



| | |
|------------|--|
| 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 2022 | |

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. | Phone #'s (Cell, Home, Work) |
| Full Name (First, Middle, Last): DOB: | |
| Full Address: | |
| Relation to child: | |
| Full Name (First, Middle, Last): DOB: | Phone #'s (Cell, Home, Work) |
| Full Address: | |
| 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. COVID-19, lice, scabies, conjunctivites, 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 _____
11. **Yes** ___ **No** ___ The parent/guardian has received an electronic or paper copy of the parent handbook.

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 _____ |
|---------------------------------|------------|-------------------|---------------|------------|-------------------|