



SCHEU FAMILY YMCA OF UPLAND
Child Care
REGISTRATION PACKET

CHILD'S NAME _____
DATE OF BIRTH _____
ALLERGIES _____

SCHOOL CHILD ATTENDS _____
START DATE _____
DATE OF WITHDRAWAL _____
REASON FOR WITHDRAWAL _____

COVER SHEET _____
EMERGENCY IDENTIFICATION SHEET _____
HEALTH HISTORY _____
CONSENT TO MEDICAL _____
PERSONAL RIGHTS _____
PARENTS RIGHTS _____
CONSENT/RELEASE FORM _____
PARENT RESPONSIBILITY _____
CHILDCARE PICK-UP POLICY (OPTIONAL) _____
ACKNOWLEDGEMENT FO LICENSING REPORTS _____
INDEMNITY AGREEMENT _____

PARENT HANDBOOK ACKNOWLEDGEMENT _____

My signature on this form acknowledges that I have received a copy of the Scheu Family YMCA of Upland's Childcare Parent Handbook and all documents contained within this registration packet.

Parents Printed Name: _____

Parents Signature: _____

Date: _____

We build strong kids, strong families, strong communities.

**Scheu Family YMCA
CHILDCARE/DAY CAMP
REGISTRATION PACKET**

Participant Information

Fall

Summer

Name of child: _____

DOB: _____ Gender: F / M Age: _____ Weight: _____ (if under 6yrs)

Grade: 1 2 3 4 5 6

Swim Level: **Non-Swimmer** **Somewhat Comfortable** **Advanced Swimmer**

School Child Attends: (NON-KINDER) _____

Program Start Date:(NON-KINDER) _____

YMCA CHILDCARE SITES Select One Only	PROGRAMS (non-Kinder) Select Shift & Number of Days	
Baldyview	Before	3 Days
Cabrillo	After	or
Sycamore	Before & After	5 Days
Upland		
Valencia		

OFFICE USE ONLY

Van Route

Pickup School Site & Time	School	Time
Drop Off School Site & Time	School	Time

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR _____

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
--	------

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
		<input type="checkbox"/> Poliomyelitis	
		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
		<input type="checkbox"/> Three-Day Measles (Rubella)	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST _____ LUNCH _____ DINNER _____	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
--------------------	------



YMCA
We build strong, kids,
strong families and strong communities

CHILDCARE PICK-UP POLICY

Community Care Licensing requires that parents who allow children to be picked up by older siblings need to sign an agreement with the YMCA. It is important that the below form is signed, dated and returned to your site director or the Upland YMCA office.

The Upland YMCA does not allow for siblings under the age of 18 to pick-up children in the program, except for the 20 minute program. This program is designed as a community service and to enable older children to pick-up their younger siblings directly after school.

Thank you for your cooperation.

I give permission for _____
(Child's Name)

to be picked-up and signed out by their older sibling from the Upland YMCA childcare facility. The older sibling who is authorized to pick up my younger child
is _____
(Authorized older sibling)

(Signature)

(Date)

PERSONAL RIGHTS**Child Care Facilities**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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 3737 Main St. Ste. 700		
CITY Riverside, Ca.	ZIP CODE 92501	AREA CODE/TELEPHONE NUMBER (909) 782-4200

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) Upland YMCA	(PRINT THE ADDRESS OF THE FACILITY) 1325 San Bernardino Rd. Upland, Ca. 91786
(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: Communtly Care Licensing

Licensing Office Address: 3737 Main St. Riverside CA 92501

Licensing Office Telephone #: (951)782-4200

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 (12/08)

(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.

Upland YMCA

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

LIC 995 (12/08)



YMCA
We build strong kids,
strong families and strong communities
Scheu Family YMCA of Upland Childcare & Day Camp Programs

FIELD TRIP RELEASE

My child(ren) have my permission to go on trips scheduled as part of the activities of the Childcare & Day Camp program while he/she is enrolled in the program.

Trips may include **but are not limited to:**

- Walks to local parks (periodic)
- Amusement parks
- Upland High School pool
- Chino Valley YMCA pool
- Nickle Nickle
- Scandia

Signature of Parent/Guardian

TRANSPORTATION RELEASE

The Upland YMCA has permission to transport my child(ren). Exact date, time of departure, time of return, and destination shall be provided to parents/guardian prior to all trips.

- Trip transportation may include van and/or bus transportation

Signature of Parent/Guardian

PHOTO RELEASE

I understand that my child(ren) may occasionally be photographed in connection with various YMCA program activities. The YMCA staff has my permission to release such photographs to the media for publication.

Signature of Parent/Guardian



YMCA
We build strong, kids,
strong families and strong communities

Acknowledgement of Responsibility
Scheu Family YMCA of Upland Child Care

I, _____ parent of _____ understand and agree to the following Upland YMCA Childcare Program policies:

Fees are due by 8 a.m. on the Monday of the week of attendance.

Initial

If parents fail to pay delinquent fees within one week of their due date, then their child will be suspended from the Upland YMCA Childcare program.

Initial

All payments must be handled through the Upland YMCA main office.

Initial

The Sign In and Out sheets must be signed daily. There is a \$5 charge for each missing signature.

Initial

The Upland YMCA main office must be notified two weeks in advance of any leave of absence/vacation. Failure to do so will result in payment of full tuition for those 2 weeks.

Initial

If your child is going to be absent from the program on a particular day, the YMCA office must be notified before 8:30am the day of absence.

Initial

A \$15 late pick- up fee will be charged for every fifteen minute increment that parents are late picking up their child, starting at 6:31 p.m.

Initial

The signature on this form hereby acknowledges that I have received, read, and understand the Upland YMCA Child Care Policies and Procedures Handbook.

Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____, currently attending or newly enrolled at _____ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: _____

- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: _____

- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: _____

- As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED:

**WEST END YMCA
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the 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 into the YMCA 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 THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HERBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, 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 therefor 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.

2. 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 of such children in, upon or about the YMCA 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 negligence of the releasees or otherwise.

3. THE UNDERSIGNED HERBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasee 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 the 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 of inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Date _____

Signature of Applicant/Parent

Name of Child in Program

Name of Child in Program

Name of Child in Program

WEST END YMCA
ACUERDO DE EXONERACIÓN Y CESIÓN
DE RESPONSABILIDAD CIVIL E INDEMNIZACIÓN

EN CONSIDERACIÓN de haber sido otorgado permiso del uso de las instalaciones, servicios y programas del YMCA (o para que un menor participe en ellos) por cualquier propósito, incluyendo, pero sin limitarse, a la observación o uso de los equipos de las instalaciones, o participación en cualquier programa en otro sitio pero afiliado al YMCA, el/la que firma, por si mismo(a) y en nombre de cualquier menor participante, representante, heredero y pariente, reconoce, acuerda y asevera que ha inspeccionado y cuidadosamente considerado, o que inmediatamente antes de ingresar o participar inspeccionará y cuidadosamente considerará las premisas e instalaciones del programa afiliado. Además, queda sobreentendido que tal ingreso al YMCA para observación o uso de cualquiera de los equipos de las instalaciones o la participación en tales programas afiliados, constituirán un reconocimiento de que tales premisas, toda instalación, los equipos de las mismas y tales programas afiliados han sido inspeccionados y cuidadosamente considerados y que el/la que firma los halla y los acepta como seguros y razonablemente adecuados para los propósitos de tales observaciones, uso o participación por su parte o del menor.

ADEMÁS DE CONSIDERAR EL HABER SIDO OTORGADO PERMISO PARA INGRESAR AL YMCA PARA CUALQUIER PROPOSITO INCLUYENDO, PERO NO LIMITANDOSE, A LA OBSERVACIÓN O USO DE LAS INSTALACIONES Y EQUIPOS, O LA PARTICIPACIÓN EN CUALQUIER PROGRAMA AFILIADO AL YMCA, EL/LA QUE FIRMA ACUERDA LO SIGUIENTE:

1. EL LA QUE FIRMA, POR SU PARTE Y LA DEL MENOR, EXIME, CEDE, LIBERA Y GARANTIZA NO DEMANDAR AL YMCA, sus directores, oficiales, empleados y agentes (de aquí en adelante se refirirá a estos como los eximidos) por cualquier responsabilidad hacia el/la que firma, o el menor, sus representantes, herederos y parientes, por cualquier pérdida o daño y cualquier reclamo o demanda por los mismos, con relación a lesiones a la persona o a la propiedad o que causarán la muerte a el/la que firma o al menor, haya sido a causa de negligencia del eximido o no, mientras el/la que firma o el menor esté en, dentro o en los alrededores de las premisas o cualquiera de los equipos de las instalaciones o participando en cualquier programa afiliado al YMCA.

2. EL/LA QUE FIRMA ACUERDA INDEMNIFICAR, SALVAGUARDAR Y NO PERJUDICAR a ninguno de los eximidos por cualquier pérdida, responsabilidad, daño o costo que pudiera tener, debido a la presencia de el/la que firma o del menor en, dentro o en las instalaciones del YMCA, o participando en cualquier programa afiliado al YMCA, haya sido a causa de la negligencia del eximido o no.

3. EL/LA QUE FIRMA ASUME COMPLETA RESPONSABILIDAD Y LOS RIESGOS DE LESIONES CORPORALES, MUERTE O DAÑO A LA PROPIEDAD a el/la que firma o al menor debido a la negligencia del eximido o no, mientras esté en, dentro o en los alrededores de las premisas del YMCA, y/o mientras esté usando las premisas o cualquiera de los equipos de las instalaciones, o participando en cualquier programa afiliado al YMCA.

EL/LA QUE FIRMA además acuerda expresamente que este ACUERDO DE EXONERACIÓN, CESIÓN E INDEMNIZACIÓN ha de ser tan amplio e inclusivo como la permita la Ley del Estado de California y que si cualquier parte del mismo fuera invalidado, se acuerda que el saldo, no obstante, continuará en plena fuerza y efecto.

EL/LA QUE FIRMA HA LEÍDO Y VOLUNTARIAMENTE FIRMA EL ACUERDO DE EXONERACIÓN Y CESIÓN DE RESPONSABILIDAD CIVIL E INDEMNIZACIÓN y además que no se le ha hecho ninguna aservación oral, declaración o inducción, aparte del presente acuerdo por escrito.

YO HE LEÍDO ESTE ACUERDO

Fecha _____

Firma de el/la Solicitante/Padre

Nombre del Menor Matriculado en Programa

Nombre del Menor Matriculado en Programa

Nombre del Menor Matriculado en Programa

**UPLAND YMCA
ADMISSION POLICIES ACKNOWLEDGMENT**

It is our hope that this handbook has answered any questions you may have about the YMCA childcare. Your signature below indicates you have received, reviewed, and understand these policies. Any further questions you may have can be directed to the Site Director, Farzad Yektafar, Director of Childcare, or Mary Luna, Childcare Accounts Manager, at the main Upland YMCA office, (909) 946-6120.

**WE BUILD STRONG KIDS,
STRONG FAMILIES,
STRONG COMMUNITIES . . .**

Thank you for your cooperation and help.

Parent's Signature

Date

*We have included two copies of this form, please sign one and return it to the Upland YMCA main office. The other is for your reference.



YMCA

We build strong kids,
strong families, strong communities

I, _____, parent/guardian of _____, give
Name Child's Name

the Upland YMCA permission to charge my weekly childcare fee of _____ to my
Visa/Mastercard account # _____, with the expiration date
_____, every Friday prior to the week of attendance during the time my child is enrolled

in the Upland YMCA Before and After School Childcare Program or Summer Day Camp
Program.* If my child will be absent for two or more days during a single week, I must notify
the Upland YMCA main office two weeks in advance in order to have my account credited.

Otherwise, my credit card will be charged the regular weekly fee.**

Signature Date

*If Friday is a holiday on which the Upland YMCA is closed, credit cards will be charged the following Monday.

**During weeks that children are out of school during the academic year and they have the option of attending YMCA All Day Programs, credit cards will not automatically be charged the additional fee unless the Upland YMCA receives written or verbal consent to do so.