

YMCA Bright Beginnings Development Center
901 Quarrier Street, Suite 100 Charleston, WV 25301
(304) 345 - 0474

Children's Information Record

We accept all children without regard to race, color, creed, religion, sex, national origin, age, or martial status of parents.

Family Information:

Child's Name: _____
Child's Birthday: _____ Sex: _____
Mother's Name: _____
Father's Name: _____
Home Address: _____
City, State: _____
Home Telephone: _____
Cellular Telephone: _____
Pager Number: _____
Mother's Place of Employment: _____ Work Address: _____
Work Telephone: _____ Mother's Social Security No: _____
Father's Place of Employment: _____ Work Address: _____
Work Telephone: _____ Father's Social Security No: _____

Contact Information: (In case parents cannot be reached in an emergency)

Contact Name: _____ Physician's Name: _____
Contact Address: _____ Physician's Telephone: _____
Contact Telephone: _____ Physician's Address: _____
* Insurance Company: _____ Preferred Hospital: _____
* Insurance Number: _____

****Please attach a copy of insurance card. (DHHR Requirement)***

Health & Development Information:

Last Physical: _____ Immunizations Updated (date): _____
Allergies: _____ Regular Medications: _____
Illnesses: _____ Special Needs/Concerns: _____

****Please attach a copy of immunization record and or plan.***

Authorization

Persons Authorized to Pick up Child: (anyone not listed cannot pick up child without **written** permission)

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

Specific arrangements pertaining to custody agreements must be in writing and authorized by both parents signatures or court documentation.

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FINANCIAL AGREEMENT

1. I wish to enroll (1) _____
(2) _____
(3) _____

The YMCA is on the following rate schedule, please mark the correct rate:

Weekly Rate \$ _____ (Private Pay Only)
Daily Rate \$ _____ (State Pay Only)

2. I will pay through automatic bank or credit draft. Drafts will be completed on your choice of 'every other Tuesday' for that current week and the following week or 'on the 15th of the month' for all weeks in that month.

3. I agree to pay my weekly rate regardless of the number of days my child attends. Weekly fees stand to reserve your child's spot in the program. If your child must be absent for vacations or extended illnesses, fees may be waved up to 3 weeks (Waivers will only be given in full week increments). These extenuating circumstances must be scheduled with the Child Care Director in advance.

4. I agree to pay a one time, non-refundable \$25 registration fee (per family).

5. In the event that I cannot arrive at the center before 6:30 p.m., I agree to pay a fee of \$5 for each 15 minutes that I am late. The fee will be added directly to my bill.

6. Should I decide to withdraw my child from the center, I will give a two weeks notice so that automatic bank draft may be terminated.

7. I am responsible for any insufficient bank drafts and shall pay a service fee of \$10 for each returned draft.

Signature

Date

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Child's Name: _____ Date of Birth: _____

In the event all reasonable attempts by YMCA staff to contact child's parents/guardian _____ (name) at _____ (phone numbers) or to contact _____ (emergency contact) at _____ (phone number) have been unsuccessful, I give my consent for:

1. The administration of any emergency medical, dental, or surgical treatment deemed necessary. In the event the appropriate preferred practitioner is not available permission is given for another licensed physician or dentist to perform treatment.
2. The transfer of the minor to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians concurring in the necessity for such emergency surgery are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the minor's medical history:

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Other pertinent facts to which physician's should be alerted: _____

Physician's Name: _____ Physician's Number: _____

Parent's Signature

Date

YMCA CHILD CARE PERMISSION FORM

- I hereby grant permission for my child to use all play equipment and participate in all activities associated with the child care program.
- I hereby grant permission for my child to leave the YMCA premises, **as scheduled**, under the supervision of YMCA staff members for daily activities and field trips in an authorized YMCA vehicle.
- I hereby grant permission for my child to be included in evaluations, photos and videos connected with the program. Photographs and videos may be used for YMCA promotional purposes.
- I hereby grant permission for the Child Care Director to take necessary steps to obtain emergency medical care, if warranted. (see also Authorization for Emergency Medical Treatment)
- I understand the YMCA and YMCA staff are not responsible for happenings that may result from false or incomplete information given by a parent or legal guardian at the time of enrollment or thereafter.
- I agree that the YMCA is released of liability in connection with medical treatment and accidents.
- I agree to sign my child in and out each and every day to ensure safety for my child, staff, and other youth. **I agree to show proper identification at sign-out daily.**
- I agree to pay all fees in a timely manner as indicated in the fee policy.
- I understand that non-payment of fees will result in termination from the program.
- If you have any questions or comments about the above statements, please contact Marie Rinick at 345-0474 prior to signing below. You can also email to brightbeginnings@ymcawv.org.

Parents Approval: As parent or legal guardian of the below named child, I approve of all conditions stated in above section titled YMCA Child Care Permission Form.

Child/Children's name: _____

Approval signature: _____ Date: _____

Approval signature: _____ Date: _____