



CHILDCARE REGISTRATION

Section 1

Check If Current Member

Membership Type:

Individual

Family

First Name:

Last Name:

Section 2

Date Starting Program:

Transportation needed

School Release Time:

Name of School:

Section 3

Before School:

After School

Before and After School

5 days a week

5 days a week

5 days a week

6:30 to 8:00 am

Until 6:00 pm

Until 6:00 pm

\$130.00 per month

\$190.00 per month

\$270.00 per month

+ \$

Membership

Individual \$75

Family \$140

+ \$

Transportation

(Transportation will be available from your child's school to YMCA ChildCare)

Per Pick-up Time

(if two or more children are being picked up at the same time, at same school, that is one pick up)

\$55.00 per month

+ \$

Additional Child Discount

(A 20% Discount is provided for each additional child from the same Family Membership)

Additional Child(ren)

X \$

Fee X

0.80

--- >

+ \$

Additional Child(ren) 2wk Deposit X \$

Fee X

0.80

--- >

+ \$

Names of additional Child(ren)

Total

= \$

Section 4

I would like to make all tuition payments by:

Credit Card

(please fill in section 6)

Check/Money Order/Cash

Payment by cash, check, or Money Order is Due on the first of the month and late after the 5th.

Credit cards will be charged on the 5th of the month

Section 5

Name: (as it appears on the card)

Type of Card:

Zip:

M/C Visa

Card Number:

Expiration Date:

Must be after Jan 2008

Home Phone

Signature indicates authorization to charge your card and acceptance of credit card agreement.

Parent/Guardian Signature:

Date:

OFFICE USE ONLY!	AMOUNT PAID:	Cash / Credit / Check	Check #:
VALIDATE MEMBERSHIP:	STAFF INITIALS:	RECEIPT #:	

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Donald E Suburu Elementary YMCA Childcare TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

()

()

LIC 627 (5/01) (CONFIDENTIAL)

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HOME ADDRESS

HOME PHONE

WORK PHONE

()

()

LIC 627 (5/01) (CONFIDENTIAL)

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: State Of California Fresno Office

Licensing Office Address: 770 E Shaw Suite 300 Fresno CA 93710

Licensing Office Telephone #: 559-243-4588

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (12/06)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Donald E Suburu YMCA Childcare

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (12/06)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME		SEX	BIRTH DATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME		DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	
DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)			
WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*	
MONTHS	MONTHS	MONTHS	MONTHS
PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:			
<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
<input type="checkbox"/> Poliomyelitis		<input type="checkbox"/> Ten-Day Measles (Rubeola)	DATES
		<input type="checkbox"/> Three-Day Measles (Rubella)	
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS			
DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
DAILY ROUTINES (*For infants and preschool-age children only)			
WHAT TIME DOES CHILD GET UP?*		WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*		WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?	
	LUNCH	BREAKFAST _____	
		LUNCH _____	
	DINNER	DINNER _____	
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	
PARENT'S EVALUATION OF CHILD'S HEALTH			
IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT'S EVALUATION OF CHILD'S PERSONALITY			
HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?			
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?			
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)			
WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?			
REASON FOR REQUESTING DAY CARE PLACEMENT			
PARENT'S SIGNATURE			DATE

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME State Of California Childcare Licensing		
ADDRESS 770 E Shaw Suite 300		
CITY Fresno	ZIP CODE 93710	AREA CODE/TELEPHONE NUMBER 559-243-4588

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) Donald E Suburu Elementary YMCA Childcare	(PRINT THE ADDRESS OF THE FACILITY) 7315 Harries Rd
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (DATE)

YMCA of Kern County
Suburu School Before/After School Program
Parent Information Sheet

Thank you for your interest in the YMCA's School Age Childcare Program. We are pleased to be able to offer you a safe and exciting environment for your children when they are out of school. Please read the following pages carefully. If you have any questions, please do not hesitate to call us at 837-YMCA. We are excited about our program and hope that you share our enthusiasm! We want the School Age Childcare Program to be a personal learning experience for every child.

The YMCA of Kern County has had a great working relationship with the Lakeside School District for over ten years, and this year we continue that relationship and plan for the best program ever! Our staff is committed to kids and is trained to provide fun, safe, educational activities for them before and after school. Our program is licensed by the State of California, and visited by a Licensing officer to ensure compliance with regulations.

The California Department of Social Services shall have the authority to interview children or staff and to inspect and audit child and facility records without prior consent. The licensee shall make provisions for private interview with any child(ren), and any staff member, and for the examination of all records relating to the operation of the facility. The department shall have the authority to observe the physical condition of the child(ren), including conditions, which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

After school care consists of free play, organized activities, snacks, and time to work on homework, with the help of the staff. Morning care includes fun activity time and help with homework if necessary. We encourage parents to get to know staff members, and to think of them as an extension of your children's family since they do spend a significant amount of time together. We take our mission to heart, and encourage Caring, Honesty, Respect, and Responsibility in all our programs.

YMCA Mission: To put Christian principles into practice through programs that builds a healthy spirit, mind and body for all.

Billing Terms & Conditions

1. Payments will be handled on a monthly basis. Parents will be responsible for payment of the entire month despite the number of days the child attends. To minimize confusion we will charge the same price for all months. December will be billed at a lower rate due to the Christmas break. The month of April will be billed at a lower rate due to Easter break.

2. Fees will be due on the 1st of each month for that month. **If payment is not received by the 5th of the month you will be charged a late fee of \$25. If payment is not received by the 10th of the month, the child will be dropped from the program, and your membership will be revoked with no refund.**

3. If the 5th falls on a Saturday payment is due Friday. If the 5th falls on a Sunday payment is due Monday. After three months of late payments, the child will be dropped from the program. Payments must be made in person or by mail to the YMCA office at 5880 District Blvd, Suite 13, or by check or money order at the childcare site. No cash is accepted at the childcare site.

4. A \$25.00 charge will be assessed for any checks returned from the bank. A returned check will require that credit card, cash or money order to make future payments.

5. To withdrawal your child you need to submit the Withdrawal Form and/or final payment two weeks before expected last day of care. The two-weeks begins from the day the Withdrawal Form is received (or later). If you fail to submit a Withdrawal Form and choose to pull your child from the program

your membership will be revoked and no refund given.

Hours

1. The morning program will operate from 6:30a.m. Until the morning bell. The afternoon program will begin immediately after school and closes at 6:00p.m.

Parent Pick-Ups

1. Children must be picked up by 6:00 p.m. For your child's safety and our attendance records, you must sign your child in and out when s/he arrives and leaves everyday. Each child's name will be listed on an attendance sheet for you to sign. We must keep records of who is authorized to pick up the child. The State of California license requires your signature.

2. **If the child is not picked up by 6:00p.m, you will be charged \$5 at 6:01 and additional \$1 per minute for the time there after.** (For example is you arrive at 6:01 you will be charged \$5 if you arrive at 6:02 you will be charged \$6) At closing, childcare staff will call the emergency contacts as noted on the emergency card. If the emergency contacts cannot be reached by 6:30p.m. Child protective services will be called. We will go off the clock at childcare.

_____ **Initial**

DayCamp

1. The YMCA will provide an all day DayCamp for the following holidays Veterans Day, Martin Luther King Day, Presidents Day. The YMCA offers Christmas camp and Easter camp. DayCamps are at the YMCA gym, which is not a licensed facility. You will be required to bring a lunch and two snacks. Please see

registration form for cost of camps and DayCamps.

_____ **Initial**

Day Camp Vouchers

1. All childcare Families are automatically eligible for day camp vouchers. When ever a day camp is offered during the school year each family can get a discount for the day camps. Registrations are due by 5:30 pm two days before the day camp (for instance due wed 5:30 pm for a Friday day camp or Monday 5:30 pm for a Wednesday day camp). Vouchers expire along with registration deadlines. Drop-ins are on a case-by-case basis at full cost until max census is reached.

2. Vouchers are good only for the month in which the day camp is offered, but are combinable (if you only intend on doing one day camp in the month). Vouchers have no cash or credit value. Vouchers are only available to families with zero balance accounts.

_____ **Initial**

Absences

1. Please notify the YMCA office if you know that your child will be absent. Call the site directly to inform us of the absence. The number is 661-332-0027. If you are on the school grounds and are picking your child up when they normally would go to childcare, please let the staff know and sign your child out. We do not give credit for sick or missed days. Our staff takes your child's welfare seriously, and may be calling if your child does not attend After School Care and no call has been made to the YMCA or site.

Fog Delays

1. On days with fog delays, morning care will continue until 10:00am. If you need childcare on fog delays you may drop your child(ren) off for an additional cost of \$6 per child. The adjustments will be made on your next months invoice. This only pertains to child(ren) already participating in the After School program. Fog delay season is from November through February.

2. On days when school is cancelled due to weather or other reasons, we will not be able to provide care for the entire day. If the children are already on campus when the district announces a school closure, parents will be notified and will have one hour to come pick up the children. If a school closure is announced before 6:30 a.m., care will not be offered that day.

Illness

1. If your child is sick, please arrange for him/her to remain at home and notify the YMCA Site Director (332-0027) so that our staff can be made aware between the hours of 6:30am – 8:00am or 2:00pm – 6:00pm.

2. If your child becomes ill while in day care, you will be called to come pick him/her up. Generally, if a child has a fever, we will call you to pick him/her up. Please use your judgment and remember that other children and staff will most likely become ill if your child is contagious. Please inform us if your child has been exposed to or has a communicable disease. This includes head lice. We will notify you if your child is

exposed to a communicable disease at the center.

Emergencies

1. The program staff will try to reach parents in case their children are involved in an accident. In case parents cannot be reached, we will use the authorization provided in the Registration Form to call a doctor and hospitalize the child(ren) at the parent's expense. If the situation is severe, we will call 911 immediately. For this reason, it is very important that the YMCA be notified immediately of any change of address or phone number for your family.

Miscellaneous

I agree to indemnify and hold harmless the YMCA of Kern County, their officials and employees affiliated with programs from and against all liability for any injury, which may be suffered by my child of or in anyway connected with participation in the YMCA of Kern County School Age Child Care Program.

I do not hold the YMCA of Kern County responsible for any lost or stolen personal items.

I give permission for pictures and/or videos be taken of my child during YMCA of Kern County activities for promotional purposes.

_____ **Initial**

Either party may terminate the agreement with a 15 day written notice (Withdrawal Form)

AGREED AND ACCEPTED BY:

Parent/Guardian Signature

Date

Childs Name