



Preschool Registration Santa Maria Valley YMCA School Year 2020 - 2021

Start Date _____
Registered by: _____

How did you hear about our program? _____

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

Address: _____

City: _____ State: _____ Zip _____

Home Phone: (____) _____ E-mail: _____

Sex: _____ Birthdate: _____ Age: _____ Previous Day Care or Preschool: _____

Ethnicity: Latino/a White/Euro-American Asian/Pacific Islander Black/African American American Indian Other _____

Mother/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Father/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Emergency Contact (other than parents or physician): _____ Relationship: _____

Phone: (____) _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of: (medications, allergies or other)? _____

Physician _____ Date of last examination: _____ Immunizations current? Yes No

Physician Address: _____ Phone (____) _____

Dentist _____ Phone (____) _____

Dentist Address _____

Persons Authorized to pick-up child (must be at least 18 years)

Mother/Guardian yes no Father/Guardian yes no

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Persons NEVER Authorized to pick-up child (Please attach legal documentation if available)

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Santa Maria Valley YMCA.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

****We consider it of great importance to provide a safe and threat-free environment. For this reason the YMCA monitors the sexual offender registry. Persons on the list will not be eligible for membership, program participation, volunteer or employment opportunities with this Y.****

Signature of Parent/Guardian: _____ Date: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's First Name: _____ MI: ___ Last Name: _____

Please enroll my child in the YMCA Preschool. I have enclosed a \$50 non-refundable registration fee and have chosen the following options:

YMCA Preschool <input type="checkbox"/> 5 Full Days \$818

Please choose
ONE drop off
slot and **ONE**
pick up slot.



Drop off/Pick up Times <input type="checkbox"/> 8:00-8:30am OR <input type="checkbox"/> 8:30-9:00am <input type="checkbox"/> 4-4:30pm OR <input type="checkbox"/> 4:30-5:00PM
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If requesting financial assistance, all documents must be submitted three days prior to registration deadline.

Payment Method Options:

- Credit Card* *(please make a clear copy of your credit card to set up for Bank Draft)*
- Check* *(please attach a voided check to set up for Bank Draft)*
- Bank draft* *(please complete section below) I authorize the YMCA to debit my account monthly as stated*

A voided check or copy of your credit card must be attached for bank draft payment.

Which day of the month would you like your account charged ___ 1st ___ Split ½ on the 1st ½ on the 15th (bank draft only)

Name as it appears on card/checking account: _____

Card Number or routing number (if using a checking account): _____

Expiration Date: (mm/yy) or checking account number: _____

Signature: _____

Parent/Guardian is responsible for making tuition payments on time each month. Payment must be received on the 1st of the month, or 1st and 15th, if you opted for split payments. A \$20 late fee will be charged one day after payment is not received.



3rd party funding – If you receive **3rd party funding** for Child Care, an award contract must be initiated. The agency will notify the YMCA for approval. For **3rd party funding** information and eligibility please call Dept. of Social Services

Caseworker: _____ Phone: () _____

Signature of Parent or guardian _____ Date _____