

OFFICE USE ONLY

TERM	
START DATE	
SITE	
PROGRAM	

ALTAVISTA AREA CHILDCARE REGISTRATION

First Name	Middle	Last	Name Child Goes By	Sex
Address (street, town, zip)				Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed: No_____				
If Yes please explain: _____				
Previous Child Care Programs or School Attended			Birth Date	
School Attending			Grade Fall 2019	

PARENTS/GUARDIAN

Mother	First	Middle	Last	Place Employed	Business Phone
Mailing Address & Physical If Different				Cell #	Home Phone
Father	First	Middle	Last	Place Employed	Business Phone
Mailing Address & Physical If Different				Cell #	Home Phone
Person(s) or Agency <u>Having Legal Custody of Child.</u> Address and Phone numbers if different from Parent/Guardian					

EMERGENCY INFORMATION

Food Allergies/Intolerances to Food or Medication	Has your child ever been stung by a bee ? NO_____
	If Yes ___ what was the reaction ? _____
Actions to Be Taken in An Emergency	
Child's Physician	Physician's Phone #
Names & Addresses (street, town, zip) of persons to contact if Parents can't be reached.	
Full Name (First, Middle, Last):	DOB:
Full Address:	Phone #'s (Cell, Home, Work)
Relation to child:	
Full Name (First, Middle, Last):	DOB:
Full Address:	Phone #'s (Cell, Home, Work)
Relation to child:	
Other Person(s) Authorized to Pick up your Child	
NOT AUTHORIZED to Pick Up Child (Appropriate legal paperwork shall be on file when the custodial parent requests the center not to release the child to the other parent)	

What program is this registration for?

Part-time_____

Full-

time_____

Infant_____

Toddler 2_____

Discovery Place_____

Toddler 1_____

Toddler 3_____

(Before & After School)

Preschool_____

Camp Discovery_____

(Summer Day Camp)

Which Site will your child attend?

Altavista YMCA _____

Concord_____

Gretna _____

Leesville Rd.____

Rustburg _____

Tomahawk_____

Yellow Branch____

AGREEMENTS

1. The childcare center agrees to notify the parent/guardian whenever the **child becomes ill** and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the center.
2. The parent/guardian authorizes the childcare center to **obtain immediate medical care** if any emergency occurs when he/she cannot be located immediately.
3. I will notify the YMCA or the Discovery Site Director if my child or any member of my family should **contract a communicable disease.** (ex. lice, scabies, conjunctivitis, fifth's disease, etc.)
4. An "in house" photo of your child will be taken for their file, medication and for emergency use **only.** Other photo permissions below.
5. The parent/guardian must be aware the YMCA facility is under 24-hour video surveillance.

PERMISSIONS

Signature below authorizes all of the following permissions:

5. **Yes__ No__** The parent/guardian gives authorization for the YMCA to photograph child and use for publicity.
6. **Yes__ No__** Permission for child to swim in this childcare program. **Ability to swim:** _____
7. **Yes__ No__** The parent/guardian gives authorization for their child to ride the YMCA **buses** to and from school, field trips and other activities.
8. **Yes__ No__** The parent/guardian gives authorization for the child to participate in **Field Trips.**
9. **Yes__ No__** The parent/guardian gives authorization for child to use sunscreen provided by YMCA. (Members Mark Broad Spectrum Hypoallergenic Sunscreen SPF 30-50).
10. **Yes__ No__** Does your child have adverse reactions to sunscreen? If yes, list reactions _____

Objection To Medical Attention: State Objection and Reason _____
 Sign if you have objection _____

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

SIGNATURES

 Parent or Guardian _____ Date _____ Email address _____

 Administrator of Center _____ Date _____

Date Child Entered Program: _____ Date Child Left Program _____

FOR OFFICE USE ONLY

Contract_____ Physical_____ Immunization_____ USDA_____

IDENTITY VERIFICATION

Place of Birth:	Birth Date:	Birth Certificate #
Date Issued:	Other Form of Proof:	

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U. S., that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i. e. after school program) or the center transfers responsibility of the child directly to the school (i. e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Registration Fee: Paid \$ _____ Cash _____ Credit Card _____ Check # _____ Date _____ Received by _____