

SLO County YMCA – Bellevue-Santa Fe Charter School 2021-2022, 1401 San Luis Bay Drive, Avila Beach

1st CHILD INFORMATION

Child's Name (Last, First):		Date of Birth:	Resides With:
Grade Entering:	Age:	Sex:	School Enrolled:
Allergies:		Medications (Circle: At home / In Program) Please list:	
Behavioral Issues:		Medical Conditions:	
Choose one: <input type="checkbox"/> Y Staff are authorized to apply sunscreen to my child <input type="checkbox"/> It is my child's responsibility to apply sunscreen		Information for Staff to know:	
I authorize my child to participate in the following activities while enrolled in YMCA Programs (please check the boxes): <input type="checkbox"/> Participate in photos or videos for YMCA publications <input type="checkbox"/> View a PG rated film			

2nd CHILD INFORMATION

Child's Name (Last, First):		Date of Birth:	Resides With:
Grade Entering:	Age:	Sex:	School Enrolled (may differ from YMCA CARE site):
Allergies:		Medications (Circle: At home / In Program) Please list:	
Behavioral Issues:		Medical Conditions:	
Choose one: <input type="checkbox"/> Y Staff are authorized to apply sunscreen to my child <input type="checkbox"/> It is my child's responsibility to apply sunscreen		Information for Staff to know:	
I authorize my child to participate in the following activities while enrolled in YMCA Programs (please check the boxes): <input type="checkbox"/> Participate in photos or videos for YMCA publications <input type="checkbox"/> View a PG rated film			

PARENT/GUARDIAN INFORMATION

1 st Parent/Guardian Name (First & Last):		Date of Birth:	Relationship to Child:
Home Street Address, City, State, Zip:			
Best Contact Number:	Additional or Work Number:	Email Address:	

2nd PARENT/GUARDIAN INFORMATION (If in the same household)

2 nd Parent/Guardian Name (First & Last):		Date of Birth:	Relationship to Child:
Best Contact Number:	Additional or Work Number:	Email Address:	

EMERGENCY CONTACT INFORMATION

List additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are authorized to pick up your child(ren) from the program.

Name:	Relationship to child:	Best Contact Number:
Name:	Relationship to child:	Best Contact Number:

Parents and guardians and emergency contacts listed on enrollment forms are authorized to pick up your child. Individuals authorized to pick up your child(ren) from the program must be at least 18 years of age. **A license or other form of identification must be shown at pick-up.** If you wish to change any of these authorizations, you must do so in writing.

Parent/Guardian Signature:	Date:
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FOR STAFF USE: Entered in DAXKO by: _____ Date: _____

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12 Month YMCA Program Membership		
The SLO County YMCA requires each participant to have an active program membership (please note: registration fees per program are separate from program membership fees). If your program membership expires before the program is up, it will automatically be renewed and fees charged to the payment on file.		
(Please note that the Annual Program Membership fee is for Childcare and Sports programs only) Already a YMCA Member (Membership must not expire before the end of your child’s enrollment)	Annual Program Membership	\$25.00 per family, per year
		\$0.00

CCRC Clients	
	Please check here if you are a CCRC Client. Please list your CAPSLO/CCRC Representative: _____
Initial:	As a CCRC participant, I understand that I am responsible for the Registration Fee and Program Membership Fee. I understand that I am responsible for any portions of Camp CARE costs that CCRC is unable to pay

1st Child’s Name _____

Circle the fees associated with your enrollment	5 Days (M-F)	Due Monthly
After School Kinder 12:00pm-5:30pm (August Prorated)	\$375	\$
After School Kinder 12:00pm-5:30pm (Sept-May)	\$560	\$
After School Kinder 12:00pm-5:30pm (June Prorated)	\$375	\$
After School 3pm-5:30pm (August Prorated)	\$285	\$
After School 3pm-5:30pm (Sept-May)	\$425	\$
After School 3pm-5:30pm (June Prorated)	\$285	\$

2nd Child’s Name: _____

Circle the fees associated with your enrollment	5 Days (M-F)	Due Monthly
After School Kinder 12:00pm-5:30pm (August Prorated)	\$375	\$
After School Kinder 12:00pm-5:30pm (Sept-May)	\$560	\$
After School Kinder 12:00pm-5:30pm (June Prorated)	\$375	\$
After School 3pm-5:30pm (August Prorated)	\$285	\$
After School 3pm-5:30pm (Sept-May)	\$425	\$
After School 3pm-5:30pm (June Prorated)	\$285	\$

First Day of Enrollment: _____

Parent/Guardian Signature: _____	Date: _____
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Our Mission is to develop the total person, spirit, mind and body, through values-based programs that build strong kids, strong families, strong communities.

Circle one:	CONSENT AND AUTHORIZATION FOR TREATMENT: I give my permission for YMCA staff members to administer necessary medical treatment, in the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program. Y staff may also admit my child to the nearest hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission. I can provide my child's immunization records and/or the records are on file at my child's school. All required immunizations and/or tuberculosis tests are current. I give permission for my child's school to release these records to the Y.	
Yes	No	
Hospital Preferred: _____		City: _____
_____	_____	_____
Signature of Parent/Guardian	Print Parent/Legal Guardian Name	Date

CHILD BEHAVIOR

Disciplinary problems may require a time-out period. Parents may be called to pick-up a child who does not behave. A Behavior Contract is the first formal step to help resolve repeated rule violations. The contract involves parents, child, and staff, and requires participation of all three parties. A sample contract is available at your child's program location. A suspension may be necessary, at the Program Director's discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely. Refunds will not be given for children removed for disciplinary reasons.

PARENT/STAFF COMMUNICATION

YMCA staff will make an effort to communicate with you regarding your child's day as much as needed to ensure his/her positive YMCA experience. Exchange of information between parents and staff provides insight for both parties. The format may be formal or informal. It is vital that you inform us of changes happening in your family. To promote safety, comfort and the overall wellbeing of all, the YMCA asks all persons to demonstrate positive behavior while at the YMCA facilities.

ADMINISTERING MEDICATIONS

It is our policy not to administer any substances other than standard "over-the-counter" medications and/or prescription drugs, if supplied by parents, and only with signed Parent Consent for Administration of Medications" form. We will not issue any product that is not in its original container and clearly marked by the manufacturer or pharmacy.

GROUP FORMAT

I understand that, due to the group format of our program, the San Luis Obispo County YMCA is unable to provide one-on-one care and makes no claim to do so for any child except on an intermittent basis, at the discretion of program staff. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to all children.

LATE PARENT

I understand if I am late picking my child up from program, I will be charged \$1 per minute per child. If I am habitually late from picking up my child from program, a signed parent agreement may be necessary.

PARENT HANDBOOK/DAY CAMP CHECKLIST

A copy of the Parent Handbook and Day Camp Checklist will be available on www.sloymca.org before the first day of my child's participation in the day camp program.

MANDATED REPORTING

I understand that the YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____	_____	_____
Signature of Parent/Guardian	Print Parent/Legal Guardian Name	Date

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the San Luis Obispo County YMCA, I hereby give my permission and consent, now and for all time, to the San Luis Obispo County YMCA, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with San Luis Obispo County YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, I authorize, according to this Release, shall belong to the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA;
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA; and
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA as described herein.

Date: _____

Child’s Age: _____

Signature: _____

Printed Name: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____ (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____

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PARENTAL/FINANCIAL AGREEMENT

The following information is important for your understanding of our Program Policies. If you are unclear on any of these policies, please ask the YMCA Program Enrollment Team at (805) 543-8235 so we can clarify any concerns that you might have.

- Any outstanding balances due to the San Luis Obispo County YMCA must be paid in full prior to program enrollment.
- I understand each child must be a San Luis Obispo County YMCA Family or Program Member throughout their enrollment. Program Membership fees will be billed for all participants without an active membership.
- Any payment received after their designated due date will be charged a late fee of \$20 per occurrence.
- I understand the YMCA is not responsible for billing errors over 90 days old.
- I understand that balances over 90 days old may be turned over to a collections/credit reporting agency.
- I understand that my child/ren may not be allowed to attend if my account does not have a zero balance due.
- I understand there is a \$30 service charge for any check or automated payment that is denied, and my child will not be able to attend until my account has a zero balance.
- I understand that if my child is not picked up by the time their enrolled program ends, I will be billed \$1.00/minute for every minute after my child's registered program has ended.
- I understand that my child must be signed IN and OUT daily by an authorized adult listed on the front of this enrollment packet.
- I give permission for my child to attend and participate in all Y activities and field trips.
- I understand that no refunds will be given for bill segments that have already started or if my child is removed from the program for disciplinary reasons.
- I understand all program fees must be set up on automatic payments by entering payment information below.
- I understand the Y bills based on enrollment, and not on attendance.
- I understand the Y charges a \$20 processing fee for any change of enrollment without a 14 day written notice.
- This program runs over the course of the entire school year. The YMCA requires a written two week change or cancellation notice submitted to the Program Enrollment Team. You will be charged per your enrollment for those two weeks. A Change of Enrollment/Cancellation form is available on our website, www.sloymca.org, for your convenience. The YMCA reserves the right to terminate childcare services if behavior issues become uncontrollable or problematic, or if our enrollment falls lower than 10 total students per day.

_____ (CCRC clients initial here) Regarding clients the Child Care Resource Connection (CCRC): I understand that if I have a CCRC contract to cover my child's Y tuition, I am responsible for signing my child's CCRC attendance record **daily** with the exact time NO ROUNDING OFF. This ensures payment of my child's tuition by CCRC. I must sign the absence verification excuse on the back of the CCRC attendance record form for any enrolled day my child does not attend. If CCRC does not cover any portion of the YMCA tuition, I am responsible for the remaining balance. If my CCRC sheet is not present at site to sign, it is my responsibility to contact the Program Enrollment Administration. If my child does not attend a day he/she is signed up for, I will be responsible for the fees associated with that day.

I have read, understand, and agree to the above mentioned policies.

Parent/Guardian Print Name

Print Child's Name

Parent/Guardian Signature

Date

Electronic Funds Transfer (EFT)

EFT INFORMATION: Your fees will be deducted from your account automatically. Your account will be charged whether your child has attended the YMCA or not. The YMCA is not responsible for errors over 90 days. You must notify the Program Enrollment Team immediately if any of your contact information or billing information has changed. Authorization for EFT is to remain in effect until the YMCA receives **written notification** of its **termination** from the undersigned party. I understand that it is my responsibility to notify the YMCA **14 days** prior to my billing date. It is also my responsibility to assure the YMCA has received my written notice. **If the YMCA does not receive this information within the 14 days, I will be accountable for all related charges and fees.**

BILLING INFORMATION: Name of Card/Account Holder: _____

Best contact phone number: _____

CREDIT/DEBIT CARD:

Card #: _____ Exp. Date/ _____ Visa, MasterCard, American Express (Circle one)

Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above account on the first day of the month and in the amount of: \$ _____.

X _____
Signature of Account Holder

Date

BANK DRAFT (A Voided Check **must** be attached to this form):

Full Name of Bank: _____

Bank Transit Number: _____ Account Number: _____

Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above account on the first day of the month and in the amount of: \$ _____.

X _____
Signature of Account Holder

Date

Our Mission is to develop the total person, spirit, mind and body, through values-based programs that build strong kids, strong families, strong communities.

HEPA Cooking Permission Slip

2021-22 School Year

We are excited to have your child's after school program participate in our HEPA program including education, activities, and hands-on cooking. Through the process of cooking, kids will participate in setting up materials and supplies, preparing, serving, eating, and clean up afterwards.

During the stages of age-appropriate hands-on cooking your child will be using a wide variety of tools including but not limited to:

- Sharp Tools (knives, peelers)
- Heat Sources (oven, hot plate, griddle, baking sheets, pans)
- Small appliances (blender, food processor)

Please understand that working in these environments can pose risks of injury. Safety is the number one priority of the SLO County YMCA and precautions will be taken to help ensure the safety of each participant. Student displaying unsafe behaviors will not be allowed to participate in this hands-on experience.

In giving your permission and signing below for your child to participate in our supervised HEPA cooking activities, you demonstrate your understanding of the risks associated with these activities and therefore release, the San Luis Obispo County YMCA of any liability for any accident or injury that may occur.

Please check all that apply and sign below:

I give permission for my child to participate in all supervised cooking activities.

I give permission for my child to participate in all cooking activities except for cutting related activities (usage of knives, peelers, slicers).

I give permission for my child to participate in all cooking activities except for heat related activities (working with griddle or hot plate, removing items from oven).

I do not want my child participating in any cooking activities.

I am willing to donate ingredients for cooking.

I am willing to come into the after school program to run a cooking activity with the kids.

My child has a food sensitivity/allergy and it is _____.

Notes:

Child's Name: _____

Parent Signature: _____

Date: _____