

SLO COUNTY YMCA – 2010-2011 LITTLE ADVENTURES PRESCHOOL & WEE FITNESS
Centennial Park – 600 Nickerson, CA 93446 (805) 237-0845

Child's Last Name _____ First Name _____ MI _____
 Birth date ____/____/____ Grade _____ Age _____ Sex M F School _____
 2nd Child's Last Name (if applicable): _____ First Name _____ MI _____
 Birth date ____/____/____ Grade _____ Age _____ Sex M F School _____

Registration Fee Information			
CAPSLO (formerly EOC) Clients			
Please check here if you are a CAPSLO Client			
Registration Fee (per enrollment, administrative cost)	Fee	Due Today	
	\$25.00	\$25.00	
12 Month YMCA Program Membership			
The SLO County YMCA requires each participant to be a YMCA member. YMCA program members may enroll in other YMCA programs such as sports, camps, and family programs. Please refer to our website, www.sloymca.org to view all of our programs.			
Already a YMCA Member (Membership ID# _____)	Individual (1 child)	\$20.00	\$
	Family (2+ children)	\$35.00	\$
		\$0.00	\$0.00
Monthly Y Little Adventures Preschool Enrichment Fees			
Please circle the monthly fee corresponding to your plan per child. Please note: we are no longer prorating months; we've switched to a level-pay plan. Yearly fees are divided into 9 equal payments (September – May) for all schools. Parents may choose to be drafted on the 20 th or 28 th . Drafts will be made in advance of care (i.e. October fees will be drafted on September 20 th or 28 th , etc.)			
Three sessions: Session 1 – September 7 th thru November 22 nd ; Session 2 – November 30 th thru February 25 th ; Session 3 – March 1 st thru May 27 th .			

1st Child's Name: _____

Plan	Zoo Phonics Preschool (8:00am-11:00am)	Wee Fitness (11:00am-2:00pm)	Circle Days
4 Days	\$213.00	\$160.00	T W Th F
3 Days	\$160.00	\$128.00	T W Th F
2 Days	\$115.00	\$90.00	T W Th F

2nd Child's Name: _____

Plan	Zoo Phonics Preschool (8:00am-11:00am)	Wee Fitness (11:00am-2:00pm)	Circle Days
4 Days	\$213.00 x 2 = \$426.00	\$160.00 x 2 = \$320.00	T W Th F
3 Days	\$160.00 x 2 = \$320.00	\$128.00 x 2 = \$256.00	T W Th F
2 Days	\$115.00 x 2 = \$230.00	\$90.00 x 2 = \$180.00	T W Th F

Total Paid Today \$ _____

Cash Check Charge

Verified Complete & Received By: _____ Entered into Daxko: _____

GENERAL INFORMATION

Thank you for choosing the San Luis Obispo County YMCA. YMCA's are among the nations top leaders in providing after school care. Our goal is to provide a safe and positive environment where children may achieve their greatest potential, providing activities and experiences that develop and support the values of Caring, Citizenship, Responsibility, Respect, Fairness and Trustworthiness.

PAYMENT, FEES AND CANCELLATION POLICIES

REGISTRATION FEE – Non-refundable. A \$25.00 registration fee is due for all program participants. Registration fees must accompany the registration packet.

LATE PAYMENT FEE: Payment is due prior to the 1st of each month. If a payment is not received by the 1st, you will be issued a pink slip, stating that the day issued is the last day your child is eligible to attend YMCA programs until your account is current. A \$15.00 late fee will be added to your account. Uncollected balances more than 90-days past due may be turned over to a collections agency.

CANCELLATION POLICY: 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. There will be a \$30.00 processing fee added for any enrollment changes or cancellations. We have included a Change of Enrollment/Cancellation form in this packet for your convenience. You will be given a 30 day written notice from the YMCA prior to any change in policy or fee schedule. 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.

NSF PAYMENTS: I understand that if my payment is returned from the bank unpaid, I will be charged a \$25.00 fee and my child will not be able to participate in any YMCA Programs until my account has a zero balance.

PROGRAM FEES: All payments must be made via our automated Electronic Funds Transfer (EFT) system. All payments are non-refundable and non-transferable. Minimum School Days are included in the tuition if your child(ren) is(are) previously enrolled for the specific day of the week. If they are not enrolled, you may choose to enroll for the day for an additional charge. All children must be picked up by the end of their scheduled program time. If you are late, you will be charged \$1.00 per minute until you arrive. Late payment is due immediately upon your arrival.

Monthly Electronic Funds Transfer (EFT)

ADDITIONAL 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, bank or credit card information, including your phone numbers, home address, or work address has changed.

BILLING INFORMATION:

Name of Card/Account Holder: _____ Work/Cell Phone: _____
Is this the primary contact for all billing concerns/questions? [yes] [no] Other contact: _____

CREDIT/DEBIT CARD:

Card #: _____ Exp. Date _____ / _____ Visa, Master Card, American Express (Circle One)

Begins Month of: _____ Day of Debit: 20th or 28th (Circle One)

Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above credit card on the dates indicated for my Club Y payments in the amount of: \$ _____. (If more than one child, include the total amount for all children)

X _____
Signature of Account Holder Date

BANK DRAFT (Please Include a Voided Check with this form):

Full Name of Bank: _____

Bank Transit Number: _____ Account Number: _____

Begins Month of: _____ Day of Debit: 20th or 28th (Circle One)

Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above Bank Account on the dates indicated for my Club Y payments in the amount of: \$ _____. (If more than one child, include the total amount for all children)

X _____
Signature of Account Holder Date

I have read and understand the EFT information and agree to the policies contained herein. I understand I will receive a copy of this information in my parent handbook.

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

**SLO COUNTY YMCA – 2010-2011 CHILDCARE
REGISTRATION INFORMATION**

Please attach pictures here.

REGISTRATION CHECKLIST
The following items must be submitted in order for your child to be registered for our Program:
 Copy of immunization records attached (please no originals)
 Signed and completed registration Form (this page)
 Registration & program membership fees (non-refundable)
 Wallet size photo of your child attached to the registration form.

Child's Last Name _____ First Name _____ MI _____
 Birth date ____ / ____ / ____ Grade _____ Age _____ Sex M F School _____

2nd Child's Last Name (if applicable): _____ First Name _____ MI _____ Birth
 date ____ / ____ / ____ Grade _____ Age _____ Sex M F School _____
 Home Address _____ City _____ State _____ Zip _____

Parent/Guardian Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____
 Relationship to Child _____ Email Address _____
 Phone# _____ Cell Phone # _____ Business Phone# _____

Second Parent/Guardian Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____
 Relationship to Child _____ Email Address _____
 Phone# _____ Cell Phone # _____ Business Phone# _____

Responsible for payment: Mother Father Both Other (specify) _____

EMERGENCY CONTACTS AND PEOPLE AUTHORIZED TO PICK UP YOUR CHILD(REN)
 Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____

In order to better meet the needs of your child, please list as much information as possible for the following areas:

Current Medications:	Childs name	Childs name
Recurring Illnesses/Allergies:	Childs name	Childs name
Special Needs:	Childs name	Childs name
Operations/Serious Injuries:	Childs name	Childs name
Medical Conditions:	Childs name	Childs name

Do you carry family medical/hospital insurance? Yes No Carrier _____ Group # _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Parental Consent – Please circle yes or no for the following:

Yes	No	<p>CONSENT FOR TREATMENT: I give my permission for YMCA staff members to administer necessary medical treatment, in the event that my child(ren) needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program. YMCA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.</p> <p>Hospital Preferred: _____ City: _____</p>
Yes	No	<p>AUTHORIZATION: In the event that my child(ren) needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program, I give my permission for YMCA staff members to administer necessary medical treatment. YMCA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.</p>
Yes	No	<p>IMMUNIZATION: I can provide my child(ren)s immunization records and/or the records are on file at my child's school. All required immunizations and/or tuberculosis tests are current.</p>

I authorize my child(ren) to participate in the following activities while enrolled in YMCA Programs (please check the boxes):

- | | |
|---|--|
| <input type="checkbox"/> Travel on YMCA arranged transportation | <input type="checkbox"/> Swimming/Water Activities |
| <input type="checkbox"/> Participate in All Day Care activities – including field trips | <input type="checkbox"/> View a PG rated film |
| <input type="checkbox"/> Participate in photos or videos for YMCA publications | |

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

YMCA CHILD(ren's) BEHAVIOR CONTRACT: Disciplinary problems may require a time-out period. Parents may be called to pick-up a child(ren) who does not behave. A **Behavior Contract** is the first formal step to help solve 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(ren's) childcare 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.

STATEMENT OF RESPONSIBILITY: I understand and acknowledge that the SLO County YMCA does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for medical expenses occurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

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. We will not issue any product that is not in its original container and clearly marked by the manufacturer or pharmacy.

LARGE GROUP FORMAT: I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care and makes no claim to do so for any child(ren) except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to all children.

I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S(ren's) PARTICIPATION IN THE PROGRAM.

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date



SAN LUIS OBISPO COUNTY YMCA
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: _____ 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: _____

**SLO COUNTY YMCA – 2010-2011 CHILDCARE
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of 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 sports activity or off-site program affiliated with the YMCA, 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 facilities or equipment thereon and such affiliated program 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, 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 "releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused in whole or in part by the negligence of the releases 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.

2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and cost of suit 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 releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases 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, sport, or activity affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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.

For valuable consideration, I hereby give the San Luis Obispo County YMCA its successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child; (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name herewith.

I hereby release and discharge the San Luis Obispo County YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, motion pictures and the negatives thereof, and recordings, shall constitute your (YMCA) sole property, with full right of disposition whatsoever. I have read this release and agree to these terms.

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at the time of registration):

THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND HOLD HARMLESS. THE UNDERSIGNED FURTHER AGREES TO THE RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

Minor's Name

Date of Birth