



We build strong kids,  
strong families,  
strong communities.



## All Day Care Registration Form (7am-6pm)

*Please use one form per child.*

<b>Today's Date:</b> _____	<b>Site/Location:</b> _____	<b>Date of Care:</b> _____
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Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Sex:  M  F

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_ Drivers license# \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2nd Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_ Drivers license# \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Person(s) Authorized to pick up child other then listed Parents/Gaurdians:**

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

<b>All Day Care Daily fee: \$35.00</b> (If applicable)	Total Paid Today \$ _____ Check # _____
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<b>Pay by Credit Card -- Payment Information</b>	<b>***Credit Cards Accepted: VISA, MasterCard, American Express***</b>
Cardholder Name (Print Name) _____	Cardholder Signature _____
Credit Card # _____ Amount \$ _____	<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX _____
	CC Expiration Date _____

I understand that if I am **late** picking up my child (**after 6pm**) I will be charged **\$1.00 per minute** until I arrive, payable in **FULL** at the time I arrive. \_\_\_\_\_  
Please initial above

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out the following medical information & consent to treat form. Thank you for choosing the San Luis Obispo County YMCA.**

### San Luis Obispo County YMCA – All-Day Care Medical Information and Consent to Treat Form

**Permission:** I hereby certify that my child (name) \_\_\_\_\_ is in normal health and capable of safely participating in the San Luis Obispo County YMCA Adventures All Day Care program. I give permission for the child named herein to participate in the All Day Care program and to participate and travel in all field trips.

**Authorization:** I hereby give my permission to the YMCA agents, employees and managers to seek and receive emergency medical and/or surgical care for my minor child in the event that I can't be reached.

**Release & Waiver:** This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. I understand that I am responsible for all medical fees should my child be injured or ill at the YMCA, or during YMCA activities and/or field trips. I will not hold the YMCA responsible for any injury that should occur to my child during regular activities at the YMCA.

MY INSURANCE CARRIER IS: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DENTIST: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP # \_\_\_\_\_

(Please attach a copy of your child's insurance card to insure speedy care for your child).

This authorization & waiver is valid from today's date: \_\_\_\_\_ until \_\_\_\_\_

List two people other than parents that can be reached in the event of an emergency and are authorized to pick up your child:

1) Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Print Parent or Guardian Name \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_