

**YMCA OF METROPOLITAN DENVER
School Age Child Care & Day Camp
Application for Child Care**

Branch: _____ Date of Enrollment: _____

Child's First & Last Name _____ Birth date _____ Age _____ Male _____ Female _____
Address _____ City _____ State _____ Zip _____

Mother/Guardian First & Last Name _____ Pager/Cell _____
Employer & Address _____ Phone (w) _____
Address (if different than child's) _____ Phone (h) _____
Email: _____

Father/Guardian First & Last Name _____ Pager/Cell _____
Employer & Address _____ Phone (w) _____
Address (if different than child's) _____ Phone (h) _____
Email: _____

Person Responsible for Child Care Payments (Payments are due before attending): _____

Other Emergency Contact _____ Relationship _____
Address _____
Phone (h) _____ Phone (w) _____

MEDICAL INFORMATION

Please check all that apply, giving approximate dates.

Ear Infections _____ Asthma _____ Convulsions _____ Penicillin _____
Rheumatic Fever _____ Allergies _____ Food Allergies _____ Insect Stings _____
Ivy Poisoning _____ Hay Fever _____ Other drugs _____

Please list all surgery, accidents, illnesses, chronic or handicapping problems, etc.

Any behavior or special considerations: ___ Yes ___ No If yes, please explain:

MEDICAL CONTACT INFORMATION

FAMILY DOCTOR _____ Phone # _____
Address _____ City _____ State _____ Zip _____

DENTIST _____ Phone # _____
Address _____ City _____ State _____ Zip _____

HOSPITAL _____ Phone # _____
Address _____ City _____ State _____ Zip _____

INSURANCE COMPANY _____ Policy Number _____



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The following information will assist us in guiding your child's experience at the YMCA.

Child's First & Last Name _____

Please list adults that are providing regular care to the child:

Name	Relationship
_____	_____
_____	_____
_____	_____

Please list the child's siblings:

Name	Grade in School	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

How does your child get along with his/her siblings?

Please list day care/preschool that your child previously attended:

Name	Reason for Leaving
_____	_____
_____	_____
_____	_____

Does your child have any special fears or concerns?

Please describe discipline techniques used at home:

What are you hoping your child will accomplish in the YMCA program?

Is there any other information that would be important to share with our staff about your child?

Signature of Parent or Guardian _____ Date _____

Child's First & Last Name: _____

AUTHORIZED people who MAY sign for this child:

1. _____ Phone # _____
Address _____ City _____ State _____ Zip _____

2. _____ Phone # _____
Address _____ City _____ State _____ Zip _____

3. _____ Phone # _____
Address _____ City _____ State _____ Zip _____

4. _____ Phone # _____
Address _____ City _____ State _____ Zip _____

UN-AUTHORIZED people who MAY NOT sign for this child:

1. _____
2. _____
3. _____

- The aforementioned health history is correct, and I understand that no medication will be administered unless the "Parent/Guardian Request for Giving Medicine and Release Agreement" is completed and signed by the Parent/Guardian.
- The person described herein has my permission to participate and engage in all child care activities (which may include swimming, gymnastics, roller or ice skating, fields trips-walking/riding, transportation and other activities which may involve certain risks) except as otherwise noted :

- I have received and agree to follow the rules, guidelines, procedures and policies described in the parent information materials.
- I understand that the YMCA has supervisory control over YMCA staff only during YMCA sanctioned programs and/or events. Any arrangement outside these sanctioned programs and/or events is the sole responsibility of the parent/guardian.
- I understand the fee structure for YMCA programs, and will pay according to the prescribed payment plan unless prior written agreement has been made with the Child Care Director.
- I give my permission to the YMCA, without obligation to me, to use any photographs, film footage, tape recordings which may include my child's image or voice for purposes or promoting or interpreting YMCA programs.
- In the event I cannot be reached in an EMERGENCY, I hereby give permission, to the physician selected by the YMCA to secure treatment, hospitalize and order injection, anesthesia or surgery for my child at my expense.
- The terms herein shall serve as the parent/guardian authorization release, and assumption or risks for claims arising from incidents surrounding child care programs for my child, myself, my spouse, my heirs, executor, administration, assignees, and for all other members of my family.

PARENT/GUARDIAN AUTHORIZATION FOR YMCA CHILD CARE AND RELATED PROGRAMS

Signature of Parent or Guardian _____ Date _____

Director Approval _____ Date _____

CHILD MAY NOT START PROGRAM UNTIL DIRECTOR APPROVES APPLICATION.



**YMCA OF METROPOLITAN DENVER
School Age Child Care Payment Plan**

- ❖ **PLEASE CIRCLE THE NUMBER OF THE PAYMENT PLAN THAT WILL WORK BEST FOR YOU, AND COMPLETE AND SIGN THE APPROPRIATE AUTHORIZATION.**

Child Name: _____

Parent(s) Name: _____

YMCA Location: _____

Program Code: _____

1) BANK DRAFT

I authorize my bank to honor monthly drafts drawn by the YMCA on my account for child care payments. When the bank honors the draft by charging my account, such drafts constitute my receipt for payment. Should any draft not be honored by said bank when received by them, I understand that the payment is to be made by me in the amount of said payment plus a late fee of five dollars per business day. If full payment is not received by the fifth business day following the 1st, I understand that my child will be considered unregistered for child care at the YMCA the following month. Any customer changes must be submitted in writing by the 25th of the month. Failure to do so may result in that month's draft being non-refundable. The monthly bank draft will be processed by the YMCA on the 1st of each month. If the 1st should fall on a Saturday, Sunday, or holiday, the YMCA will draft my payment on the following business day.

****PLEASE SUBMIT A VOIDED CHECK FOR ACCOUNT VERIFICATION.**

Your Bank: _____

Route/Transit #: _____

Account Number: _____

Signature (Required): _____ Date: _____

2) CREDIT CARD DRAFT

I authorize the YMCA to process monthly dues for child care on my credit card. Should any charge be rejected, I understand that the payment is to be made by me in the amount of said payment plus a late fee of five dollars per business day. If full payment is not received by the fifth business day following the 1st, I understand that my child will be considered unregistered for child care at the YMCA the following month. Any customer changes must be submitted in writing by the 25th of the month. Failure to do so may result in that month's draft being non-refundable. As credit card account number expires, I agree to provide the YMCA with the new expiration date. The monthly bank draft will be processed by the YMCA on the 1st of each month. If the 1st should fall on a Saturday, Sunday, or holiday, the YMCA will draft my payment on the following business day.

VISA MASTERCARD DISCOVER

Account #: _____ Expiration Date: _____

Signature (Required): _____ Date: _____

3) MAIL/DIRECTOR

Payments are due in full by the 5th of the month. Should payment be received after the 5th, a late fee of \$15.00 will apply. If full payment is not received by the 15th of the month, a second late fee of \$15.00 will apply. If the 5th should fall on a Saturday, Sunday, or holiday; the payment will be due on the following business day. I understand that my child will be considered unregistered for child care at the YMCA and will not be able to attend until the payment is collected in full. Further, any cancellation must be submitted in writing two weeks prior to the start of a new month. If this is not done, the parent is responsible for that month's payment. **PLEASE DO NOT SEND CASH.** Please include your child's name and the child care site your child attends on your check or money order. Payments are to be mailed to the following address:

YMCA of Metropolitan Denver
Attn: Program Accounts Receivable
2625 S. Colorado Boulevard
Denver, CO 80222

I understand and will abide by the payment policy stated above.

Signature: _____ Date: _____



Dear Parents/Guardians,

Every child care center in Colorado is required by law to train specific staff to give medication at their center. This training is recognized and approved by:

- ☐ Colorado Department of Education
- ☐ Colorado Department of Public Health and Environment
- ☐ Colorado State Board of Nursing
- ☐ Colorado Department of Human Services- Division of Child Care

After the staff member successfully completes the medication training, your center’s nurse consultant will delegate the administration of medication to selected staff members. This process has been developed to ensure safe and proper administration of medication. Non compliance is considered a child care licensing violation.

This letter describes the authorization forms required in order to administer medication in a child care center.

- ✓ Children needing any medication during program hours require completed **Medication Authorization(s)** that is signed by the child’s guardian and health care provider.

Medication includes all prescription medication, over the counter medication, nebulizers and inhaled medication. No Exceptions.

Note: Program staff can only administer medication if the authorization is completed by your health care provider and with parent/guardian signature.

- ✓ Children with **Severe Allergies** requiring medication need a completed health care plan that is signed by your health care provider.
- ✓ Children with **Asthma** that regularly require asthma medication during program hours need a completed asthma health care plan that is signed by your health care provider.
- ✓ Children with Special **Health Conditions** need a completed health care plan signed by your health care provider. This plan will be individually designed for your child; in collaboration with the program’s nurse consultant, program staff and the child’s parent/guardian.

To Be Completed By Parent/Guardian and Returned to your Child’s Director

1. Does your child have any food exclusions due to an allergic reaction to this food?

- Yes No

If yes, please list food and your child’s reaction to exposure:

Food	Reaction
_____	_____

Will your child need medications for their allergies at the center?

- Yes No

2. Does your child have any other allergies requiring medications or special attention?

- Yes No

3. Does your child have Asthma and regularly requires medication during program hours?

- Yes No

If yes, will your child need medication for their asthma at the center?

- Yes No

4. Does your child have a special health condition (such as seizures, diabetes, feeding tube, oxygen, etc.) that requires special attention/medication by the center staff?

- Yes No Describe _____

5. If yes to any of the above, please initial next to the appropriate response(s) below:

_____ I will provide a Health Care Plan signed by my child’s health care provider. I understand that I may have to provide/administer medications until the center staff is delegated by the nurse consultant.

_____ I understand that the nurse consultant will review the health care plan and is available to assist in this process.

_____ My child doesn’t have any special health care needs at this time.

Child’s Name _____

Birth date _____

Parent’s Signature _____

Date _____



**YMCA OF METROPOLITAN DENVER
School Age Child Care & Day Camp
Parent Permission Form**

(Please initial next to each item and sign at the bottom)

_____ I hereby certify that I have received and read a copy of the YMCA of Metropolitan Denver Parent Handbook (copies are available on-line at www.denverymca.org) I will abide by the policies set forth in the parent handbook. I have also discussed the policies and procedures with my child.

_____ I hereby give my permission for the YMCA staff to apply sunscreen to my child before going outdoors on an as needed basis. I understand that it is my responsibility to supply the sunscreen for my child. I am also aware that the YMCA cannot provide sunscreen due to the Department of Human Services rules and regulations.

_____ I understand that payments are due in full by the 5th of the month. Should payment be received after the 5th, a late fee of \$15.00 will apply. If full payment is not received by the 15th of the month, a second late fee of \$15.00 will apply. If the 5th should fall on a Saturday, Sunday, or holiday; the payment will be due on the following business day. I understand that my child will be considered unregistered for child care at the YMCA and will not be able to attend until the payment is collected in full. Further, any cancellation must be submitted in writing two weeks prior to the start of a new month. If this is not done, the parent is responsible for that month's payment.

_____ I hereby give my permission for my child to watch G movies at the YMCA. YMCA staff will determine the appropriateness of specific PG movies, and movie titles will be made available to parents prior to showing, a permission slip for viewing the PG movie will be made available for signing prior to the movie being viewed. Alternate activities will be provided for children not viewing the movie.

_____ I hereby give my child permission to attend and be transported to and from field trips and to and from schools in YMCA vehicles or in local school district busses that are contracted with the YMCA of Metropolitan Denver.

Child's Name

Parent's Name

Parent Signature

Date