide your child with quality care and engaging youth activities. To achieve the stated outcome, the Ottawa YMCA must have your commitment to adhere to the following agreement:

I understand a non-refundable $ 45.00 registration fee must be paid in order to secure a place for my child. I understand the stated registration fee is NOT deducted from my child's tuition.
I understand tuition is paid on a weekly basis and all payments are to be received by the Y the Friday prior to attendance. No credits or refunds are issued on payments if my child has an unscheduled absence.
I understand tuition is due for all days my child is registered for regardless of attendance. Refunds or credits cannot be given for missed time due to illnesses, personal days off, holidays, or vacations.
I understand I will be charged a $30.00 return payment fee for any payment returned for any reason.
I understand that if I am applying for CCC I am responsible for paying the full rate until the approval letter has been received. In the event of cancellation or changes in my CCC payments, I am solely and immediately responsible for the full payments due to cancellation or changes.

I agree to the terms and conditions of the Ottawa YMCA Financial Agreement and wish to enroll my child into the Ottawa YMCA Child Care program.

_____
Parent/Guardian Signature:

_____
Date:

the YMCA

OTTAWA YMCA CHILD CARE REGISTRATION

YMCA DISCIPLINE POLICY

To provide all children in our program the safe, positive, and enjoyable learning environment they deserve, we will be using a discipline plan that utilizes the following steps:

STEP 1: The teacher will give specific instructions for the child

STEP 2: The child will be given a reminder with a redirection consequence if instructions are not followed. The consequence will not be a time-out, but a move from the current situation to another area.

STEP 3: The teacher will follow through by redirecting the child to an alternative activity. If the child continues with inappropriate behavior, he/she will be placed in time-out.

STEP 4: The length of the time out is determined by the child's age: one minute for every year of age.

STEP 5: If the behavior continues over an extended period of time, the director will ask the parents to attend Parent/Teacher/Director conference.

At any time, the Ottawa YMCA may waive the disciplinary procedure and reserves the right to discharge any student without notice for misconduct.

Praise and recognition of good behavior is utilized throughout your child's day.

Conflict Resolution: When children are having difficulties with each other, the staff will give the children involved reasonable opportunities to resolve their differences. The staff will mediate with the children and supply them with problem solving techniques that will help them deal with difficult situations.

Bus Referrals: Safe and appropriate behavior must be followed at all times while riding on all school buses. Bus drivers need to have their full attention on the road. If a child is misbehaving while on the bus, they will receive a warning. If the behavior continues, they will receive a bus referral notice and parents will be notified. Children who receive a third bus referral in a 60 day period will be suspended from coming to our program for three (3) attendance days and a parent/teacher conference will be scheduled. Refunds will not be given for days missed due to suspensions.

Bathroom Accidents & Withholding of Food: Children will not be disciplined for bathroom accidents while in our care and the use of the bathroom will not be used as a form of punishment. The withholding of food or treats will not be used as a form of discipline. However, if a child is using inappropriate behavior, they will be moved to a table away from the group.

Severe Clause: Our goal is to reach all children so everyone can participate in a happy, healthy environment. However, should a child be out of control or, in the judgment of the staff, jeopardizing the safety of the other children or him/her, he/she will be taken out of the group immediately, and a phone call will be made to the parent or guardian to have the child picked up as soon as possible. After a conference with the staff, the child may return to the program. If negative behavior continues, a parent/teacher conference will be set to elicit your help. If it is deemed that your child is unable to behave appropriately in our program or that parents are unwilling to be involved in the correction of the inappropriate behavior, you will be asked to withdraw your child from the program.

I have read and understand the above Discipline Policy.

_____

Parent/Guardian Signature:

_____

Date:

the YMCA

CHILD CARE/CAMP GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS:

I have no medical condition, which would prevent me from participating in all the activities of the YMCA. I personally assume all risks and hazards attendant to the use of the facility, use of the equipment, or participation in programs. I hereby agree to release, absolve, indemnify and hold harmless the Ottawa YMCA, its staff, employees, volunteers, supervisors, instructors, and any other representatives or assigns (collectively, the "Related Parties"). I hereby waive all claims against related parties for any injury, including death any less to theft of or damage to my personal property, or for any other consequential or incidental damage, caused in any manner whatsoever where any such liability is attribute to the absence of ordinary or ever slight care. I agree to save and hold harmless the related parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns arising from the above. I authorize the YMCA Adventure Club staff to secure EMERGENCY medical care for my child when I cannot be immediately reached at the time of emergency. I HAVE READ THIS GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS. I UNDERSTAND THE TERMS OF THIS DOCUMENT, AND I UNDERSTAND THT I AM WAIVING MY RIGHTS TO ANY CLAIMS AGAINST THE RELATED PARTIES, AND SIGN IT FREELY AND VOLUNTARILY.

PHOTO RELEASE:

I authorize the Ottawa YMCA to photograph my child during his/her attendance a the Ottawa YMCA. This consent releases all personnel of the YMCA from liability. This consent gives permission for photographs to be used in publicity for the Ottawa YMCA.

CHILD CARE/CAMP CONVICTED CHILD SEX OFFENDER RESTRICTION:

Any individual whose name appears on a county distributed list of child sex offenders shall be denied membership program participation at the Ottawa YMCA. Any individual on the list shall have the right to appeal this decision to the Ottawa YMCA Executive Committee within 60 days of applying for a membership or for program participation. The decision of the Executive Committee is final. Applicant/Member is ineligible to participate while appeal is pending. Any current member or program participant found on this list shall be given immediate written notice of the cancellation of their membership and has the opportunity to appeal. Furthermore, the question "Have you ever been or are currently required to register as a criminal sex offender?" will appear on all membership applications effective May 1, 1998. Date of Board action 04-16-1998. MY SIGNATURE BELOW INDICATES I HAVE READ THIS STATEMENT AND THAT NEITHER I NOR ANY MEMBER OF MY FAMILY HAS BEEN CONVICTED AS A CHILD SEX OFFENDER.

I have read and understand the above restrictions and releases.

_____

Parent/Guardian Signature:

_____

Date:

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence The Ottawa YMCA and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in any activity involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature _____Print Name _____

Address_____ City _____State _____Zip _____

Telephone ( )_____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian_____ Print Name_____ Date _____

(If notarization is necessary, please sign & stamp this side of form.)