



**Child Care Programs Enrollment/Emergency Information Form**  
(Please Print)

Birth date: _____
Age: _____
Gender:    M    F

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

**Pricing Plans (descriptions on page 5)**

School Attending: \_\_\_\_\_

\_\_\_\_\_ School Year Child Care

\_\_\_\_\_ Vacation Day Child Care

School Year Program: \_\_\_\_\_

\_\_\_\_\_ All Summer

\_\_\_\_\_ Summer Select

School Year Location: \_\_\_\_\_

\_\_\_\_\_ School Year Kids In Action

Summer Program: \_\_\_\_\_

**Year Round Pricing Requires Enrollment Before October 1**

Summer Location: \_\_\_\_\_

\_\_\_\_\_ Year Round Child Care

\_\_\_\_\_ Year Round with Camp Classen

\_\_\_\_\_ Year Round Kids In Action

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male,  Female

**Race:**  American Indian,  Alaskan Native,  African American/Black,  Asian/Pacific Islander,  Caucasian/White,  Hispanic,  Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child lives with:  Both Parents  Mother,  Father,  Other \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Siblings: name \_\_\_\_\_ age \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

**Household Income:**  0—\$13,999,  \$12,00—\$24,999,  \$25,000—39,999,  \$40,000—\$54,999,  \$55,000—74,999,  \$75,000 and over

**Emergency Contacts other than Parent/Guardian**

Name	Address	Phone	Cell Phone	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**Persons Authorized to Pick Up My Child**

I, \_\_\_\_\_ authorize the YMCA to release my child to the following persons when I am unavailable. I understand that I must inform the YMCA of any changes to this list. **They must show photo ID.**

Name	Address	Phone	Cell Phone	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____



**Medical Information/Health History**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's DOB: \_\_\_\_\_ Mother's SSN: \_\_\_\_\_

Father's DOB: \_\_\_\_\_ Father's SSN: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Does your child have any allergies, including food?  Yes  No If yes, what are they and what are the symptoms? \_\_\_\_\_

Does your child require any special aids, devices or medication during the program hours? (Please list) \_\_\_\_\_

Does your child have any special needs of which we should be aware? Asthma? \_\_\_\_\_

**Social Characteristics**

How would you describe your child's personality? (i.e. Aggressive, friendly, shy, withdrawn, sociable, etc.) \_\_\_\_\_

What seems most difficult for your child to do? \_\_\_\_\_

Is there a particular behavior your child displays that bothers you?  Yes  No If yes, please explain \_\_\_\_\_

Does your child have any fears of which we should be aware? (i.e. storms, dogs, etc.) \_\_\_\_\_

How does your child behave when angry or cranky? \_\_\_\_\_

What is the best way to make him/her feel better? \_\_\_\_\_

In what ways can we work together to help your child in such areas as sharing, speaking, accepting corrections, assertiveness, listening or following directions? \_\_\_\_\_

Is there anyone working with your child with whom you would like us to have contact? (i.e. doctor, teacher, social worker, etc.) \_\_\_\_\_

Have there been any events in your child's life that have been particularly upsetting?  Yes  No Explain: \_\_\_\_\_

I hereby authorize the YMCA personnel to sign my child in each day when he/she arrives to and from program sites. Further, I consent to my child's participation in the YMCA program and assume the risks involved. I will notify the staff of any changes in the above information. I will give two week's notice if I decide to withdraw my child from the program. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA to take my child to the nearest facility for treatment deemed necessary for medical attention. I attest and verify that I have knowledge of the risks involved in the activity and that my child is fit and sufficiently trained to participate. By signature and of free will I do hereby agree to indemnify and hold harmless the YMCA for any and all claims or demands, cost or expense arising out of any injuries or damage sustained by me or any party I am responsible for. I understand that I am responsible for the fees of the program, and all information in the parent handbook.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



**Acceptance/Release of Children Policy**  
*(Please Print)*

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

To ensure the safety of your child, please observe these guidelines:

1. The list of persons authorized to pick up the child must be current and accurate.
2. Changes in persons authorized to pick up the child must be made in writing and submitted to the site coordinator or program director.
3. Changes in custody agreements will be accepted only with a copy of the court order that specifies the change and designates the person named as having legal custody of the child.
4. Photo identification is required for any person picking up the child.
5. Person must come into the child care facility before the child will accepted/released. This is a state law.
6. No child in our care will be released to persons not authorized by the enrolling parent. In case of an emergency, please contact the site coordinator to make arrangements.
7. If a person picking up a child displays signs of being impaired or in some way unable to provide safe transportation for the child, the site coordinator will make arrangements for alternate transportation with a private provider.
8. It is essential that the proper release form and complete enrollment information be on file at the child care program facility at all times.
9. If a child is still present at 7:00 p.m. and we have not received communication from you, the Department of Human services will be notified along with the local police.

I have read and will comply with the YMCA Acceptance/Release of Children policy. I understand that I am responsible for keeping my child's enrollment data current and accurate. Furthermore, I understand that the entire enrollment form must be complete.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical Permission**

I hereby authorize the YMCA of Greater Oklahoma City to administer any specified medication listed separately (which has been supplied in the original container and clearly labeled) according to the following instructions, for my child, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Transportation Permission**

I hereby give permission for the YMCA of Greater Oklahoma City to transport my child, provided that the YMCA and the driver have the legally required insurance in force, the driver has a valid Oklahoma driver's license and has completed the YMCA's driver requirements and tests, and there is a current Oklahoma tag on the vehicle.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Additional Permissions**

The YMCA of Greater Oklahoma City has my permission to: (please initial those agreeable to you)

- \_\_\_\_\_ In case of emergency, call an ambulance to take my child to any available physician at my expense.
- \_\_\_\_\_ Involve my child in field trips.
- \_\_\_\_\_ Involve my child in photographs taken for YMCA publicity purposes.



## Child Care Conduct Policies

Please make sure that both you and your child are completely familiar with these policies. The Youth and Family Director may suspend or terminate a child’s participation in the program for the following reasons:

1. Leaving YMCA program premises without permission, or going into posted unauthorized areas.
2. Using foul language or being rude and discourteous to YMCA staff
3. Defacing YMCA property, vehicles or field trip facilities.
4. Engaging in fighting as the only means to solve a problem.
5. Bringing or using illegal substances
6. Stealing or defacing another child’s property.
7. Intentionally injuring another child.
8. Refusing to remain with the group during outings.
9. Refusing to follow check in and out procedures.
10. Refusing to follow the basic rules of the program.
11. Refusing to stay seated or wear a seat belt in YMCA vehicles.
12. Throwing any objects, or placing any body parts out of vehicle windows.

*I have read, understand, and agree to comply with these policies:*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Date

## Accounting Policies

1. Acceptable payment forms for Summer Select are: Electronic Funds Transfer (EFT), Cash, Check, VISA, MasterCard, Discover, American Express or money order. All other payments must be made by EFT.
2. Payments must be made at the Member Services desk unless using EFT.
3. Payments are to be made by the close of business each Wednesday for the following week of care.
4. A \$10 late fee will be assessed on payments not made by the deadline above.
5. Payments are to be made each week unless a two week written notification as been made.
6. A \$25.00 overdraft fee will be charged for any returned checks or Electronic Funds Transfer. This fee must be paid by money order along with the amount of the returned check on the day you are notified.
7. Checks or Money orders should be made payable to the YMCA and contain the child's name, Program, and week being paid for.
8. Payments should be brought in by a parent or legal guardian.
9. A late fee of \$1.00 per minute will be assessed for each minute after 6:00 p.m. that your child remains in our care. This fee must be paid at the Member Services Desk only, and your child will not be allowed to attend until the amount due is satisfied.
10. No adjustments in the weekly fee will be made for partially attended weeks, or for up to three days of missed school due to inclement weather closings.
11. Refunds are at the discretion of the Youth and Family Director. A Refund Request Form may be obtained from, and returned to the Member Services Desk.
- 12. Late fees will be drafted from the account on file at the time they are assessed. This includes fees for late payment and for late pick-up. If no account is on file, the fees must be paid at the Member Services desk before your child may return to the program.**

*I have read, understand, and agree to comply with these policies:*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Pricing Plan Policies

Please initial next to your pricing plan

### Year Round Programs

#### Year Round Child Care (bank draft required)

YMCA Family Members \$65      YMCA Youth Members \$70      Non-Member \$80

- This includes before and after school care during the school year, school holidays, and summer day camp.
- Includes one week of vacation during the school year and one week vacation during the summer without payment.
- Written notification of intent to take a vacation week or to drop out of the program must be given two weeks before Wednesday's due date.
- Enrollment for this program must be completed before October 1.
- If a payment is missed, year round pricing will no longer apply.
- Payment is required every week by the close of business each Wednesday for the following week of care.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

#### Year Round with 1 week of Camp Classen (bank draft required)

YMCA Family Members \$70      YMCA Youth Members \$80      Non-Member \$90

- This includes before and after school care during the school year, school holidays, summer day camp and one week of traditional resident camp at Camp Classen's Main Camp.
- Includes one week of vacation during the school year and one week vacation during the summer without payment.
- Written notification of intent to take a vacation week or to drop out of the program must be given two weeks before Wednesday's due date.
- Enrollment for this program must be completed before October 1.
- If a payment is missed, year round pricing will no longer apply.
- Payment is required every week by the close of business each Wednesday for the following week of care.
- Child must be 8 years old before September 1 following the summer they will attend Camp Classen.
- This program cannot be combined with any other offers for Camp Classen.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

#### Kids In Action Year Round (Only at the Midwest City YMCA) (bank draft required)

YMCA Family Members \$75      YMCA Youth Members \$80      Non-Member \$90

- Includes one week of vacation during the school year and one week vacation during the summer without payment.
- Written notification of intent to take a vacation week or to drop out of the program must be given two weeks before Wednesday's due date.
- Enrollment for this program must be completed before October 1.
- If a payment is missed, year round pricing will no longer apply.
- Payment is required every week by the close of business each Wednesday for the following week of care.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

### Summer Programs Only

#### Full Summer (bank draft required)

YMCA Family Members \$80      YMCA Youth Members \$90      Non-Member \$105

- To secure your child's spot we require a \$10 weekly **non-refundable** deposit.
- This includes summer day camp only.
- Includes one week vacation during the summer without payment.
- **If a payment is missed, all summer pricing will no longer apply. Also, if you cancel full summer, an additional \$10 will be charged for each week that you attended, separate from the non-refundable deposit.**
- Written notification of intent to take a vacation week or to drop out of the program must be given two weeks before Wednesday's due date.
- Payment is required every week by the close of business each Wednesday for the following week of care.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

#### Summer Select

YMCA Family Members \$90      YMCA Youth Members \$110      Non-Member \$120

- Weekly drop-in care, if space is available.
- We recommend that you secure your child's spot at our camps by making the \$10 weekly **non-refundable** deposit.
- Our camps do fill up quickly and without a deposit no spots are guaranteed.
- Payment is required every week by the close of business each Wednesday for the following week of care.



## Pricing Plan Policies

Please initial next to your pricing plan

### School Year Programs Only

#### School Year Child Care

YMCA Family Members \$60

YMCA Youth Members \$65

Non-Member \$75

- Includes before and after school care Monday through Friday, plus school holidays.
- Also includes one week of vacation during the school year, without payment.
- Written notification of intent to take a vacation week or to drop out of the program must be given two weeks before Wednesday's due date.
- Payment is required every week by the close of business each Wednesday for the following week of care.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

#### Daily Care/Vacation Day Child Care

YMCA Family Members \$15

YMCA Youth Members \$20

Non-Member \$25

- Daily drop-in care and out of school day care, if space is available.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

#### Kids In Action Program Only (Only at the Midwest City YMCA)

YMCA Family Members \$60

YMCA Youth Members \$65

Non-Member \$75

- Includes care Monday through Friday, plus school holidays.
- Also includes one week of vacation during the school year, without payment.
- Written notification of intent to take a vacation week or to drop out of the program must be given two weeks before Wednesday's due date.
- Payment is required every week by the close of business each Wednesday for the following week of care.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

#### Kids In Action Plus Before and After School (Only at the Midwest City YMCA)

YMCA Family Members \$70

YMCA Youth Members \$75

Non-Member \$85

- Includes care Monday through Friday, plus school holidays.
- Also includes one week of vacation during the school year, without payment.
- Written notification of intent to take a vacation week or to drop out of the program must be given two weeks before Wednesday's due date.
- Payment is required every week by the close of business each Wednesday for the following week of care.
- Care will not be offered on holidays that the YMCA is closed or on inclement weather days.

*I have initial the pricing plan above and have read, understand, and agree to comply with these policies:*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.



YMCA

We build strong kids,  
strong families, strong communities.