



WEST END YMCA
CHILDCARE REGISTRATION FORM
2023-2024 SCHOOL YEAR

PARTICIPANT INFORMATION

Name of Child:
Date of Birth: Sex: Male Female Age: Weight: (if under 6 yrs. old)
Grade (Circle One): AM-K PM-K 1 2 3 4 5 6
School: Teacher:
Transportation needed to and/or from school to child care site listed above.

PARENT INFORMATION Note: Only those names listed below will be allowed access to Account Information.

Name of Parent(s):
Address:
City: State: Zip:
Father Phone# Work# Email
Mother Phone# Work# Email
Father Employer City:
Mother Employer City:
Father DOB Mother DOB

SITE YOUR CHILD WILL ATTEND PROGRAM:
PROGRAM YOUR CHILD IS ENROLLED IN:
ADDITIONAL SERVICES:

Start Date
If Applicable... Third Party Payment Plan Yes Agency:
Agency Address:
Caseworker's Name: Caseworker's Phone Number:

For Office Use Only: Member? Yes No Expiration Date: Court Documents Yes No
Pre Admission Interview / Date: Interviewed With: Staff Initials:
Interview notes
Follow Up Interview / Date: Interviewed With: Staff Initials:
Follow Up Notes:
Site Director signature Date
Departments: Billing (original) Site (2 copies) Transportation (1 copy) Copy to Parent

**Child's Name** \_\_\_\_\_

**ENROLLMENT AGREEMENT  
WEST END YMCA CHILD CARE PROGRAM**

I (We) the undersigned, as parent(s) or legal guardian(s) of the above named child, do hereby agree to the following terms and conditions.

1. Program fee is due and payable on Monday of each week.
2. A charge of \$25 (twenty-five dollars) will be added to all payments that are not received by Tuesday at 6:30 pm of each week.
3. A charge of \$25.00 (twenty-five dollars) will be made on all returned checks.
4. Children will only be released to authorized persons.
5. It is understood that as the parent(s) or legal guardian(s), I (we) the undersigned to hereby agree to be solely and completely responsible for any and all medical treatment costs and transportation costs related thereto, rendered on behalf of said child, pursuant to the attached AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT OF MINOR.
6. If any action or proceeding be brought to enforce any part of this agreement by any party, the prevailing party shall be entitled to recover, in addition to all other relief, reasonable attorneys fees and costs.
7. The child, his/her parents and relatives agree to abide by the rules and regulations set by the YMCA for the health, safety and welfare of our members. A child may be terminated from the program if, in the opinion of the Director of the program, it is deemed in the best interest of the YMCA or the child.
8. Incoming and outgoing member phone calls are permitted only with the approval of the Site Director when absolutely necessary.
9. Participants have a duty to immediately report to the Site Director any inappropriate behavior on the part of any staff member, child or other individual.
10. All personal belongings are to be marked with ID. Site Directors reserve the right to examine any child's personal belongings for inappropriate items. The YMCA is not responsible for personal belongings lost or damaged during the Before & After school program. Expensive personal items should not be sent to the Child Care Site.
11. During the school year, Child Care Staff must have current up to date phone numbers, names and general emergency contact information, should we need to contact anyone concerning your child. Parents are responsible for keeping this information up to date.
12. Participants are to respect the rights and belongings of others. There are not facilities for security (no lockers) and we rely on the honor system when dealing with children and staff gear. In short, if it is not yours, don't touch it.

**MEMBERSHIP**

Any person who supports the purpose may become a member of this corporation in accordance with such provisions as may be established by the board of directors and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA.

I (we) have read the foregoing Enrollment Agreement and fully agree to its terms. I (we), further acknowledge that I (we) have read and understand the accompanying AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT OF MINOR and the PARENT INFORMATION PACKET containing the rules and operating regulations of the program and agree to be bound by said AUTHORIZATION and by the rules and regulations found in the PARENT INFORMATION PACKET.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Parent or Legal Guardian

# IDENTIFICATION AND EMERGENCY INFORMATION DAY CARE CENTERS

**To Be Completed by Parent or Guardian**

CHILD'S NAME:      LAST                                  MIDDLE                                  FIRST                                  SEX                                  BIRTHDATE

ADDRESS:      NUMBER                                  STREET                                  CITY                                  STATE ZIP                                  TELEPHONE

(      )

FATHER'S NAME:      LAST                                  MIDDLE                                  FIRST                                  CELL PHONE                                  BUSINESS TELEPHONE

(      )

ADDRESS:      NUMBER                                  STREET                                  CITY                                  STATE ZIP                                  HOME TELEPHONE

(      )

MOTHER'S NAME:      LAST                                  MIDDLE                                  FIRST                                  CELL PHONE                                  BUSINESS TELEPHONE

(      )

ADDRESS:      NUMBER                                  STREET                                  CITY                                  STATE ZIP                                  HOME TELEPHONE

(      )

PERSON RESPONSIBLE FOR CHILD:      LAST NAME                                  MIDDLE                                  FIRST                                  HOME PHONE / BUSINESS PHONE

## ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

NAME	ADDRESS	TELEPHONE
		(      )
		(      )
		(      )
		(      )
		(      )

## PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

PHYSICIAN      ADDRESS      MEDICAL PLAN & NUMBER      TELEPHONE (      )

DENTIST      ADDRESS      MEDICAL PLAN & 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 GUARDIAN

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR GUARDIAN

DATE

## TO BE COMPLETED BY FACILITY DIRECTOR, ADMINISTRATOR

DATE OF ADMISSION

DATE LEFT

**CHILD'S PREADMISSION HEALTH HISTORY -- PARENT'S REPORT  
WEST END YMCA  
CHILD CARE PROGRAM**

Child's Name \_\_\_\_\_ Sex: M F Child's Birthday: \_\_ / \_\_ / \_\_

Is child currently under regular supervision of physician? No \_\_ Yes \_\_ Date of last examination \_\_ / \_\_ / \_\_

Explain \_\_\_\_\_

Is child on any medications? Yes \_\_ No \_\_ Please List: \_\_\_\_\_

Will your child need medication dispensed while at child care? Yes \_\_ No \_\_ If so a separate Medicine Dispensing form is required to be turned into the Site director prior to medicine being dispensed. Children cannot hold their own medicines over the counter or prescriptions, including vitamins.

Family Physician: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy and/or Group # \_\_\_\_\_ S.S. # \_\_\_\_\_

**HEALTH HISTORY (PAST OR PRESENT) PLEASE CHECK:**

<i>*Psychological Care</i> __ Yes __ No	<i>*Bipolar</i> __ Yes __ No	<i>Measles</i> __ Yes __ No
<i>*Asthma</i> __ Yes __ No	<i>ADD/AHD</i> __ Yes __ No	<i>German Measles</i> __ Yes __ No
<i>*Heart Defects/Disease</i> __ Yes __ No	<i>Head Lice (recent)</i> __ Yes __ No	<i>Other Disease</i> __ Yes __ No
<i>*Recent Hospitalization</i> __ Yes __ No	<i>Bedwetting</i> __ Yes __ No	_____
<i>*Current Under Doctor's Care</i> __ Yes __ No	<i>Sleepwalking</i> __ Yes __ No	<b>FOR FEMALE CHILDREN:</b>
<i>*Seizures</i> __ Yes __ No	<i>Tuberculosis</i> __ Yes __ No	Has Menstruation Begun? _____
<i>*Diabetes</i> __ Yes __ No	<i>Chicken Pox</i> __ Yes __ No	Special Considerations _____

**Note: If a "Yes" for any asterisk \* item above, a doctor's written authorization is required before attending Child care**

For each **Yes**, please explain: \_\_\_\_\_

**ALLERGIES:**

Hay Fever                    __ Yes __ No	Bee Stings                    __ Yes __ No	Penicillin                    __ Yes __ No
Poison Ivy/Oak              __ Yes __ No	<i>Bee Sting/"Epi-Kit"</i> __ Yes __ No	Other Drugs                 __ Yes __ No
Foods*                        __ Yes __ No	Other Insect/Animals*      __ Yes __ No	Any other Allergies*      __ Yes __ No

\*Please list foods, insects/animals or others \_\_\_\_\_

Please describe the symptoms associated with any allergies that the child may have (redness, hives, difficulty breathing, etc) \_\_\_\_\_

Other serious or severe illnesses or accidents?

Parent's evaluation of child's health:

Parent's evaluation of child's personality:

How does child get along with parents, siblings and others?

Does the child have any special problems - fears? (Explain)

What is the plan for care when child is ill?

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**WEST END YMCA  
BEFORE & AFTERSCHOOL CHILDCARE PROGRAM**

**Check: Yes or No**

**Yes                      No**

**CONSENT FOR EXCURSIONS**

My child(ren) has my permission to go on any trips scheduled as part of the activities of the Child Care 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 prior to all off-ground trips.

\_\_\_\_\_

\_\_\_\_\_

**WALKS AWAY FROM SCHOOL GROUNDS**

As part of our Child Care program we sometimes wish to take groups of children on supervised educational and recreational walks away from the child care site. The walks may include walks to local parks, as well as local businesses. Your signature indicates your willingness to allow your child to participate in these walks.

\_\_\_\_\_

\_\_\_\_\_

**RELEASE TO DRIVER**

My child(ren) has my permission to be released to a West End YMCA driver upon dismissal from school. My child(ren) also have my permission to be released to West End YMCA drivers for transportation during the Before/After School Child Care program for trips arranged by the YMCA staff.

\_\_\_\_\_

\_\_\_\_\_

**MEDIA RELEASE**

I, hereby, give the YMCA permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child to use, publish, and republish in the same, in whole or in part, on the YMCA website or in YMCA printed materials, separately or in conjunction with other photographs or recordings. I release and discharge the YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures and/or recordings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**WEST END YMCA  
AUTHORIZATION AND CONSENT TO MEDICAL  
TREATMENT OF MINOR**

I (We) the undersigned, parents or legal guardians of \_\_\_\_\_, do hereby authorize the WEST END 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

Medical Insurance: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

**Please Note:** The WEST END 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.



## WEST END YMCA SCHOOL AGE PROGRAM BEHAVIOR CONTRACT

One of the goals of the YMCA Child Care & School Age Programs is to build self-esteem in children. We do this with positive attention and by setting limits to encourage appropriate behavior. Corporal punishment and other humiliating or frightening techniques are prohibited. Constructive methods are used in maintaining group control and handling individual behavior.

Examples of constructive discipline methods are as follows:

- 1) Establish rules with children in the classroom and on the playground.
- 2) Give verbal instructions that are short, specific and clear.
- 3) Praise children for appropriate behavior and redirect inappropriate behavior.

Behavior expectations are outlined below and may also be listed in the enrollment packet. Any inappropriate behavior will result in the following steps (steps may be skipped depending on the severity of the behavior):

- 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.

### **Inappropriate behavior is defined as:**

- Defiance of authority
- Verbal abuse
- Fighting
- Spitting
- Biting
- Disorderly conduct
- Defiance of rules & guidelines
- Destruction of property
- Repeated lack of self-control
- Profanity
- Running from or the leaving group without permission

### **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 (if a child is suspended from the public school program, they will also be suspended from the YMCA childcare or school-age program):

- Making threats of violence
- Physical assault
- Bringing a weapon on property
- Possession of drugs/alcohol

Yes, we have read, understand and agree to abide by the behavior guidelines and discipline procedures of the program at all times.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

**WEST END YMCA**

**Release and Waiver of Liability and Indemnity Agreement**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the West End 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 on-site or 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 (hereinafter referred to as "the undersigned") 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 and/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 ON-SITE OR 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, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, it's directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, 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 on-site or off-site 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, damages or costs they may incur, whether caused by the negligence, active or passive, 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 on-site or off-site program affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, including but not limited to injury or death caused by a contagious illness, to the undersigned or such children due to negligence, active or passive, 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 on-site or off-site program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY AGREES THAT BY PARTICIPATING IN THE YMCA NATIONWIDE MEMBERSHIP PROGRAM, they release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for related to bodily injury or death in connection with the use of the YMCA facilities, and from any liability for other claims, including loss of property, and injury or death caused by a contagious illness, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY 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. The undersigned further represents that he/she has legal custodian and guardianship rights with respects to the child on whose behalf this release is executed and signs it for said child under the express authority. In the event any provision of this Agreement is held to be void, null or unenforceable, the remaining portions shall remain in full force and effect.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

			DATE	
First Name	Last Name	Signature of Applicant /Legal Guardian		Date of Birth Month, Day, Year
Street Address	City	State	Zip Code	Phone Number

Name(s) of Child(ren) in Facilities, Services AND/OR Programs		
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
ENTER YOUR MEMBER ID NUMBER:		

## 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: Department of Social Services - Community Care Licensing

Licensing Office Address: 3737 Main St. Suite 700, 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](http://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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)



**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

Department of Social Services - Community Care Licensing

ADDRESS

3737 Main Street, Suite 700

CITY

Riverside

ZIP CODE

92501

AREA CODE/TELEPHONE NUMBER

951-782-4200

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)

(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)

LIC 613A (8/08)

**WEST END YMCA**  
**Child Care Parent Handbook**

I have received and understand the following information can be found in the parent handbook: (Please Check)

Parent Rights \_\_\_\_\_

Personal Rights \_\_\_\_\_

Behavioral Contract \_\_\_\_\_

West End YMCA ADA Policies \_\_\_\_\_

Health & Safety Code 1597.07 \_\_\_\_\_

Child Sexual Abuse Information \_\_\_\_\_

Caregiver's Background LIC 995E \_\_\_\_\_

Signed Copy of Registration Packet \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Parent Directory**

Would you like to be included in the Parent Directory? Please indicate below the items you wish or do NOT wish to appear in this directory.

**NAME**       Yes    No

Name: \_\_\_\_\_

**ADDRESS**       Yes    No

Address: \_\_\_\_\_

\_\_\_\_\_

**PHONE:**       Yes    No

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date