



**SCHEU FAMILY YMCA OF UPLAND
EARLY CHILDHOOD
DEVELOPMENT CENTER
PRESCHOOL
REGISTRATION PACKET**

CHILD'S NAME _____
DATE OF BIRTH _____
ALLERGIES _____

DATE OF ADMISSION _____
DATE OF WITHDRAWAL _____
REASON FOR WITHDRAWAL _____

COVER SHEET _____
EMERGENCY IDENTIFICATION SHEET _____
HEALTH HISTORY _____
PHYSICIAN'S REPORT _____ **
CONSENT TO MEDICAL _____
PERSONAL RIGHTS _____
PARENTS RIGHTS _____
CONSENT/RELEASE FORM _____
PARENT RESPONSIBILITY _____
INDEMNITY AGREEMENT _____
PARENT HANDBOOK ACKNOWLEDGEMENT _____
IMMUNIZATION RECORD _____ **

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

Parents Printed Name: _____

Parents Signature: _____

Date: _____

**Please note: Included in this packet is a document to be filled out by your child's physician, titled Physician's Report.
**We will also need a copy of your child's immunization record turned in along with the completed registration packet.



Scheu Family YMCA of Upland
Early Childhood
Development Center
Registration Packet

Participant Information

Name of Child: _____

D.O.B.: _____ Gender: F / M Age: _____

Program Start Date: _____

Please select from the following program options:

FIVE DAY PROGRAM
MONDAY THROUGH FRIDAY

AM CARE ONLY
7:30 am – 12:30 pm

PM CARE ONLY
12:30 pm – 5:30 pm

FULL DAY CARE
7:30 am – 5:30 pm

THREE DAY PROGRAM

PLEASE CIRCLE YOUR THREE PREFERRED DAYS OF ATTENDANCE
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
(Please note that all requested days may not be available)

AM CARE ONLY
7:30 am – 12:30 pm

PM CARE ONLY
12:30 pm – 5:30 pm

FULL DAY CARE
7:30 am – 5:30 pm

**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	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	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
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

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

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
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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
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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to ____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:	Allergies: medicine:
Vision:	Insect stings:
Developmental:	food:
Language/Speech:	asthma:
	other:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

Last Name _____ Age: _____

**Scheu Family YMCA
AUTHORIZATION AND CONSENT TO MEDICAL
TREATMENT OF MINOR**

I (We) the undersigned, parents or legal guardians of _____, do hereby authorize the UPLAND YMCA to act as agent for the undersigned to consent to any transportation, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered under, the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act in the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, hospital care, or transportation being required. It is further understood that this authorization is given to provide authority and power on the part of the diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of California Civil Code Section 25.8.

This authorization shall remain in effect until termination from the program, unless sooner revoked in writing and delivered to said agent.

Parent's Signature

Date

Parent's Signature

Date

EMERGENCY PHONES

Mother: _____

Soc. Sec. #: _____

Employer: _____

Address: _____

Work #: _____

Father: _____

Soc. Sec. #: _____

Employer: _____

Address: _____

Work #: _____

Other: _____ Relationship: _____ Phone# () _____

Medical Insurance: _____

Doctor's Name: _____

Policy #: _____

Please Note: The Scheu Family YMCA does not carry accident insurance on program participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the parent / guardian or their assigned insurance carrier.

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 3737 Main St. Ste. 700		
CITY Riverside, Ca.	ZIP CODE 92501	AREA CODE/TELEPHONE NUMBER 951-212-6555

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 Early Childhood Development Center	(PRINT THE ADDRESS OF THE FACILITY) 1337 San Bernardino Rd.
(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: 3737 Main St. Riverside CA 92501

Licensing Office Telephone #: 951-212-6555

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 (12/06)

(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 ECDC

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 (12/06)

Automatic Credit Card Transaction Release

I, _____, parent/guardian of _____,
Parent/Guardian Name Child's Name

give the Scheu Family YMCA permission to charge weekly/bi-weekly/monthly, the fee of \$ _____ to my VISA / MasterCard account # _____, with the expiration date ____/____. The weekly/bi-weekly charges are ran every Friday* prior to the week of attendance during the time my child is enrolled with the YMCA. Monthly*** charges are ran either the last Friday of the previous month or the first Friday of the current month of attendance. If my child will be absent for a week, I must notify the Scheu Family YMCA main office two weeks in advance in order to have my account credited. Otherwise, my credit card will be charged the regular fee. **

Signature

Date

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

** For vacation days or weeks that children are out of school during the academic year; there is the option of attending YMCA All Day Programs or Camps. Credit cards **will not** automatically be charged the additional fee unless the Scheu Family YMCA receives written or verbal consent accompanied by a YMCA registration form.

***Monthly charges equal 4 weeks and in some months 5 weeks.

**Scheu Family YMCA
EARLY CHILDHOOD DEVELOPMENT CENTER**



CONSENT FOR EXCURSIONS

My child has my permission to go on any trips scheduled as part of the activities of the Early Childhood Development Center program while he/she is enrolled in the program. He/she may be transported as arranged by the YMCA staff.

(Exact date, time of departure, time of return, and destination shall be provided to parents in advance prior to all off-site trips.

SIGNATURE OF PARENT/GUARDIAN

WALKS AWAY FROM SCHOOL GROUNDS

We occasionally take groups of supervised children on supervised educational and recreational walks. Please give written permission for your child to be included.

SIGNATURE OF PARENT/GUARDIAN

RELEASE TO DRIVER

My child has permission to be released to Scheu Family YMCA drivers for transportation to and from trips and excursions off site from the Scheu Family YMCA Early Childhood Development Center. Parents will be informed in advance of any trips the Scheu Family YMCA staff has arranged.

SIGNATURE OF PARENT/GUARDIAN

PHOTO RELEASE

I understand that my child may occasionally be photographed in connection with various YMCA programs and activities. I authorize YMCA staff personnel to release such photographs to the media for publication with my consent as needed.

SIGNATURE OF PARENT/GUARDIAN



YMCA

We build strong kids,
strong families, strong communities

Acknowledgement of Responsibility
Scheu Family YMCA of Upland Early Childhood Development Center

I, _____ parent of _____ understand and agree to the following Scheu Family YMCA of Upland Early Childhood Development Center Program policies:

Fees are due the Friday prior to the week of attendance. A late fee of \$20 will be charged to your account if payments are not received by Monday morning at 8 am.

Initial

If parent/guardian fails to pay delinquent fees within one week of the due date, their child will be suspended from the Scheu Family YMCA of Upland Early Childhood Development Center program until full payment is received.

Initial

All payments must be handled through the Scheu Family YMCA of Upland Early Childhood Development Center office.

Initial

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

Initial

The Scheu Family YMCA of Upland Early Childhood Development Center office must be notified two weeks in advance of any leave of absence or vacation to avoid paying the full tuition rate. Upon receipt of a written two week notice, you will be responsible for a \$35 per week holding fee due before your vacation or absence.

Initial

If the Scheu Family YMCA of Upland does not receive a two week written notice before your child is withdrawn from the program, you will be responsible for two weeks full tuition payment following their withdrawal.

Initial

If your child is going to be absent the Scheu Family YMCA of Upland office must be notified before 8:30 am the day of absence.

Initial

Alternative Payment Program participants understand their responsibilities; which include but are not limited to the following: signing in and out daily, notifying the ECDC of any absence, vacation, or leave of absence, notification of any changes in schedule, attendance, or certificate, payment of any family fees and or co-pays.

Initial

A \$1 per minute late pick-up fee will be charged for parents that are late picking up their child. This applies to the morning, afternoon, and full day programs. (Per child)

Initial

My signature on this form hereby acknowledges that I have received, read, and understand the Scheu Family YMCA of Upland Early Childhood Development Center Policies and Procedures Handbook.

Printed Name: _____

Signature: _____

Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/domestic partner/legal guardian of _____, currently attending or newly enrolled at Scheu Family YMCA ECDC 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/domestic partner/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/DOMESTIC PARTNER/LEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED:

Scheu Family YMCA of Upland ADMISSION POLICIES ACKNOWLEDGEMENT

It is our hope that this Parent Handbook has answered any questions you may have about our policies and program. ***Your signature below indicates that you have received, reviewed, and understand these policies.*** Any further questions you may have can be directed to Farzad Yektafar Senior Programs Director or Mary Luna, Childcare Accounts Manager, whom may be reached at (909) 946-7049.

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

Thank you for your help and cooperation.

Parent's Signature

Date

Upland YMCA
Early Childhood Development Center
**Vacation and Program Withdrawal
Policy Acknowledgement**

In an effort to improve our current vacation and program withdrawal policies, we have created a new form which we require you to fill out two weeks prior to any vacation or withdrawal from the program. Please see the attached document for more information. If you have any questions or concerns please feel free to speak with the front office or call us at (909) 946-7049.

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

Thank you for your help and cooperation.

Your signature below indicates that you have received, reviewed, and understand these policies.

Child's Name

Parent's Signature

Date



WEST END YMCA PRESCHOOL PROGRAM BEHAVIOR CONTRACT

Children are responsible for:

- Remaining with a staff member at all times. Children are to ask for permission before leaving the group to go to the restroom, get a drink, etc.
- Treating all staff, parents and other children with respect.
- Respecting the rules that guide them during the program day.
- Expressing their feelings in appropriate ways so that their actions do not harm others (aggressive or inappropriate behavior is unacceptable).
- Learning to take consequences for their own actions.
- Respecting the school's equipment and supplies. The destruction of property is unacceptable behavior.
- Sharing equipment and supplies with all children in the program.
- Returning materials and equipment to the place they found them.
- Using appropriate language (foul or profane language is unacceptable).
- Children are to leave non-essential items at home with the exception of appropriate, non-violent toys on designated share days.

Discipline Procedures

The YMCA believes in positive discipline techniques, such as positive reinforcement, redirecting, coaching, and thinking time. The following steps can be taken if your child chooses not to follow the behavior contract. Steps may be skipped for more severe behaviors.

1. Thinking time and staff/child discussion of behavior.
2. Behavior report sent home and parent notified (may include sending child home).
3. Staff/parent/child conference where an individual needs plan will be outlined and implemented.
4. Parent must spend time in the classroom observing child's behavior. Special referrals and/or counseling may be offered.
5. Suspension or termination from the program.

Intolerable Behavior

The following behaviors or any other behaviors which seriously threaten the safety of anyone in the program will result in **immediate termination** from the program:

- Making serious or terrorist threats
- Physical assault
- Bringing a weapon on property
- Possession of drugs/alcohol

Yes, I have read, understood and agree to abide by the behavior guidelines and discipline procedures of the program. I will review them with my child prior to the start of the program.

Parent or Legal Guardian Signature

Date

**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 sobrentendido 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 refirerá 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