

YMCA of Orange County

Child's Pre-Admission Health History – Parent's Report

CHILD'S NAME		SEX: M F	BIRTHDATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTHER'S NAME		DOES MOTHER LIVE IN HOME WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I. MEDICAL INFORMATION			
IS OR WAS CHILD UNDER REGULAR SUPERVISION OF PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION:	
DOES YOUR CHILD TAKE PRESCRIBED MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, a Permission to Medicate form is required)		IF YES, NAME OF PHYSICIAN:	
		IF YES, WHAT KIND: SIDE EFFECTS:	
CHILD'S MEDICAL HISTORY (Does your child have any of the following)			
	Yes	No	
Diabetes			Epilepsy
			Hay Fever
			Asthma
CHILD'S IMMUNIZATION HISTORY (Please have copy on file at school). Please mark Yes for all immunizations that are current.			
	Yes	Date	
Chicken Pox			Rheumatic Fever
			Whooping Cough
			Mumps
Poliomyelitis			10 Day Measles (Rubeola)
			3 Day Measles (Rubella)
PLEASE 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 THE LAST YEAR?	
LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF (food, medications, environmental, etc.):			
DESCRIBE THE ALLERGIC REACTION:			
DOES CHILD HAVE AN ALLERGIC REACTION TO SUNSCREEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE THE ALLERGIC REACTION:	
DOES CHILD USE ANY SPECIAL DEVICE (S)? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT KIND:	
DOES CHILD USE ANY SPECIAL DEVICE (S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT KIND:	
II. EMERGENCY MEDICAL INFORMATION (THIS INFORMATION IS REQUIRED)			
PHYSICIAN:		PHONE:	
DENTIST:		PHONE:	
INSURANCE CO. NAME:		POLICY NO.:	PHONE:
MEDICAL AUTHORIZATION: As the parent, authorized representative, or legal guardian, I hereby give Consent to the YMCA to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.), dentist (D.D.S.) or osteopath (D.O.) for _____. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child named above.			
Parent/Guardian Signature:			Date:
III. CHILDS HEALTH STATEMENT: I, the undersigned, understand that at a YMCA Child Care Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed below under "special problems") from strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.			
Parent/Guardian Signature:			Date:
IV. PARENT'S EVALUATION OF CHILD'S PERSONALITY			
PLEASE TELL US ABOUT YOUR CHILD. DOES HE/SHE HAVE ANY SPECIAL PROBLEMS OR FEARS? (EXPLAIN)			
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? (EXPLAIN) IF YES, PLEASE FILL OUT THE SPECIAL NEEDS INTAKE FORM.			
Parent/Guardian Signature:			Date:

YMCA Of Orange County Admissions Agreement

ACKNOWLEDGEMENT / AGREEMENT - As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

- A. I acknowledge that I have received a copy of the YMCA School-Age Child Care Parent Handbook and will comply with the policies set forth. I further acknowledge that I have received copies of the following documents required by the State of California, Community Care Licensing:
- 1) "Parent's Rights"
 - 2) "Personal Rights"
 - 3) "Parent Handbook"
 - 4) "Fees Page"
- B. Those field trips, either by walking or in YMCA vehicles or school district buses, are a part of childcare program activities.
- C. Authorization for the YMCA to take photographs, videos, motion pictures and /or sound recordings of the childcare participant or members of the participant's family. I further grant the YMCA permission to use the photographs, video, motion pictures and/or sound recordings in its general publicity materials.
- D. That YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. (The YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
- E. That I am not to leave my child at the YMCA Program Center unless a YMCA staff or volunteer is there to receive and supervise my child.
- F. That should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)
- G. That the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- H. That the YMCA may terminate my child's enrollment for any of the following reasons:
- ❖ Emergency names and phone numbers are incorrect
 - ❖ Parent is late picking up child after Program Center closes
 - ❖ Non/late/NSF payment of fees
 - ❖ Failure to adhere to the sign-in/sign-out policies
 - ❖ Failure to notify the YMCA that child will be absent
 - ❖ Child leaving the Program Center without authorized written permission
 - ❖ Behavior that is continually disruptive or dangerous to others and/or self
 - ❖ Behavior that is destructive to property and/or refusal to replace said property
 - ❖ Any single incident that is deemed by the Program Center Director to be dangerous, harmful or disruptive
 - ❖ Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- I. That Program participation requires a YMCA school-based membership in good standing and that non-payment of membership fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit account.
- J. I understand that I am required to give 30 days written notice when terminating from the YMCA Child Care Program. If **30 days written notice** is not given, I will not receive a refund or credit.

Parent/Guardian Signature

Date

YMCA Child Care Representative

Date

YMCA of Orange County - Child Care Registration

Today's Date		School / YMCA Center		Date child will begin	
Child's Last Name/First Name			Date of Birth		Sex M F
Grade in the Fall					
I. RESPONSIBLE PARTY INFORMATION (The "Responsible Party" is the parent/legal guardian enrolling the child and is responsible for payment of fees, signing releases, authorizing individuals to sign out the child and making any changes to the child's participation in the program.)					
Responsible Party's Last Name/First Name		Date of Birth (For ID Purposes)		Relationship to child	
Home Address		City	Zip Code	Home Phone ()	
Driver's License # / State of Issue	Social Security Number	Employer Name		Employer Phone ()	
E-mail address		Child lives with (circle one) Mother Father Both 50/50 Other			Cell/Pager Number ()
Other Parent's Last Name/First Name (if applicable)		Date of Birth (for ID purposes)		Relationship to child ()	
Home Address		City	Zip Code	Home Phone ()	
Driver's License # / State of Issue	Social Security Number	Employer Name		Employer Phone ()	
E-mail address		Please check to receive the following: <input type="checkbox"/> Monthly Receipt <input type="checkbox"/> Annual Tax Statement			Cell/Pager Number ()
II. CHILD'S PARTICIPATION SCHEDULE					
EARLY BIRD KINDERGARTEN OPTIONS		Circle Days	GRADES 1st – 6th		Circle Days
<input type="checkbox"/> K Plus + M-F Extended Child Care			<input type="checkbox"/> Before and After School (M – F)		
<input type="checkbox"/> K Plus + 3 Day Extended Care		M T W TH F	<input type="checkbox"/> 3 Days Before and After School		M T W TH F
<input type="checkbox"/> K Plus + 2 Day Extended Care		M T W TH F	<input type="checkbox"/> 2 Days Before and After School		M T W TH F
<input type="checkbox"/> K Plus Only (M-F)			<input type="checkbox"/> Before School only		M T W TH F
LATE OWL KINDERGARTEN OPTIONS		Circle Days	BREAK OPTIONS		
<input type="checkbox"/> Kindergarten Child Care – 5 day Extended			<input type="checkbox"/> Winter Break Week #1		2 and 3 day options require days specified at time of enrollment. Part time options only available during school year.
<input type="checkbox"/> Kindergarten Child Care – 3 day Extended		M T W TH F	<input type="checkbox"/> Winter Break Week #2		
<input type="checkbox"/> Kindergarten Child Care – 2 day Extended		M T W TH F	<input type="checkbox"/> Spring Break Only		
<input type="checkbox"/> Other _____		M T W TH F	<input type="checkbox"/> Summer Only		
III. PARENT DIRECTORY: To be shared with other Childcare Parents					
List Name? <input type="checkbox"/> YES <input type="checkbox"/> NO		List Address? <input type="checkbox"/> YES <input type="checkbox"/> NO		List Phone? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List E-mail Address? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Parent/Guardian Signature:					Date:
IV. SIGN OUT / EMERGENCY CONTACT INFORMATION					
SIGN OUT AUTHORIZATION / EMERGENCY CONTACTS - The following individuals have my unrestricted permission to sign the above named child out from the YMCA school-age child care program and should be contacted in an emergency when I cannot be reached. Please notify Child Care Director in advance in writing if an individual not listed will be picking up your child. (Minimum of two required)					
Name		Phone #1	Phone #2	Relationship to child	
		()	()		
		()	()		
		()	()		
		()	()		
The following individuals are restricted from signing out my child due to a court-issued restraining order (A certified copy of the official court documentation must be kept in child's YMCA file).					
Name		Name			
Name		Name			
Parent/Guardian Signature:					Date:

YMCA of Orange County School-Age Child Care Registration Material

Please return the completed registration packet in person to the Administrative Office serving your area.

Beach Cities YMCA

180 Avenida La Pata, Suite 100
San Clemente, CA 92673
(949) 496-1609

Central Orange Coast YMCA

2300 University Drive
Newport Beach, CA 92660
(949) 642-9990

Saddleback Valley YMCA

27341 Trabuco Circle
Mission Viejo, CA 92692
(949) 859-9622

South Coast YMCA

29831 Crown Valley Parkway
Laguna Niguel, CA 92677
(949) 495-9622

Administrative Office Hours

Monday – Friday
8:00 am – 5:00 pm

West County Family YMCA

19891 Beach Blvd,
Suite 17
Huntington Beach, CA 92648
(714) 847-9622

Registration materials must be received a minimum of two business days prior to start of the program.



We build strong kids, strong families, strong communities.

