

2024-2025 Y-Club Child Enrollment

Parents and Guardians,

Being we are a state-licensed facility, the enrollment form attached must be completed fully as well as an updated copy of immunization records.

Every line requesting information needs to have a written response. Enrollment forms with any missing information big or small will not be processed which could lead to losing your spot.

Under the parent Health Statement, if a food allergy, behavioral concern, or medical concern is listed we require an individualized Care Plan (ICP), food substitution form, or IEP/504 before enrollment.

If requested, these forms can be sent to you through email. If you have any questions or concerns please feel free to contact the Childcare Staff.

Nabrina Keltner 573.657.9622 ext. 808

Nabrinas@jcymca.org

Brian Short 573.657.9622

Bshort@jcymca.org



2024-2025 Y-CLUB ENROLLMENT FORM

CHILD'S NAME:

DOB:

GENDER:

SCHOOL:

GRADE:

CHILD'S STREET ADDRESS:

CITY/STATE/ZIP:

PARENT/GUARDIAN

NAME:

DOB (required):

STREET ADDRESS:

CITY/STATE/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY/STATE/ZIP CODE:

WORK HOURS:

WORK DAYS: S M T W TH F S

WORK PHONE:

NAME:

DOB (required):

STREET ADDRESS:

CITY/STATE/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY/STATE/ZIP CODE:

WORK HOURS:

WORK DAYS: S M T W TH F S

WORK PHONE:

**COURT DOCUMENTATION IS REQUIRED FOR ANY BIOLOGICAL PARENT
BARRED FROM ACCESSING THEIR CHILD.**

Immunization Record is Required

2024-2025 Y-CLUB ENROLLMENT FORM

EMERGENCY CONTACT OTHER THAN PARENTS

NAME: _____
 STREET ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE: _____
 RELATIONSHIP: _____

AUTHORIZED PICK UP: PLEASE LIST OTHER PEOPLE WHOM YOU AUTHORIZE TO PICK UP YOUR CHILD:

AUTHORIZATION FOR MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize YMCA to contact the following:

DOCTOR: _____ PHONE NUMBER: _____

HOSPITAL : _____

CACFP (Child and Adult Care Food Program) Requirement

CHECK HERE DAYS your child will attend	What time does your child arrive?	What time does your child leave?	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MON	PM	PM	
TUES	PM	PM	
WED	PM	PM	
THUR	PM	PM	
FRI	PM	PM	

Ethnic and Racial Makeup.

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other pacific Islander	White	Not listed: _____
----------------------------------	-------	---------------------------	---	-------	-------------------

SNACK provided in PM only

Snack provided on the following holidays: Columbus Day, Veterans Day, Election Day

Immunization Record is Required

2024-2025 Y-CLUB ENROLLMENT FORM

ACKNOWLEDGEMENTS

I have received a copy of the Y-Club Parent Handbook, which contains policies regarding admission, care and discharge of children (Available online at www.southernbooneymca.org. Printed copies by request).

I have been informed that a copy of the licensing rules for child care centers is available at this facility for review.

The YMCA and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

When my child is ill, I understand and agree that s/he may not be accepted for or remain in care.

I give the YMCA permission to transport my child if necessary.

I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations, or exemptions from immunizations.

I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

PARENT SIGNATURE:

DATE:

LIABILITY RELEASE

I, the undersigned, request permission for _____ to enter the Southern Boone Area YMCA (hereinafter the YMCA) school age programs and to participate in the YMCA activities associated with the program. I know and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises.

In consideration of demands, damage actions and cause of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA premises and participation in any YMCA activity. I certify that I am 18 years of age and that my participation in the YMCA activities are voluntary. I give consent for my child to be photographed, videotaped or to appear in local newspaper articles or other local media.

PARENT SIGNATURE:

DATE:

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

My child is in good health, is able to participate in group care, and has no special health or medical requirements. If my child is able to participate in group care but has special health or medical requirements, I have listed them here.

PLEASE LIST ANY SPECIAL HEALTH OR MEDICAL CONDITIONS, including chronic health problems (Asthma, seizures), behavioral disorders, special needs, etc.:

An **INDIVIDUALIZED CARE PLAN FORM** is **REQUIRED** for any child with a condition as listed above. Falsification of records is grounds for expulsion from the program.

A food substitution form is required to make food accommodations

PARENT SIGNATURE:

DATE:

Immunization Record is Required