



# LIVE Y'ERS (CHILD CARE PROGRAM) REGISTRATION 2011

Grant County Family YMCA - 123 Sutter Way, Marion, IN 46952  
Ph: (765) 664-0544, Fax: (765) 664-0548, www.grantcountymca.org

## INFORMATION— PLEASE PRINT ALL INFORMATION; COMPLETE ONE FORM PER CHILD

SCHOOL: \_\_\_\_\_

CHILDCARE REQUIRED FOR: **MORNINGS/AFTERNOONS/BOTH**

**Child's Name:** \_\_\_\_\_ Name Child Goes by: \_\_\_\_\_

Home Address: \_\_\_\_\_ (home ph) \_\_\_\_\_ (cell ph) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth date \_\_\_\_\_ M/F \_\_\_\_\_ Child's age: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Allergies: \_\_\_\_\_

Receives Medic Aid: **Yes/No**

Behavioral challenges: \_\_\_\_\_

Speech, language, hearing, vision: \_\_\_\_\_

Swim level (circle one): Needs swim lessons/Can swim with floaties/Can swim without floaties (YMCA program only)  
All YMCA participants will be swim tested.

## Family Information—Please print all information

Mother/Guardian: \_\_\_\_\_  Same address as child

Date of birth: \_\_\_\_\_ Drivers license/State I.D. #: \_\_\_\_\_

Home Address: \_\_\_\_\_ (home ph) \_\_\_\_\_ (cell ph) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work ph: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  Same address as child

Date of birth: \_\_\_\_\_ Drivers license/State I.D. #: \_\_\_\_\_

Home Address: \_\_\_\_\_ (home ph) \_\_\_\_\_ (cell ph) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work ph: \_\_\_\_\_

## Emergency Information

Person to be reached if parents or guardians cannot be reached:

Name: \_\_\_\_\_ (home #) \_\_\_\_\_ (other #) \_\_\_\_\_

Name: \_\_\_\_\_ (home #) \_\_\_\_\_ (other #) \_\_\_\_\_

Name: \_\_\_\_\_ (home #) \_\_\_\_\_ (other #) \_\_\_\_\_

Doctor's name: \_\_\_\_\_ (w) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Child release for pick-up

Persons authorized to pick up:

- Parents listed above
- Emergency contacts listed above

Additional:

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

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

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

### Persons NOT authorized to pick up:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

(A copy of a court order may be required for persons who are not authorized for pickup.)

**YMCA OF GRANT COUNTY EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION**

**Print Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Information:** Complete one form for each child.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_  Male  Female

Are immunizations current?  No  Yes

Has the child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?

No  Yes

Does he/she have any disability, special needs, chronic or recurring illness or conditions?

No  Yes

Does he/she have any physical problems, mental health disorders, or developmental disabilities?

No  Yes

Name current medication (s) and give instructions: \_\_\_\_\_

**List allergies:** \_\_\_\_\_

**If you answered YES to any of the question above, please give details:** \_\_\_\_\_

**Health Insurance Information:**

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office): \_\_\_\_\_

**Initial Emergency Contact:**

**Parent/Guardian to be contacted first:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If the initial emergency contact cannot be reached, we will attempt to reach (Please include at least one relative and one available neighbor):

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Authorization:**

I certify that in advance of participation in YMCA programs, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration of the Grant County YMCA allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such program or activity.

IN EXCHANGE FOR ALLOWING MY CHILD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and my child's participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Indiana.

**Authorization of Treatment:**

I \_\_\_\_\_, Parent/legal guardian of the above said minor child, consent to medical treatment by authorized Y Child Care staff for my child, if necessary. I also release and hold harmless the Y Child Care and Grant County YMCA from any liabilities or claims arising from medical care provided.

**Acknowledgement of Policies and Guidelines:**

By signing below, I acknowledge that I have read the above information, and that I understand the policies of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Child Care Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Y CHILD CARE HOMEWORK AGREEMENT

School or YMCA Site: \_\_\_\_\_

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

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

Shortly after your child arrives to the Y Child Care's site, they will have an opportunity to work on their homework in a designated homework area. Because parents differ in their preference about homework completion, we would like you to respond to the following questions so that your child and we, the Y Child Care's staff, will know your expectations on this topic.

Do you wish your child to spent 30 minutes (maximum) of Y Child Care's time on their homework every day, or as needed?

Yes       No

If no, is it acceptable to ask your child to find a quiet activity while others are doing their homework?

Yes       No

Should homework take priority over other activities?

Yes       No

COMMENT FOR STAFF:

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Thank you for your time. Please let us know if you change your mind on this topic.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Y CHILD CARE'S TRANSPORTATION AGREEMENT (MARION SCHOOLS ONLY)

In the event of school closing early (12:30 for example) due to bad weather, or cancelling due to some other cause, Marion Schools will provide transportation to the YMCA for Y Child Care's children. **This can be done only with your permission.** If you want your child to have this option available then complete the release form below and return it to your Y Child Care's School Site Director. Supervision at the school will not be available, so you must make other arrangements for child care in the event of an early closing, should you not complete this agreement. The school cannot transport your child without this signed agreement.

I give permission for my child to be transported to the Grant County YMCA, by Marion Schools Transportation in the event of a school closing once school has started, or if a school closure or cancellation requires that my child has to be transported to the After School Program at the YMCA.

CHILD NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ Contact number: \_\_\_\_\_

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*(Cut or tear along dotted line)*

## Y CHILD CARE'S PHOTO POLICY

By registering for the Y Child Care program, you are giving the Grant County YMCA permission to take and publish photos of your child. Please return this authorization to the YMCA Child Care office.

I authorize my child's photo to be taken and published (check one):

**Yes**                       **No**

SCHOOL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CHILD NAME \_\_\_\_\_

## Financial Assistance

**Do you need financial assistance?**       Yes    No      (please note that any previous balances must be cleared completely to qualify)

If yes, complete Community Partners Financial Assistance Application Form (available online or at the Front Desk of the YMCA) and return with proof of earnings, previous year's tax statement, and copy of letter from the school confirming either free or reduce lunch; to the **Child Care Director**, YMCA. For additional queries, please **call 664-0544, and ask for ext. 109.**

## Participation Policy

Participation in the Y Child Care's Program is a privilege. Y Child Care is provided in this community as a service to working parents and their children. The privilege of participation in our program is dependent upon the fulfillment of certain student and parental responsibilities.

### **Your child's responsibilities:**

- To participate with the staff and other children in creating and following rules for behavior in the Y Child Care's program.
- To report immediately to Y Child Care after school. If I am staying to help a teacher or for another activity, I will let Y Child Care's staff know immediately before reporting to the teacher or activity.
- To respect staff and other children.
- To remain with the program staff at all times, to notify staff if they need to go to another area, and to respect school property.
- To treat others gently, both physically and emotionally.

As a registered child, I have read or have had these policy statements read to me, and I understand my responsibilities to be in the Y Child Care's program.

\_\_\_\_\_

Child's signature or parent's signature

\_\_\_\_\_

Date

### **Your responsibilities:**

- To pay fees on time.
- Pick up children on time.
- Sign children in/out each day.
- To follow the policies about illness/medication as outlined in the parent handbook.
- To be open to communication from staff about child's behavior, and to work with staff to an agreeable solution to any problems that might occur.
- To keep Y Child Care's staff informed of any changes in phone numbers and locations where parents can be reached in emergency situations.

As a parent or guardian of these registered children, I have read and understand the above policy statements. I further understand that a Parent Handbook is available to me in which details the Y Child Care's program philosophy, operational procedures, health concerns, standards of conduct, and disciplinary procedures.

\_\_\_\_\_

Parent or guardian signature

\_\_\_\_\_

Date





# Grant County Family YMCA

123 Sutter Way · Marion, Indiana 46952  
Phone (765) 664-0544 · Fax (765)664-0548

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## COMMUNITY PARTNERS SCHOLARSHIP APPLICATION

### Scholarship Requested for:

Membership Type \_\_\_\_\_

Program \_\_\_\_\_

Child Care \_\_\_\_\_

Day Camp \_\_\_\_\_

**Family-** A married couple living together (one is the householder/person in whose name the housing unit is owned or rented) and all IRS allowable tax dependants related by birth or adoption including college students up to the age of 24.

**Single-Parent Family (SPF) –** A single parent and all IRS allowable tax dependents related by birth or adoption, including college students up to the age of 24.

**Senior Citizens-** Any individuals 65 years and older.

**College-** Students up to the age of 24 with 12 or more credit hours.

**Youth-** Any student under the age of 18 years or still in high school.

**Marital Status (circle one)** \_\_\_\_\_ Married Divorced Separated Single

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

Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Drivers license/State I.D. #: \_\_\_\_\_

Spouse : \_\_\_\_\_

Date of birth: \_\_\_\_\_ Drivers license/State I.D. #: \_\_\_\_\_

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

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Tel: \_\_\_\_\_

Spouse's place of employment: \_\_\_\_\_ Tel: \_\_\_\_\_

Relative not living with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

<b>TOTAL GROSS MONTHLY HOUSEHOLD INCOME</b>	
<i>Proof of income verification is required to process the application</i>	
Paycheck:           \$	ADC/AFDC:         \$
Child Support:     \$	Social Security:   \$
Food Stamps:       \$	Unemployment:    \$
Other Income: (please list)   \$ \$	<i>A wage inquiry is required for unemployed. An inquiry can be obtained by contacting Work One. 850 Miller Ave. Marion In 46952 (765) 668-8911</i>

**List all people living in the home. Attach a separate paper if additional space is required.**

Scholarship Request	Name Place a check <input checked="" type="checkbox"/> beside names for which the scholarship is requested.	Date of Birth
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	

The above information is certified to be true.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**All required documentation must be presented with application.  
Allow 5 to 7 business days for processing.**

OFFICE USE ONLY:

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_

Date notified: \_\_\_\_\_ Initials: \_\_\_\_\_