

2009-2010 YMCA Early Learning Center Registration Form

Last Name of Child _____ First Name of Child _____

Approval and Release of Liability

I am the parent/guardian of the above named child and give my permission for the child to participate in the YMCA Early Learning Center and it's activities which may include (but are not limited to) outdoor play, sports skills, swimming, and occasional field trips. I give my permission for the child to ride the YMCA bus to and from field trips.

I hereby release the Family YMCA of Martinsville & Henry Co., and all establishments where field trips are conducted, including but not limited to the Family YMCA of Martinsville & Henry Co., from any responsibility or liability for injury to the above named child, while participating in a YMCA program. In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs, is a waiver of all claims that I, my child, or other family members, or my insurance carrier would have against the Family YMCA of Martinsville & Henry Co., its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible. Parent/guardian must also inform the YMCA within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and **in the event that I cannot be reached in an emergency**, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

Signature of Parent or Legal Guardian _____ Date _____

PARENT OR GUARDIAN MUST READ, INITIAL, AND COMPLY WITH EACH OF THE FOLLOWING:

- _____ I understand that I am fully responsible for reading the Parent Handbook and any other information distributed to parents and will comply with all policies.
- _____ I understand that my child can be terminated from the program without warning for any type of violent behavior (see parent handbook for Discipline Policy) and/or parents failure to make weekly payments.
- _____ I have attached (or previously submitted) and the YMCA staff has verified, that a copy of my child's Physical and Immunization Records and Birth Certificate has been submitted to the YMCA.

Personal Information

Enrollment date: _____ Are you a YMCA member? yes no

Please list the names and ages of brothers and sisters living in the same home: _____

Please list any brothers or sisters who live elsewhere: _____

Are the parents: Married to each other Separated Divorced Other _____

Please list other family members in the home or very close to the child. Give any special name your child has for them: _____

What other group experience has your child had? _____

What goals do you have for your child in preschool? _____

Does your child have any special needs that we need to be aware of? _____

Does your child have a special belonging or toy that provides security? If so please explain. _____

What is your child's bedtime? _____

Does your child eat breakfast before coming to preschool? yes no

Is there any other information about your child that you would like to share with his/her teachers? Please explain _____