



FOR OFFICE USE ONLY

Today's Date: _____

Staff Initials: _____

Enrollment Start Date: _____

YMCA OF SOUTHWEST FLORIDA

EARLY LEARNING CENTER REGISTRATION FORM

| Part I Participant Information | | | | |
|---|---|-----------------------|-----------------------------|-------------|
| Child's Full Name (Last, First, Middle) | | Nickname | Birth Date (Month/Day/Year) | Gender |
| Home Address | | City | State | Zip |
| Home Phone Number | Primary Email to be used for Tadpoles Daily Communications: | | | |
| Previous Child Care | Elementary School your child is zoned or school choice | | | |
| Part II Parent / Guardian Information | | | | |
| Parent/Guardian #1 Name (Last, First, Middle) | | DOB: | Home Phone: | Cell Phone: |
| Home Address | | City | State | Zip |
| Email | Employer Name: | Employer address: | Work Phone: | |
| Parent/Guardian #2 Name (Last, First, Middle) | | DOB: | Home Phone: | Cell Phone: |
| Home Address | | City | State | Zip |
| Email | Employer Name: | Employer address: | Work Phone | |
| Part III Emergency Contact Information (local, other than parents) | | | | |
| Emergency Contact #1 (Last, First) | | Relationship to Child | | |
| Home Address | | City | State | Zip |
| Home Phone | Cell Phone | Work Phone | | |
| <input type="checkbox"/> Check this box if Emergency Contact #1 is ALSO authorized to pick up child (Normal/Standard) | | | | |
| Emergency Contact #2 (Last, First) | | Relationship to Child | | |
| Home Address | | City | State | Zip |
| Home Phone | Cell Phone | Work Phone | | |
| <input type="checkbox"/> Check this box if Emergency Contact #2 is ALSO authorized to pick up child (Normal/Standard) | | | | |
| Other Persons Authorized to Pick Up your child (if any): | | | | |
| 1. | | | | |
| 2. | | | | |
| Person(s) NOT Authorized to Pick Up your child (if any). Appropriate paperwork such as custody papers must be attached if a parent is NOT allowed to pick up the child. | | | | |
| 1. | | | | |
| 2. | | | | |

| Part IV Child's Physician / Insurance Information | | | |
|---|--|------------------------------------|-------|
| Child's Physician | | Physician Phone Number | |
| Child's Dentist | | Dentist Phone Number | |
| Hospital Preference | | ACTION TO BE TAKEN IN AN EMERGENCY | |
| Insurance Company Name | | | |
| Street Address | | City | State |
| Policy Holder's Name | | Policy Number | |
| Zip | | | |

| Part V Child's Medical/Emotional/Behavioral Information | | |
|--|-------|--------|
| PLEASE NOTE ANY ALLERGIES, INTOLERANCES TO MEDICATION, FOOD OR OTHER SUBSTANCES | | |
| Medicine: | Food: | Other: |
| Does your child take medications or vitamins on doctor's orders? If so, please list _____ | | |
| If the program is to administer medications during the day, emergency, or routine, please complete a MEDICATION AUTHORIZATION FORM. | | |
| EMOTIONAL /BEHAVIOR NEEDS: If yes to any of the questions below an inclusion form must be filled out. | | |
| Does your child have an IFSP? ____Yes____No | | |
| Does your child need any special accommodations related to emotional/behavioral needs or learning disabilities? ____Yes____No | | |
| Is there anything that we need to be aware of regarding your child's emotional, behavioral, or mental health needs that would help your child acclimate more easily? ____Yes____No | | |
| Please list any special needs, developmental delays, chronic physical problems, or special accommodations: _____ | | |

| Part VI Confidential Household Information | |
|---|--|
| Please complete the following information. All Information is kept confidential and will not be used individually but grouped for fundraising and grant writing. We do not sell or share our mailing list. | |
| Household Size: _____ | |
| Household Income (Please use GROSS income, before taxes): | |
| <input type="checkbox"/> under \$31,893 <input type="checkbox"/> \$31,894-\$40,181 <input type="checkbox"/> \$40,182-\$48,469 <input type="checkbox"/> \$48,470-\$56,757 <input type="checkbox"/> \$56,758-\$65,045 <input type="checkbox"/> \$65,046-\$73,333 <input type="checkbox"/> \$73,334-\$81,621 <input type="checkbox"/> over \$81,622 | |

RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT: In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself 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 programs 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. 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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: 1. THE UNDERSIGNED HEREBY 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, 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, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location. 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 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 the negligence of the releasees or otherwise. 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence 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 program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

| | |
|---|-------------|
| Parent/Guardian Signature | Date |
| _____ | _____ |
| <p><i>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.</i></p> | |



ACKNOWLEDGEMENTS

1. **Emergency**– The YMCA will contact me in case of emergency pertaining to my child. If I am unable to be reached the YMCA will contact the alternate adult listed on the registration form. If neither of these sources are available, the YMCA has my permission to have my child transported to the nearest hospital for emergency medical attention.
2. **Field Trips**– I give permission for my child to participate in field trips with their class or group in YMCA vehicles.
3. **Developmental Screenings** –I give my permission for developmental screenings to be conducted as outlined in handbook. I understand that I will receive a copy of the results.
4. **Photographs or Films**– I give permission for my child to be filmed or photographed without limitation or obligation photographs, film footage, or tape recordings which may for purpose or interpreting YMCA programs or publicity.
5. **Classroom Postings** – I authorize the Childcare Staff to post my child’s birth date, photo, and allergy information in the childcare rooms.
6. **Meals and Snacks**– I understand that YMCA of Southwest Florida will provide nutritious breakfast, lunch, and afternoon snack for my child and that the YMCA has information regarding proper nutrition. Furthermore, I give permission for my child to participate in parties at school, which may include various store-bought items.
7. **Brochures**– I have received and read a copy of “Know Your Child’s Child Care Center” created by Florida Department of Children and Families
8. **Tuition** – There is no tuition adjustment for absences, unscheduled closings or delays, vacations and/or school holidays. Tuition is due in advance.
9. **Payment Options** – Tuition payment is billed in advance of service. There are 2 payment options:
Weekly– EFT Drafts (Drafts occur each Friday for the following week’s tuition). Payments are electronically retrieved from a Bank Account or a Credit Card Account weekly. If a draft is returned for any reason you have 2 business days from the time, we contact you in writing, to replace the missed draft. If the draft is not replaced by the end of the 3rd business day your child will not be able to attend programs.
OR Monthly EFT Draft (Draft occur on the 26th of each month for the following month’s tuition). Payments are electronically retrieved from a Bank Account or a Credit Card Account once a month. If a draft is returned for any reason you have 2 business days from the time, we contact you in writing, to replace the missed draft. If the draft is not replaced by the end of the 3rd business day your child will not be able to attend programs.
10. **Holidays and Closings** – I understand YMCA will be closed on the following days: Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, New Year’s Day, Good Friday, and Memorial Day. We will also close for two teacher in-service days a year and you will be notified in advanced dates or any changes.
11. **Other Fees**– All returned checks will incur a \$25.00 processing fee. The first 2 weeks of tuition is required by all new participants. This fee is non-refundable and cannot be applied towards other YMCA programs if child is cancelled out of the program before scheduled start date. There is an annual non-refundable registration /activity fee program.
12. **Enrollment, Deposits & Withdrawal** –If at any time there is to be a change, deletion, or cancellation of my child’s enrollment; it is to be submitted in writing to the YMCA two weeks prior to the draft date. If the mandatory 2 weeks’ notice is not given prior to your draft date, then your next scheduled draft will still occur. There will be no refunds given.
13. **Special Concerns** – Prior to the time of registration, any behavioral problems, or special physical, emotional, Psychological, or medication needs of your child should be identified and discussed with the Director.
14. **Swimming Release (3–5-year-old only)**– A parent’s signature on this form permits the child to go swimming while in YMCA programs.
15. **Late pick up Policy** – A late fee of \$5.00 per 5 minutes (\$5.00 for 6–10 minutes, \$10.00 for 11–15 minutes, etc.) may be applied. If you are later than 45 minutes, and no contact has been made to the Early Learning Center, we are required by law to call child protective services. Our Early Learning Centers may dismiss a family from the Child Care Program if late pick-up occurs on more than three occasions.
16. **Illness**– In case your child becomes ill during the program, parents will be notified, and arrangements must be made to pick up the child within 1 hour, as the YMCA does not have facilities to care for ill children. If your child or anyone in the child’s household develops a communicable disease (as defined by the department of health) it is necessary to inform the center within 24 hours or the next business day, except in the case of a life-threatening illness, which must be reported immediately.
17. **Parent Handbook** – I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook. In accordance with Section 2.8, of the DCF Child Care Facility Handbook, I have been notified in writing of the disciplinary and expulsion policies used by the YMCA.
18. **Forms** – I agree to submit all required paperwork for enrollment at the YMCA in the timeframe allotted. As outlined in sections 7.1 and 7.2 of the DCF Child Care Facility Handbook, I understand that the center requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
19. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
20. **Important Program Dates** – I have received a copy of the Important Program Dates and understand that it is my responsibility to read and be aware of Program dates and times.
21. **Part-Time Care**– If applicable, part-time days are non- transferrable.
22. **Please Note:** Policies and procedures are subject to change with no less than a 2-week notice.

| | |
|---|-------------|
| Parent/Guardian Signature | Date |
| _____ | _____ |
| <p><i>I understand and agree to the twenty-two (22) acknowledgments outlined above. My signature above indicates that I have reviewed the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child’s records.</i></p> | |

PROGRAM SELECTION

PLEASE SELECT THE PROGRAM YOU WISH TO ENROLL YOUR CHILD IN:

| CHILD CARE OPTIONS BY AGE | 5 Day (M-F) Weekly Rate | | 3 Day (M/W/F) Weekly Rate | | 2 Day (T/R) Weekly Rate | | Annual Registration/ Activity Fee |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|--|
| | Member | Non-Member | Member | Non-Member | Member | Non-Member | |
| Infant (6 weeks-12 months) | <input type="checkbox"/> \$189 | <input type="checkbox"/> \$199 | <input type="checkbox"/> \$123 | <input type="checkbox"/> \$129 | <input type="checkbox"/> \$95 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 individual Child Fee <input type="checkbox"/> \$150 Multiple Children Family Fee |
| Toddler (13-24 months) | <input type="checkbox"/> \$173 | <input type="checkbox"/> \$183 | <input type="checkbox"/> \$113 | <input type="checkbox"/> \$119 | <input type="checkbox"/> \$87 | <input type="checkbox"/> \$92 | |
| Twos (24-35 months) | <input type="checkbox"/> \$163 | <input type="checkbox"/> \$173 | <input type="checkbox"/> \$106 | <input type="checkbox"/> \$112 | <input type="checkbox"/> \$82 | <input type="checkbox"/> \$87 | |
| 3's (36-47 months) | <input type="checkbox"/> \$153 | <input type="checkbox"/> \$163 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$106 | <input type="checkbox"/> \$77 | <input type="checkbox"/> \$82 | |
| 4's/5's (48-60 months) | <input type="checkbox"/> \$144 | <input type="checkbox"/> \$154 | <input type="checkbox"/> \$94 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$72 | <input type="checkbox"/> \$77 | |
| VPK & VPK WRAP CARE ONLY | | | | | | | |
| VPK Program Hours (8:30-12:30) | <input type="checkbox"/> Free | <input type="checkbox"/> Free | | | | | <input type="checkbox"/> \$100 individual Child Fee <input type="checkbox"/> \$150 Multiple Children Family Fee |
| Wrap Hours (before and after VPK Program Hours) | <input type="checkbox"/> \$123 | <input type="checkbox"/> \$133 | <input type="checkbox"/> \$80 | <input type="checkbox"/> \$86 | <input type="checkbox"/> \$62 | <input type="checkbox"/> \$67 | |

PART TIME CARE: If less than 5-day option is chosen, indicate which days will the child be attending Mon Tues Weds Thurs Fri

| FOOD PROGRAM | |
|--------------------------------|---|
| Check All Days Attending | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday |
| Check All Meals to be Received | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack |

TUITION PAYMENT AUTHORIZATION

Child's Name: _____ Person Financially Responsible: _____
 Relation to Child: _____

Payment Options (Select one and complete payment authorization below):

- OPTION 1** Weekly EFT draft (draft will occur weekly on each Friday)
 OPTION 2 Monthly EFT draft (draft will occur on the 26th of each month)

Please check this box if you would like the non-refundable Registration/Activity Fee charged to the account below.

CREDIT CARD AUTHORIZATION - Payment will be charged to the credit card provided weekly on Friday or monthly on the 26th of each month. I authorize the YMCA to charge my credit card for childcare payments. I understand that I must provide written notice of cancellation. If at any time there is to be a change, deletion, or cancellation of my child's childcare enrollment, it is to be submitted in writing to the YMCA branch where childcare was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Name on Card: _____ MasterCard VISA Discover Amex Credit
 Last 4 digits of Card #: ___ ___ ___ ___ Exp. Date: ___ / ___ Signature of Card Holder: _____

BANK DRAFT AUTHORIZATION - Account will be drafted weekly on Friday or monthly on the 26th of each month. Voided check must be attached. I authorize the YMCA to charge my credit card for childcare payments. I understand that I must provide written notice of cancellation. If at any time there is to be a change, deletion, or cancellation of my child's childcare enrollment, it is to be submitted in writing to the YMCA branch where childcare was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Name of Bank _____ Signature of Account Holder _____

MAKE A DONATION

Together we can make a difference! When you give a gift to the Y, you are investing in community to ensure that every child, adult, and family has access to quality childcare, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial situation. We cannot do this important work alone. You have the power to help us bring meaningful, lasting change to our communities.

YES! I want to help by donating \$ _____ as a one-time payment.

By initialing below, I give YMCA of Southwest Florida permission to charge my account for the amount checked above.

Print Name: _____ Initial: _____ Date: _____

We all need each other. When our communities are strong, our impact is greater, and the future is brighter for ALL.