



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Member/Program Number: \_\_\_\_\_

# PETAL Afterschool 2019-20

School \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE NOTE: Registration fee & 1<sup>st</sup> MONTH'S Payment MUST accompany this form.**

## CHILD'S INFORMATION – PLEASE PRINT

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ SEX:  MALE  FEMALE

NAME THE CHILD IS CALLED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CURRENT SCHOOL GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

Ethnicity:  Asian  African/American  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

## PARENT(S)/GUARDIAN(S) INFORMATION:

GUARDIAN 1 FULL NAME: \_\_\_\_\_ PLACE OF BUSINESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ W Ph: \_\_\_\_\_ D.O.B. \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Ethnicity:  Asian  African/American  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

GUARDIAN 2 FULL NAME: \_\_\_\_\_ PLACE OF BUSINESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ W Ph: \_\_\_\_\_ D.O.B. \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Ethnicity:  Asian  African/American  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

## CONTACTS IN CASE OF AN EMERGENCY IF PARENT CANNOT BE LOCATED

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____

## PARENTS PLUS OTHERS AUTHORIZED TO PICK UP/BRING YOUR CHILD TO CAMP:

**Must be prepared to show picture ID. See Handbook, page 4, Section 5.**

NAME:	PHONE :	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please indicate any medical or behavioral conditions that we should be aware of, including any allergies

\_\_\_\_\_  
\_\_\_\_\_

PARENT or GUARDIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE, SIGN AND DATE EACH OF THE SECTIONS THAT FOLLOW:**

**Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability:** Member agrees to cooperate with others in the accomplishment of the YMCA's accepted purpose. Member assumes all risks of the injury arising out of his or her presence on or about the premises or at another location, use of or intended use of equipment and facilities, or his or her participation in the activities of The Family YMCA, a not for profit corporation, and does hereby for himself, heirs, executors and administrators, **waive release and agree to hold free from all claims for damages** The Family YMCA, its branches, respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity or promotions. I declare myself/household to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my household to the policies and procedures of The Family YMCA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

**PLEASE NOTE:** In case of emergency, if your child is transported to a medical facility, The Family Y/Petal Family Y will not assume responsibility for medical costs incurred. You will be responsible for these costs. We expect you to have personal medical insurance to respond to your child's sickness or injury. If you are unable to afford personal insurance, you will be expected to carry "CHIP" Children's Health Insurance Program, from the State of Mississippi. Insurance carried by The Family Y/Petal Family Y is designed to be secondary to personal insurance. In the event the secondary insurance from The Family Y/Petal Family Y is utilized, you will be responsible for the \$100 deductible per injury.

The Family Y has permission to obtain emergency medical treatment for my child.

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHYSICIAN'S PHONE #: \_\_\_\_\_ LIST ALLERGIES YOUR CHILD MAY HAVE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY ID#: \_\_\_\_\_

I RECEIVED A CHIPS APPLICATION: SIGNATURE \_\_\_\_\_ WITNESS: \_\_\_\_\_

**PHOTOGRAPHY/VIDEO PERMISSION**

I DO DO NOT give my permission for my child to be photographed or videotaped at the Petal Family YMCA and use the resulting photographs for any purpose The Family Y deems proper, and I relinquish all rights, title, and interest in the finished photographs and negatives.

CHILD'S NAME: \_\_\_\_\_

SIGNATURE: (Parent or Guardian) \_\_\_\_\_ DATE: \_\_\_\_\_

**FIELD TRIP/TRANSPORTATION PERMISSION**

My child DOES DOES NOT have permission to participate in field trips and special activities at the Petal Family Y. I understand that I will receive additional information before each individual trip/activity and will make arrangements with the center if I do not wish for my child to participate.

CHILD'S NAME: \_\_\_\_\_

SIGNATURE: (Parent or Guardian) \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT AND DISCLAIMER**

The undersigned does hereby acknowledge that he/she has received a copy of the handbook for parents, which includes a summary of Mississippi standards for childcare centers, child abuse laws, and communicable disease regulations. That he/she has read and understands its contents, and that all policies aforesaid will be complied with by the undersigned. The undersigned hereby certifies to comply with the terms and conditions concerning fee payment and medical requirements concerning his/her child.

PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_



# PETAL Afterschool 2019-20

## Enrollment Schedule

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Your child will be picked up **THE DAY FOLLOWING** registration at The YMCA, not the day of registration. My child will start Afterschool at the PETAL YMCA on:

Day: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

YMCA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INFORMATION

Registration Fee \$50.00 per child \_\_\_\_\_

NON- REFUNDABLE (no scholarships/discounts)

1<sup>st</sup> month ***first*** child (Scholarship \_\_\_% ) \_\_\_\_\_

\$20.00 off ***second*** child (Scholarship \_\_\_% ) \_\_\_\_\_

\$20.00 off ***third*** child (Scholarship \_\_\_% ) \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

YMCA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Help us make a difference in a child's life – donate to the YMCA Campaign for Youth & Families.***

The Family YMCA and Petal YMCA serve the greater Pine Belt area by awarding fee assistance to those in need...and ***we are always looking for people with a heart to give.***

The YMCA never turns anyone away because of an inability to pay – that's why contributions to the YMCA's Campaign for Youth and Families are so important. They provide much-needed, fee assistance to hundreds of kids, families and active adults, allowing them to benefit from YMCA membership and programming. ***If we can strengthen the life of one child or family, we can strengthen the foundation of our community. If you believe in what we do, the Campaign for Youth & Families is one way you can help; just add to your weekly rate.***

\$2 per month     \$ 5 per month     \$10 per month     \$15 per month     \$20 per month

**Other** \_\_\_\_\_  Please accept this one-time contribution of \$ \_\_\_\_\_ to Youth & Families Campaign

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHECK LIST

# PETAL Afterschool 2019-20

**YMCA Personnel: Use this form to check each area of the application for completion. Registration cannot be completed if the information in each section (including Insurance) is not complete and if payment is not made for registration fee and first month.**

\_\_\_ 1. Application

\_\_\_ Parent/Guardian Information with **Date of Birth**

\_\_\_ Emergency Contact

\_\_\_ Parental authorization (signed and dated) for people authorized to pick-up and drop off child

\_\_\_ Special Needs (signed and dated)

\_\_\_ YMCA Permission for Enrollment and Release

\_\_\_ Parental authorization (signed and dated) for emergency medical treatment.  
**This must include insurance information.**

\_\_\_ Parental authorization (signed and dated) for any photography/video of participant

\_\_\_ Parental authorization (signed and dated) for field trips/transportation

\_\_\_ 2. Enrollment/ Payment Policy (signed and dated)

\_\_\_ 3.Registration Payment Sheet (for staff)

\_\_\_ 4.Copy of Camp Policies and Procedures (given to parent/guardian), which includes Mississippi Child Abuse Law and Child Care Regulation Summary for Parents

**All information above is complete as initialed.**

**Date Completed:** \_\_\_\_\_

**Signature of Staff:** \_\_\_\_\_