

Identification & Emergency Information

Enrollment Date: _____

Child: Name _____ Sex: _____

Grade in Fall _____ Birth Date _____

Primary Phone _____

Secondary Phone _____ Address _____

City _____ State _____ Zip _____

First Parent/ Guardian :

Name _____ Employer _____

_____ Primary Phone _____ Work _____

Phone _____ Cell: _____

Second Parent/Guardian:

Name _____ Employer _____

_____ Primary Phone _____

Work Phone _____ Cell: _____

Medical Contacts:

Physicians

Name _____ Phone _____

Address _____ City _____ State _____

Zip _____

Dentist's

Name _____ Phone _____

Address _____ City _____ State _____

Zip _____

Emergency Contacts/ Pick-up Authorization (Please list anyone allowed to pick up besides Guardian listed above. Identification by Photo valid I.D. will be required at pick)

Name: _____ Relationship _____

Phone Number _____

Name: _____ Relationship _____

Phone Number _____

Name: _____ Relationship _____

Phone Number _____

Payment Agreement

All child care payments will be collected using a Credit Card draft of Electronic fund Transfer using your banking account. I understand that this service is will only continue while my child is in a Child Development program.

Please initial next to the following statements below.

_____ I understand that if I wish to discontinue care; I must fill out a Child Development Cancellation/change form. If I don't I understand that I may not be refunded schedule charges

_____ I understand it is my responsibility to notify the Child Development Business Manager Samantha Blain 719-543-5151 ext 265 of any changes of address, bank account information or credit card information/ expiration date.

_____ The per-program registration fee is a one –time yearly fee. It is Non-refundable

_____ A \$20.00 fee is applied to every returned transaction. The Ymca of Pueblo reserves the right to collect those fees before continuing any services or allowing further registrations for any programs.

Electronic Funds Transfer (EFT) or Credit Card Authorization

I authorize my bank to pre-authorized EFT or Credit Card charges, against my account for (child care service) payments indicated below. When the bank honors the EFT or Credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any pre-authorized EFT or Credit Card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment, plus a service charge (including all service charges from my institution, the YMCA of Pueblo and any third party collections institute.) It is further understood that if such payment is not honored by the bank or Credit Card Institution, then the YMCA at its discretion, may submit the amount due for payment on a future date.

- I choose to utilize the EFT option for monthly payment direct from my: **Checking/Savings Account**

Bank Name _____
Routing/Transit Number _____
Acct. Number _____
Name shown on account _____
Authorized Signature _____
Date _____

- I choose to utilize the Credit Card Payment option for monthly payment- automatic direct charge

Credit Card Type Visa MasterCard
Card Holder Name _____
Account Number _____
Expiration Date _____
Authorized Signature _____
Date _____

I choose one date: 1st of the Month

_____ **I acknowledge the Payment Agreement.**

Signature _____ Date _____

Personal History Information

Child's Name _____ Nickname _____

Mom _____

Dad _____

Guardian _____

Family Dynamic _____

Any custody Arrangements Please include paperwork

Siblings of child:

Name _____	Birthdate _____	Grade _____
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Name _____	Birthdate _____	Grade _____
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Name _____	Birthdate _____	Grade _____
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Name _____	Birthdate _____	Grade _____
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Has your child attended any Y Programs? Yes / No _____

What activities does your child enjoy?

What are your child's main interests and hobbies?

Does your child have any allergies or health issues that we should be aware of?

Has your child had any specific unfavorable experiences in this type of program?

What word best describes your child's interaction with peers?

What do you wish your child to gain by attending the B&A Program?

Does your child wear an orthopedic appliance, glasses, or contacts?

Please list any activities that you do not want your child to participate in:

Waivers- Please read and sign carefully

LIABILITY WAIVER

_____ The attached health History is correct so far as I know and the person herein described has permission to engage in all activities including field trips and photos for promotional purposes. I agree to follow the rules, guidelines, procedures, and policies described in the Parent Information Packet. The Undersigned hereby agree to hold harmless and indemnify the YMCA of Pueblo and/ or any of its employees and/ or volunteers from and against any claims, demands, liability, costs of suit, damages, loss and/ or judgments in connection with any use of the YMCA properties.

TRANSPORTATION AUTHORIZATION

_____ I hereby give permission to the YMCA of Pueblo to transport my child on the YMCA-provided Transportation.

SUNSCREEN PERMISSION

_____ I hereby give permission for sunscreen to be applied to my child by Him/herself. In the event that my child forgot sunscreen, my child has permission to apply sunscreen that is provided by the YMCA.

EMERGENCY AUTHORIZATION

_____ I hereby give permission to the allow medical personnel selected by the YMCA staff to order x-rays, routine tests and treatment for my child. In the event that I can not be reached in an emergency, I hereby give permission to transport, to hospitalize, secure proper treatment for and to order injection and/ or anesthesia and/ or surgery for my child. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

Swimming Waiver

_____ I hereby give permission for my child to participate in swimming at the YMCA.

Climbing Waiver

_____ I hereby acknowledge the inherent extreme risks in rock climbing, including climbing on artificial surfaces. I realize that those risks include, but are not limited to: falls from or contact with the walls or equipment, bad decision making, inattention of belayers or actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, and accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities and/or the sport of clinging and I agree that said list is in no way limits the extent or reach of this release. I VOLUNTARILY ASSUME ALL RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGERS AND RISKS INVOLVED.

Insurance Information

Child's Legal Name _____
School _____ Insurance _____
Company _____ Policy/ Group _____
_____ Name or Policy _____
Holder _____ Relationship to _____
child _____ Guardian _____
Signature _____
Date _____ Guardian's Printed _____
Name _____