



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EARLY LEARNING CENTER REGISTRATION FORM

LOCATION: Janesville YMCA Parker YMCA

CHILD INFORMATION

Child's Last Name: _____ First Name: _____
Address: _____ City _____ State _____ Zip _____
Birthdate: (mm/dd/yyyy) _____ Gender: M F Y Member: Yes No
Child resides with: Both Parents Mother Father Other: _____

PRIMARY PARENT/GUARDIAN INFORMATION *Primary Parent is responsible for all billing.

Name: _____ Mother Father Legal Guardian
Address: _____ **City** _____ **State** _____ **Zip** _____
Phone: _____ **E-mail:** _____
Work Phone: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____ Mother Father Legal Guardian
Address: _____ **City** _____ **State** _____ **Zip** _____
Phone: _____ **E-mail:** _____
Work Phone: _____

ATTENDANCE

Arrival/Departure Times: _____ AM _____ PM

AUTHORIZED PICK-UPS/EMERGENCY CONTACT

Name: _____ **Relationship:** _____
Phone (primary): _____ **Alternate:** _____
Address: _____

Name: _____ **Relationship:** _____
Phone (primary): _____ **Alternate:** _____
Address: _____

HEALTH HISTORY & EDUCATIONAL INFORMATION

Physician/Medical Facility Information **Physician Name:** _____
Address: _____ **Phone:** _____

Sunscreen/Insect Repellent Authorization:

If provided by the parent, the sunscreen or insect repellent shall be labeled with child's name.

I authorize the center to apply sunscreen to my child. Yes No

I authorize the center to allow my child to self-apply sunscreen. Yes No

I authorize the center to apply insect repellent to my child. Yes No

I authorize the center to allow my child to self-apply insect repellent. Yes No

YMCA OF NORTHERN ROCK COUNTY

www.ymcajanessville.org

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EARLY LEARNING CENTER REGISTRATION FORM (cont'd)

HEALTH HISTORY & EDUCATIONAL INFORMATION (continued)

Health History & Emergency Care Plan

Check any special medical condition that your child may have.

- No specific medical condition
- Asthma Cerebral Palsy/Motor Disorder Diabetes Epilepsy/Seizure Disorder
- Gastrointestinal or feeding concerns including special diet and supplements

Other condition(s) require special care - Please explain: _____

Milk allergy (If a child is allergic to milk, attach a statement from the medical professional indicating an acceptable alternative.)

Food allergies - Please specify: _____

Triggers that may cause problems: _____

Signs or symptoms to watch for: _____

Steps the childcare provider should follow: _____

When to consider that the condition requires emergency medical care or re-assessment: _____

Any other special accommodations your child needs to participate in this program: _____

Please add any educational information that may help us assist your child during virtual learning: (ex. IEP, ADHD, Sensory Processing, etc.)

(Must be someone other than parent/guardian and 18 or older. Your child will not be released to any other individuals unless specified. If changes are desired you must notify the Y in writing.)

Parent Handbook

I have read and understand the parent handbook and agree to abide by all the policies and procedures within the handbook.

Refund/Payment Policy

- There is no refund for missed days. Payments are non-refundable/non-transferable unless programs are cancelled by the Y.
- I understand the the primary parent is the one financially responsible for the account.

Photography Release

YES/NO (Circle one) I hereby irrevocably release, consent and allow the YMCA of Northern Rock County and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Field Trips

I give permission for my child to attend walking field trips off Y property with adult supervision while participating in Y programming.

Payment Confirmation

I understand registration is not complete and a spot is not guaranteed until payment is received in full and all paperwork is turned in.

Name of parent or guardian (please print)

Signature of parent or guardian

Date



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Authorization for Bank Draft

YMCA of Northern Rock County
 221 Dodge St., Janesville, WI 53548
 Phone: (608) 754-9622 Fax: (608) 754-9024

Location: Janesville YMCA Parker YMCA

Program: ELC Day Camp Y-Care Wrap Care

Name of Person Requesting Bank Draft for Child Care Services

Title (Mr., Mrs., Ms., Dr.) First Name MI Last Name

Birth Date (MM/DD/YY) Male or Female (circle one) Draft Dates EVERY FRIDAY

Address

Telephone Numbers & Email

Street Home Business

City, State, Zip Cell Email Address

Child(ren) Names

Child's Name Child's DOB Child's Name Child's DOB

Child's Name Child's DOB Child's Name Child's DOB

Annual Campaign

Payment Options (please check one)

The YMCA of Northern Rock County believes in providing membership and program services to all who desire to participate. Please consider helping us build strong kids, strong families, strong communities by contributing to the ANNUAL CAMPAIGN.

- I would like to make a one time donation of \$ _____
- Increase my bank draft by \$ _____ per month
- I do not wish to contribute at this time.

- Bank Draft Withdrawal (attach voided check)
- My bank information has not changed from previous school year.
- WI-Shares Co-Pay
- Credit Card Withdrawal

Card # _____
 Exp. Date _____ 3 digit CVV# _____

Bank Draft Authorization

As a convenience to me, I hereby authorize you to charge my account, payable to the order of the YMCA of Northern Rock County, provided there are sufficient collected funds in my account to pay the same upon presentation. I agree that your rights in respect to each such charge shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of services. Should any preauthorize charge not be honored by said bank when received by them, then it is understood that said payments are to be made by me. Bank changes or enrollment terminations and/or schedule changes are required by 12:00PM the week prior to attendance.

Signature: _____ Date: _____

My YMCA Child Care draft will be regarded as continuous until the time that I decide to terminate. The YMCA guarantees satisfaction with the quality of its services. I understand the YMCA reserves the right to adjust child care rates as necessary, which I agree to pay upon at least 14 days advance written notice.

Signature: _____ Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby give my permission to the physician selected by the YMCA of Northern Rock County to provide medical care, order routine tests and treatment for the health of my child in the event that I cannot be reached. I give my permission to the physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the named child.

I understand that I as the legal guardian of the child do hereby acknowledge that the activities involve risks and do hereby voluntarily assume any and all risks associated to my child and their property which may occur from participation. My personal insurance bears primary responsibility in the case of an accident.

I do this with understanding that every effort will be made to contact me.

Child's Name _____

Insurance Company _____

I do not have any insurance.

Policy # _____

Known medical conditions or allergies: _____

Parent/Guardian Signature

_____ Date _____

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PARENT CODE OF CONDUCT

Swearing/Cursing - No parent or adult is allowed to curse or use inappropriate language in the YMCA Early Learning Center at any time, whether in the presence of a child or not. Such language is considered offensive and will not be tolerated. At NO time shall inappropriate language or behavior be directed toward members of the YMCA staff.

Threats - Threats of any kind will not be tolerated, nor will raising of voices or confrontational tones when addressing staff. All threats will be reported to the authorities.

If a parent is confrontational with a teacher, it could result in termination of care for their child.

If you have an issue with one of our staff, please contact the Youth Development Director and the Director will take the proper steps to resolve the issue. Parents are responsible for and should be in control of their behavior at all times.

Weapons - Weapons are not allowed on any YMCA of Northern Rock County premises.

Child Care Requests - We ask that parents refrain from asking staff members to privately care for their children during any times care is not available. This avoids a conflict of interest within the program and employment.

Any violations of the Parent Code of Conduct will be reviewed by YMCA leadership staff. Participation in any YMCA child care programs may be terminated if found violations do not align with our mission.

I understand this Code of Conduct and agree to abide by it's requirements.

Child's Name _____

Parent/Guardian Signatures

_____ Date _____

_____ Date _____

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EARLY LEARNING CENTER SCHEDULE CONTRACT

LOCATION: Janesville YMCA Parker YMCA

START DATE _____

My child, _____

Will be dropped off for care on:

MONDAY from _____ to _____

TUESDAY from _____ to _____

WEDNESDAY from _____ to _____

THURSDAY from _____ to _____

FRIDAY from _____ to _____

Please check if your child will come:

_____ Year-round

_____ School Year Only (Sept 1 - June)

_____ Summer Only (June - August)

Please check which payment plan method you will be using:

_____ I will pay the weekly rate

of \$ _____

_____ I will pay the weekly co-pay rate after child care state assistance has been applied.

I have received and/or reviewed the Parent Policies Handbook and agree to comply with all YMCA of Northern Rock County Early Learning Center policies as set forth in the Handbooks.

I will provide a, non-refundable registration fee of \$35.00, and all signed enrollment paperwork at least 1 week before my child may start care.

I acknowledge that tuition is due each week, by the Friday before the week of care. Payments are due whether my child is attending that week or not. My child's enrollment may be suspended in the event that tuition is not paid and may not return until fees are paid in full. Late fees may be applied. The preschool does not guarantee my child's placement during suspension. **I may change or terminate this contract with a 2 week written notice provided to the Youth Development Director. If unable to provide a 2 week notice, I am still responsible for the 2 weeks of tuition.**

The CEO, Director of Administration, or Youth Development Director may terminate or suspend my child's enrollment at any time in the event of aggressive, combative, or negative behaviors, or special education needs that cannot be met.

Parent/Guardian Signature _____ Date _____

Preschool Director Signature _____ Date _____

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**All changes requests
should be turned in on
Wednesday at noon
TWO WEEKS PRIOR
to schedule change.**

SCHEDULE CHANGE REQUEST FORM

LOCATION: Janesville YMCA Parker YMCA

Child Name _____

Program: _____

Program Dates to REMOVE: _____

Program Dates to ADD: _____

Reason for Cancellation (optional): _____

I understand that I am required to give a two week notice to terminate or reduce my child's care. In addition, if I am reducing days I understand that it will be based on approval from the Director. If the department is unable to fill the remaining schedule left from the reduction of day(s), we reserve the right to decline request.

Parent/Guardian Signature _____ Date _____

Preschool Director Signature _____ Date _____

FOR OFFICE USE ONLY
Date Received: _____ Director Signature: _____ Changes made by: _____

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