



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

ENSURE A BRIGHTER FUTURE

**AFTERSCHOOL CHILDCARE REGISTRATION PACKET
2011-2012**

Lompoc Family YMCA
A branch of the Channel Islands YMCA

805.736.3483

ciymca.org



Afterschool Care Fee Schedule

Packages & Rates

***We now require an annual program membership in order to participate in our childcare and camp programs:
\$30 for single and \$50 for family**

Full Time Plan : includes 5 days/week of Afterschool Care (Camps are an additional charge).

Part Time Plan : includes 3 days/week of Afterschool Care, predetermined (Camps are an additional charge).

Please check the site you would like your child to attend.

- Buena Vista
 Los Berros
 Fillmore
 La Canada
 Miguelito

Please circle the days your child will participate at the YMCA Afterschool Care:

Monday Tuesday Wednesday Thursday Friday

**Full Time (5 days a week)
6:30 am—8:00am & 2:00 pm—6:00 pm**

- Morning and Afterschool = \$350/ month (Buena Vista Only)
 Afterschool = \$295/ month

**Part Time (3 days a week)
Kinder—6rd Grade 2:00 pm—6:00 pm**

- Morning and Afterschool = \$275/ month (Buena Vista Only)
 Afterschool = \$220/ month

**Minimum Days/Miguelito Site
Minimum days exclude Buena Vista and Los Berros**

- Minimum Days or 1 day a week = \$65/month
 Miguelito is \$125/month no exceptions or special rates.

How did you
hear about us?

- School
 Friend
 Newspaper
 Flyer
 Website
 Other _____

Drop-In Child Care*

- \$25 per Day
 (*due at pick-up)

Please read and initial below:

_____ I understand all billing and due dates presented in my parent handbook. If using EFT I have filled out the attached EFT form with a voided check or credit card information.

_____ I understand that additional fees are required for all Camps. (Except for those enrolled in the "Year Round Program")

Parent/Guardian Signature

Date

EMERGENCY/HEALTH INFORMATION HISTORY FORM

General Information (Please print)

Child's Name: _____ Age _____ M ___ F ___ Grade in Sept '10 _____

Address: _____ City _____ Zip _____

Home Phone: _____ School: _____ Birthday: ____/____/____

Father's Name _____ Father's Birthday: ____/____/____

Father's Work Phone _____ Father's Cell Phone _____

Father's E-Mail Address _____ Mother's E-Mail Address _____

Mother's Name _____ Mother's Birthday: ____/____/____

Mother's Work Phone _____ Mother's Cell Phone _____

Child lives with _____ Relationship _____

Please attach copies of any legal documentation regarding non-custodial parents

Health Information

Has your child had any serious or severe illnesses or accidents in the last 3 years? Yes No

If yes, explain _____

Does the child take any medication during the day? Yes No

If yes, **Medication Release Form is required.** Please list medications: _____

Allergies? Yes No If yes, list: _____

Please check all immunizations which are current:

POLIO DTP MMR HIB HEB A HEB B CHICKEN POX

Special needs or fears? Yes No If yes, explain: _____

Physician: _____ Phone: _____

Dentist : _____ Phone: _____

Insurance Co: _____ Group #: _____

Emergency Contacts/ Authorized Pick-Up (In addition to Parents)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I hereby give permission to Channel Islands YMCA and it's employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

Parent's or Legal Guardian's Signature: _____ **Date:** _____

Walking Fieldtrip permission, Consent to Treatment and Release, Child's Health Statement, Photographic Release, and Insurance Disclaimer

Child's Name (Please Print) _____

PERMISSION FOR FIELDTRIPS, WALKING FIELDTRIPS, WALKING EXCURSIONS, AND USE OF PUBLIC PARK FACILITIES

I hereby give consent to the Channel Islands YMCA and its designated leaders to take the above named child on walking trips in the neighborhood, public park facilities, special excursions to places of interest in YMCA vans, buses, commercial vehicles, public transportation, or rented vans or buses, with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child.

Initial _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent [], domestic partner [], or authorized representative [], I hereby give consent to Channel Islands YMCA to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D) Osteopath (D.O.) or Dentist (D.D.S.) for the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of a child named above.

Initial _____

CHILD'S HEALTH STATEMENT

I, the undersigned parent/legal guardian, understand that at a YMCA Camp Program and Childcare Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the Emergency/Health Information Form) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Channel Islands YMCA of any restrictions on my child's activities.

Initial _____

PHOTOGRAPHIC RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of the above named child for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Initial _____

INSURANCE DISCLAIMER

Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant's parents or guardians.

Initial _____

PARTICIPANT SWIM ABILITY ASSESSMENT FOR MINOR :

The YMCA program may include aquatic activities at a pool, beach or other location with water. Your initial below authorizes your child to participate in swimming activities.

Please check the box below with the description that most closely fits the participant.

- Type 1: Does not know how to swim or is uncomfortable or nervous around water. Cannot put their face in the water, hold their breath, right themselves or float.
- Type 2: Can hold their breath, fully submerge their head under water, right themselves, float unsupported for five (5) seconds, flutter kick and can turn over from front and back. Is uncomfortable in water over their head and is unable to propel themselves beyond ten (10) yards.
- Type 3: Comfortable in deep water, can demonstrate basic swimming stroke techniques with controlled breathing, can propel themselves twenty five (25) meters and tread water for two minutes.
- Type 4: Comfortable in deep water, can demonstrate advanced swimming stroke techniques with controlled breathing, can continuously propel themselves for a minimum of 100 meters, tread water for four (4) minutes and swim fifteen (15) meters under water.

Initial: _____

PERMISSION FOR AUTHORIZING USE OF SUNSCREEN:

I understand that providers now must have written permission from parents authorizing use of sunscreen and identifying the Sunscreen Brand and Sun Protection Factor (SPF) to be used on children. The Channel Islands YMCA is trying to avoid the possibility of an allergic reaction.

I hereby give consent to the Channel Islands YMCA and its designated leaders to apply sunscreen, which I have provided for my child during the YMCA program. The staff may use the brand provided by the Channel Islands YMCA in the event my child does not have their own sunscreen.

Sunscreen provided by parent: (brand) _____ SPF: _____

Sunscreen provided by YMCA: (brand) Rocky Mountain Sunscreen SPF: 35

I understand that I am required to provide my sunscreen for my child and I authorize the YMCA Staff to directly apply the sunscreen to my child.

Initial: _____

CODE OF CONDUCT FOR ALL PARTICIPANTS:

By Submitting this application, you, for yourself or on behalf of your minor child, agree to abide by the policies and conditions of the Channel Islands YMCA Association "Code of Conduct." The "Code of Conduct" can be found at the front service center of your local YMCA.

Initial: _____

MANDATED REPORTING:

I understand that the YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Initial: _____

I HAVE READ AND AGREE TO THE ABOVE INFORMATION:

Parent or Legal Guardian's Signature

Date

Printed Name

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 Community Care Licensing		
ADDRESS 6500 Hollister Ave Suite 200		
CITY Goleta	ZIP CODE 93117	AREA CODE/TELEPHONE NUMBER 805.562.0400

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: Community Care Licensing

Licensing Office Address: 6500 Hollister Ave Suite 200, Goleta 93117

Licensing Office Telephone #: 805.562.0400

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

EFT* (Electronic Funds Transfer) AGREEMENT

*required for all child care participants

Monthly Payments:

Monthly Payments are automatically deducted from your bank account or credit card account on the **6th or the 20th** of each month. Because you authorize the transfer of money from your account to ours on a monthly basis, it is imperative that we are informed of any account and/or address changes. A voided check from the new account and any payments due will be needed to complete the transfer if your account changes. It is your responsibility to check your monthly bank statement to ensure that the proper transaction has taken place. Your monthly bank statement is your receipt of payment.

CANCELLATIONS:

Your EFT payments continue automatically through May of 2011 for Full time or part time program (December and June are considered one month tuition), or until August 2011 for the Year Round Program (including camps).

If you wish to discontinue EFT payments, you must give the Child Care Department **30 days** written notice prior to your withdrawal date. The YMCA does not take responsibility for cancelling your bank draft before May.

NON-DRAFTS:

If we are unable to draft payment from your account due to insufficient funds the YMCA will automatically resubmit the transfer for the next transfer date. A \$20 service charge will be added to your monthly tuition. If the second transfer is also returned payment must be made by cash, credit card or money order within 2 working days of notification.

Continued non-drafts on your account will result in cancellation from the Child Care program.

Please read and initial/sign below:

___ I hereby authorize the YMCA to initiate withdrawals in the full tuition amount from the bank account or credit card indicated below.

___ I understand that this authority is to remain in effect until the YMCA has received 30 days written notification regarding termination or until May 2011 for Full Time or Part Time Program, until August 2011 for Year Round Program.

___ I have read and agree to abide by the above described EFT Guidelines.

Print Name: _____ Signature: _____ Date: _____

Child's Name: _____ Program Attending: _____ Start Date: _____

I would like my payment withdrawn on the (check one): 6th 20th of each month

PLEASE ATTATCH A VOIDED CHECK TO THIS DOCUMENT OR FILL OUT THE CREDIT CARD INFORMATION BELOW.

Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Name as shown on credit card: _____
Credit Card Number: _____ Issued By: _____
Expiration date: ____ / ____ Security Code (3 or 4 digit code on back of the card): _____
Billing Address: _____
_____ Zip: _____

**CHANNEL ISLANDS YMCA
MEMBER/CHILDREN
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the premises, facilities, services and programs of the Channel Islands YMCA, 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 the affiliated program. It is further warranted that such entry onto the YMCA's facilities 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 thereon 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 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 therefore 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 YMCA's 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 HEREBY 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 YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Print Name: _____

Signature of Applicant/Parent: _____

Signature of other Adult: _____

Name of Child in Program: _____

Name of Child in Program: _____

Name of Child in Program: _____

CHANNEL ISLANDS YMCA

Branches:

**Camarillo – Lompoc – Montecito – Santa Barbara
Stuart C. Gildred – Ventura – Youth & Family Services**

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.

I understand that YMCA staff are not allowed to babysit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have received a copy of the YMCA Handbook. I have read and understand the statements above and in the YMCA Handbook:

(Please check one)

Preschool
Handbook

Afterschool
Handbook

Camp
Handbook

Parent or Legal Guardian's Signature

Date