

**Marion Family YMCA Child Care General Enrollment Form**  
(please print)

Child's First and Last Name: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Primary Parent Contact: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

(please double check phone number and email)

Please tell us if your child has any allergies, special needs or inclusion needs. If none, please write none:

Please tell us a little bit about your child: hobbies, likes, dislikes. What would you like us to know about him / her?

Does the child have siblings?    ☐ No    ☐ Yes, please include names & ages:

How's your child handling the Pandemic? Are there any concerns we should be aware of?

Has your child had a previous care arrangement? (center based, in home, with family)

Please tell us about your child's favorite foods:

Are there any foods your child should not be fed? (child care licensing requires a form be completed for children with food allergies and /or dietary restrictions):

Are there additional personality and behavior characteristics that would be useful to know about your child?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know:

**Section below is for Elementary School Age Child Care children only** (if you're enrolling your child in the Y's Preschool, you can leave these questions blank and skip to next page)

School your child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

For those attending Before & After School Care, check off the one that applies.

\_\_\_\_\_ My child attends Benjamin Harrison or George Washington. I will notify the school that my child is attending the YMCA program needs transportation to / from the YMCA.

\_\_\_\_\_ My child attends Pleasant Elementary. I will notify the school and complete the babysitter transportation form.

\_\_\_\_\_ My child attends another school and I will make my own transportation arrangement. I will notify the YMCA Program Director of those arrangements to ensure the Y is able to accommodate them.

My child will be attending (write in days of the week you need care):

\_\_\_\_\_ Before School Care on: \_\_\_\_\_

\_\_\_\_\_ After School Care on: \_\_\_\_\_

\_\_\_\_\_ All Day Care on: \_\_\_\_\_

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**MARION FAMILY YMCA  
2020-2021 Child Care**

**By registering for child care, I agree to all of the following regarding my child's participation:**

I give my permission for my child to use all of the equipment and participate in all activities of the program. I give this permission understanding that the nature of some activities may carry risk of injury or illness (including COVID19) and no matter how careful YMCA staff or participants are, the risk cannot be eliminated.

I agree that I will not send my child to child care if he / she is ill or if my child has been exposed to anyone who has been diagnosed with COVID19 or likely to have COVID19; and / or any other screening criteria implemented by the Marion Family YMCA (YMCA). I further agree that I will be available, or have someone designated as available, to pick my child up from child care during the day if so asked by YMCA staff due to my child exhibiting signs of illness.

I also agree to follow all YMCA health protocols which may include wearing a mask, limited access to child care areas, and temperature checks. I also understand and agree that my child will follow all established YMCA health protocols which may include wearing a mask (school-age children), daily health screening and temperature checks.

I do hereby consent and authorize the YMCA staff to take any and all action, including use of emergency medical transportation, medical services and hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the YMCA and that I must provide this permission on ODJFS Form 01234 in order for my child to participate in YMCA child care. I understand that medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the YMCA is not responsible for anything that may happen as a result of false or incorrect information given by a parent or guardian.

I understand that the YMCA requires all children in child care to be up to date on immunizations and that this must be verified within 30 days of enrollment on ODJFS Form 01305.

I agree to follow the checking in and out procedures of the child care. I understand that only those people designated by me on my child's enrollment forms may pick up my child from child care, and that I, or the person picking up my child must use the established check out procedure each day and may be requested to show identification.

I give my permission for my child to be included in evaluations, pictures, and videos associated with the program including those which may be used for marketing the program and photos or videos of which may be posted to the YMCA's social media accounts. If I am a guardian of a foster child with photo restrictions, I will contact the YMCA Program Director. I give permission for my child to participate in the YMCA's evaluation and data collection activities and understand that neither my child or I will be paid for such participation.

I understand that there is additional paperwork that must be completed prior to my child participating and I agree to complete paperwork fully and provide to the YMCA prior to, or upon, my child's first day of attendance. I further understand that I am responsible for reading the YMCA's Child Care Handbook and abiding by all policies and procedures.

I understand that my name below indicates that I agree to all of the above and that this constitutes my signature.

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Parent / Guardian Name

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Date

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## Marion Family YMCA Child Care Pick Up Authorization List

I, \_\_\_\_\_ give permission to the Marion Family YMCA  
(parent/guardians name)

Child Care to release \_\_\_\_\_ to the following people.  
(Child's Name)

**Contacts should include yourself and emergency contacts from the emergency information form.**

	Name	Relationship to Child	Phone number
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

**Before and After School Care Children Only:**

\_\_\_\_\_ My child is attending Before School Care and will take the bus from the Y to (circle school) Benjamin Harrison, George Washington or Pleasant Elementary. I understand Y child care staff will observe my child getting on the bus each morning. Once my child is on the bus, he / she is considered signed out of the program.

\_\_\_\_\_ My child is attending After School Care and will arrive on the bus from (circle school) Benjamin Harrison, George Washington or Pleasant Elementary. I understand the Y child care is not responsible for my child until he / she exits the bus and checks in with Y child care staff. Child care staff will meet the bus outside the Y each day. I also agree to notify the Y no later than 2:00 pm each school day if my child is not attending the After School program.

\_\_\_\_\_ My child is attending Before or After School Care and \_\_\_\_\_ school district is providing transportation for my child. Arrangements are: \_\_\_\_\_

\_\_\_\_\_. I understand that all such arrangements must be pre-approved by the Y School Age Child Care Coordinator or Program Director.

**In the event that there is a change, I will notify the YMCA immediately.**

\_\_\_\_\_  
(Parent Signature) (date)

\_\_\_\_\_ I have attached copies of legal custody papers which indicate the following biological parent / guardian **MAY NOT** pick up the child listed above: \_\_\_\_\_