



We build strong kids, strong families, strong communities.

FRISCO FAMILY YMCA
ENROLLMENT FORM 2005-2006
CHILD CARE PROGRAMS

PROGRAM SITE _____ MEMBER #: _____
START DATE _____ WITHDRAWAL DATE _____ DAYS/ HOURS OF CARE _____
CHILD'S NAME _____ AGE _____ D.O.B. _____ GRADE _____
CHILD'S HOME ADDRESS _____
HOME PHONE _____ SCHOOL PHONE _____
PARENT'S / GUARDIAN'S NAMES _____
ADDRESS IF DIFFERENT FROM CHILD'S _____
PHONE IF DIFFERENT FROM CHILD'S _____
PARENT'S MARITAL STATUS _____ CUSTODIAL PARENT _____

MAY YOUR CHILD BE RELEASED TO THE NON-CUSTODIAL PARENT? _____
(IF this is an issue, we must have a copy of a legal document evidencing the authority of one parent as the sole legal guardian and/or you may be asked to remove your child from the program. If such a document is not on file, staff is unable to legally deny pick-up of a child by one of the child's parents)

MOTHER: Name: _____ DL# _____
EMPLOYER: _____ WORK # _____
Date of Birth _____ Cell # _____ E-Mail _____
FATHER: Name: _____ DL# _____
EMPLOYER: _____ WORK # _____
Date of Birth _____ Cell # _____ E-Mail _____

EMERGENCY CONTACT and AUTHORIZATION TO PICK UP CHILD/REN
PERSONS BELOW: (I understand that anyone not listed below will not be allowed to leave the site with my child or called in case of an emergency.)

- 1. Name _____ DL# _____ Phone _____
2. Name _____ DL# _____ Phone _____
3. Name _____ DL# _____ Phone _____
4. Name _____ DL# _____ Phone _____

TRANSPORTATION:
_____ (Parent Initials) I hereby give my consent for my child to be transported by YMCA staff to or from YMCA events.

WATER ACTIVITIES:
_____ (Parent Initials) I hereby give my consent for my child to participate in water activities.

IMMUNIZATION RECORDS:
_____ (Parent Initials) TB, Hearing and Vision test results are on file in school office.

POLICIES AND PROCEDURES:
_____ (Parent Initials) I have received a copy of the Frisco Family YMCA After School Program's Parent Handbook. (Contains school age information and statements)

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Please list any medications your child is taking _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA After School program.

I have read the Admissions Agreement and fully agree to its terms. I have also read and accept the policies and procedures (parent handbook) stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying authorization and consent to medical treatment of minor and the parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me. In the event that I cannot be reached in an emergency I hereby give my permission to the YMCA staff to administer first aid and/ or transport to nearest hospital. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

The Frisco Family YMCA is hereby granted permission to use any individual or group photographs and/or videotapes taken at child care site showing my child in activities for use in public relations, promotional or advertising purposes.

Signature _____ Date _____
(Parent/ Legal Guardian)

Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital.

Name of Licensed Physician: _____ Phone: _____

Address: _____
Street Suite# City Zip

Notary Public Seal:

Notary Signature: _____ Sworn to and Subscribed before me
this _____ day of _____, 2005

My Commission expires the _____ day of _____
Month Year

I give my consent for the necessary medical treatment from physician and/or hospital/clinic

Signature _____ Date: _____
(Parent/Legal Guardian)

For Office Use Only		
	Billing	Membership
Staff Verifying Form: _____ Date: _____	D1 _____	Family
Approved by: _____ Date: _____	D1/15 _____	
	S1 _____	Program
	S1/15 _____	