NORTH COTTONWOOD PRESCHOOL
SPRING CAMP

Monday, April 10 through Wednesday, April 12, 2017 (3 DAYS ONLY)
7:00 a.m. to 6:00 p.m.
Pre-registration required (Registration and payment due by April 3rd 2017)
(Ages 3-5 and Potty Trained)
License #455406760

Crafts, Games, Songs, Stories
Come have fun with us!

Early Bird Registration Rates: (Enrollments received through March 27, 2017)
3 Day Rate = $90

Enrollments Rates: (Enrollments received March 28, through April 3, 2017)
3 Day Rate = $100

10% Sibling Discount for 2nd and 3rd child

Healthy morning and afternoon snacks are provided.

Please bring a lunch from home

LEARN
GROW
THRIVE

SHASTA FAMILY YMCA • 1155 N. COURT ST, REDDING CA 96001
P 530 246 9622 • F 246 9645 • WWW.SFYMCA.ORG
HOLIDAY CARE ENROLLMENT FORM

Today’s Date: _____ / _____ / _____ School Year:_____________________________
School of Attendance Camp Site__________________________________________________Grade:_______

Participant’s Information
Child’s Last Name: ___________________________ First Name: ___________________________ Mid. Intl: ______
D.O.B.: ______ / _____ / _____ Gender: ☐ M ☐ F Parent’s Email: ____________________________
Home Address: ____________________________ City: ____________________________ State: ____ Zip Code: _____
Home Phone: ____________________________ Child lives with: ☐ Mother ☐ Father ☐

Enrollment Information (Check all that apply)
☐ New to YMCA Programs ☐ Currently Enrolled in YMCA afterschool program
☐ Preschool ☐ School District Employee
☐ Have 2 or more children in the YMCA program

Indicate which Days your child will attend camp:
Monday ☐ Tuesday ☐ Wednesday ☐

Fees

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holiday Program Fee</td>
<td>$ _____</td>
</tr>
<tr>
<td>Sibling Discount (10%)</td>
<td>$ _____</td>
</tr>
<tr>
<td>School District Benefit</td>
<td>$ _____</td>
</tr>
<tr>
<td>YMCA Employee Benefit</td>
<td>$ _____</td>
</tr>
<tr>
<td>Total</td>
<td>$ _____</td>
</tr>
</tbody>
</table>

Payment Due Now:
Registration Fee: $ _____
Less Discount/Benefit: $(_____)
Total Due Now: $ _____

Agreement – PLEASE INITIAL

☐ 1. I have received and understand the current rate sheet.
☐ 2. There will be no refund of fees for non-attendance or cancellation.
☐ 3. The YMCA can terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.
☐ 4. The Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff member, and for the examination of all records relating to the operation of the child care center. The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate behavior.
☐ 5. The center will close promptly at 6:00 p.m. There is a late pick-up fee of $1 for every 1 minute you are late picking up your Child. In the event we cannot reach you or an authorized person by 7:00 p.m., the Shasta County Child Protection Agency will be called.
☐ 6. While Participating in YMCA Child Care, the YMCA has my permission to photograph myself and/or my children for publicity purposes.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: ____________________________ Date: _____ / _____ / _____
# PAYMENT AGREEMENT FORM

## Participant’s Information

<table>
<thead>
<tr>
<th>Child’s Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site:</td>
<td></td>
</tr>
</tbody>
</table>

## Billing Information  (This person MUST sign this form below)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Parent’s Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td>Work/Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>Employer Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

## Third Party Payer Agreement

- [ ] SCOE
- [ ] Cal Works
- [ ] Other: ________________________

□ I understand and agree to the supplementary "Third Party Payer Agreement."

□ I understand that I am responsible for all balances owed on my account. __________ Initial

I authorize the YMCA to charge my credit card on file for any balances left unpaid by the third party provider selected above. I understand that my primary and/or secondary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.

Signature: ____________________________ Date: ____________________________

## Method of Payment:

- [ ] Discover  - [ ] MasterCard  - [ ] Visa

<table>
<thead>
<tr>
<th>CC Number:</th>
<th>Name on Acct:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp:</td>
<td>Security Code:</td>
</tr>
</tbody>
</table>

By signing here you authorize the YMCA to drafts your credit card as indicated above.

Signature of Applicant/Parent: __________ Date: _______ Signature of Other Adult: __________ Date: _______

## Agreements – PLEASE INITIAL

- [ ] 1. Payment will be drafted Monday or on the next business day, 7 days prior to the week of care.

- [ ] 2. Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur a returned payment fee. This is in addition to any fees charged by the bank and your child will be unable to attend until payments and fees are paid in full.

- [ ] 3. There will be no refund of fees for non-attendance or cancellation.

- [ ] 4. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney’s fees.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: ____________________________ Date: _______ / _______ / _______

☐ Accepted by: ____________________________  ☐ Entered/Receipted by: ____________________________  Date: _______
YMCA CHILD CARE
EMERGENCY FORM

Child’s Name ________________________________ M/F_______ School  ______________________________  Teacher _____________

Mailing Address ____________________________________________ Zip_______ Birth Date ____ Grade ______

☐ Contact first?                        Home      Cell                       Work
Mother’s Name _____________________________ Phone ______  Phone ______  Phone#___________

Mother’s Address ________________________________________________________________________________________________________________

Mother’s place of employment:_______________________________________________________________________________________________

☐ Contact first?                       Home      Cell                      Work
Father’s Name _____________________________ Phone ______  Phone ______  Phone#___________

Father’s Address ________________________________________________________________________________________________________________

Father’s place of employment:_______________________________________________________________________________________________

Family Email Address________________________________ Ethnicty(Optional)__________________________________________
☐ My child has permission to participate in all surveys required for the grant funding of the program.        ☐ While participating in YMCA programs, the YMCA has my permission to photograph my child for publicity purposes.
☐ See custody or legal documents on file.  ALLERGIES:_______________________________

In the event of an emergency you may release my child/ren to the following persons (Name and Phone):

Name _____________________________ Relationship ______ Work # ______ Cell# _________

Name _____________________________ Relationship ______ Work # ______ Cell# _________

Name _____________________________ Relationship ______ Work # ______ Cell# _________

staff only  Start Date ___________________________ Date Left _________________________
CONSENT FORM

As the parent or authorized representative, I hereby give consent to the Shasta Family YMCA to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for ______________________________________ (Child). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

________________________________________________ __________________________________________________ _____________________________________________
Signature of Parent or Authorized Representative       Date

Mother’s Employer: ______________________________________________________________________________________________________________________________
Employer Phone # ______________________________________________________________________________________________________________________________

Father’s Employer: _______________________________________________________________________________________________________________________________
Employer Phone # _______________________________________________________________________________________________________________________________

HEALTH AND DEVELOPMENT HISTORY

My child has the following food and/or medication allergies: __________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

My child takes the following prescription medications: ____________________________________________________________________________________
Time of day _________________    Side Effects ______________________________________________________________________________________________________
Please explain any special needs or disabilities for your child: __________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my child being in their camp. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes. The Shasta Family YMCA Child Care programs are a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

____________________________________________________________  ______________________________________________________________
Child’s Name Date

_______________________________________________________________   _______ _______________________________________________________
Parent or Guardian Signature  Date
**CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT**

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>SEX</th>
<th>BIRTH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER/FATHER’S DOMESTIC PARTNER’S NAME</td>
<td></td>
<td>DOES FATHER/FATHER’S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?</td>
</tr>
<tr>
<td>MOTHER/MOTHER’S DOMESTIC PARTNER’S NAME</td>
<td></td>
<td>DOES MOTHER/MOTHER’S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?</td>
</tr>
<tr>
<td>IS CHILD HAS BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?</td>
<td>DATE OF LAST PHYSICAL/MEDICAL EXAMINATION</td>
<td></td>
</tr>
</tbody>
</table>

**DEVELOPMENTAL HISTORY** *(For infants and preschool-age children only)*

<table>
<thead>
<tr>
<th>Walked at*</th>
<th>Months</th>
<th>Began talking at*</th>
<th>Months</th>
<th>Toilets training started at*</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Chicken Pox</td>
<td>Dates</td>
<td>■ Diabetes</td>
<td>Dates</td>
<td>■ Poliomyelitis</td>
<td>Dates</td>
</tr>
<tr>
<td>■ Asthma</td>
<td></td>
<td>■ Epilepsy</td>
<td></td>
<td>■ Ten-Day Measles (Rubella)</td>
<td></td>
</tr>
<tr>
<td>■ Rheumatic Fever</td>
<td></td>
<td>■ Whooping cough</td>
<td></td>
<td>■ Three-Day Measles (Rubella)</td>
<td></td>
</tr>
<tr>
<td>■ Hay Fever</td>
<td></td>
<td>■ Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOES CHILD HAVE FREQUENT Colds?</td>
<td>YES</td>
<td>NO</td>
<td>HOW MANY IN LAST YEAR?</td>
<td>LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF</td>
<td></td>
</tr>
<tr>
<td>DAILY ROUTINES <strong>(For infants and preschool-age children only)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHAT TIME DOES CHILD GET UP?*</td>
<td>WHAT TIME DOES CHILD GO TO BED?*</td>
<td>DOES CHILD SLEEP WELL?*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOES CHILD SLEEP DURING THE DAY?*</td>
<td>WHEN?*</td>
<td>HOW LONG?*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIET PATTERN (What does child usually eat for these meals?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAKFAST</td>
<td>LUNCH</td>
<td>DINNER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANY FOOD DISLIKES?</td>
<td>ANY EATING PROBLEMS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS CHILD TOILET TRAINED?*</td>
<td>IF YES, AT WHAT STAGE:*</td>
<td>ARE BOWEL MOVEMENTS REGULAR?*</td>
<td>WHAT IS USUAL TIME?*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORD USED FOR “BOWEL MOVEMENT”*</td>
<td>WORD USED FOR URINATION*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PARENT’S EVALUATION OF CHILD’S HEALTH**

| IS CHILD PRESENTLY UNDER A DOCTOR’S CARE? | IF YES, NAME OF DOCTOR: |
| YES | NO |
| DOES CHILe TAKe PRESCRIBED MEDICATION(S)? | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| YES | NO |
| DOES CHILD USE ANY SPECIAL DEVICE(S)? | IF YES, WHAT KIND: |
| YES | NO |

**PARENT’S EVALUATION OF CHILD’S PERSONALITY**

| HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN? |
| HAS THE CHILD HAD GROUP PLAY EXPERIENCES? |
| DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.) |

**WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?**

**REASON FOR REQUESTING DAY CARE PLACEMENT**

<table>
<thead>
<tr>
<th>PARENT’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

LIC 702 (8/08) (CONFIDENTIAL)
Physician's Report—Child Care Centers
(Child's Pre-Admission Health Evaluation)

Part A – Parent's Consent (To Be Completed By Parent)

(NAME OF CHILD), born is being studied for readiness to enter (NAME OF CHILD) (BIRTH DATE) North Cottonwood Preschool. This Child Care Center/School provides a program which extends from a.m./p.m. to a.m./p.m., ________ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

Part B – Physician’s Report (To Be Completed By Physician)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

Medication prescribed/Special routines/restrictions for this child:

Immunization History: (Fill out or enclose California Immunization Record, PM-298.)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP/DTaP/DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (MEASLES, MUMPS, AND RUBELLA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIB MENINGITIS (HAEMOPHILUS B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA (CHICKENPOX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Screening of TB Risk Factors (listing on reverse side)

■ Risk factors not present; TB skin test not required.

■ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

Communicable TB disease not present.

I have ■ have not ■ reviewed the above information with the parent/guardian.

Physician: ___________________________ Date of Physical Exam: ___________________________
Address: ___________________________ Date This Form Completed: ___________________________
Telephone: ___________________________ Signature ___________________________

LIC 701 (8/08) (Confidential) ■ Physician ■ Physician’s
CHILD CARE CENTER
NOTIFICATION OF PARENTS’ RIGHTS

PARENTS’ RIGHTS
As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee’s public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Department of Social Services, Community Care Licensing
   Licensing Office Address: 520 Cohasset Road, Suite 170, Chico, CA 95926
   Licensing Office Telephone #: 530-895-5300

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice “Registered Sex Offender” database, go to www.meganslaw.ca.gov

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS’ RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of ____________________________, have received a copy of the “CHILD CARE CENTER NOTIFICATION OF PARENTS’ RIGHTS” and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

__________________________
Name of Child Care Center

Signature (Parent/Authorized Representative) Date

NOTE: This Acknowledgement must be kept in child’s file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice “Registered Sex Offender” database go to www.meganslaw.ca.gov
PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services, Community Care Licensing

ADDRESS

520 Cohasset Road, Suite 170

CITY

Chico

ZIP CODE

95926

AREA CODE/TELEPHONE NUMBER

530-895-5033

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(Print the name of the facility)

North Cottonwood Preschool

(Print the address of the facility)

19920 Gas Point Rd. Cottonwood, CA

(Print the name of the child)

(TITLE OF THE)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)
YMCA Holiday Camp Policies

1.) Parents are responsible for informing the Site Director and the Y office of any changes in their child’s attendance schedule, address, phone, work, or emergency telephone numbers, etc.

2.) There is a 3-day minimum charge per week. Fees apply regardless of absences, illness, etc.

3.) There will be no refund of fees for non-attendance or cancellations.

4.) Credit card automatic draft is required. Payments not honored by the bank for any reason, (including returned check, NSF, closed accounts, invalid expiration date, referral) will incur a returned payment fee. This is in addition to any fees charged by the bank. Payment will be drafted from your primary form of payment at the time of registration. All fees are due in full 7 days prior to the program start date. Failure to pay by the deadline will result in your child being unable to attend the program.

5.) For Third Party Users: I authorize the YMCA b A to charge my credit card on file for any balances left unpaid by the Third Party Payer selected. I understand that my primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.

6.) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and reasonable attorney’s fees.

7.) The YMCA may terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.

8.) Year-end tax notices are available upon request. Our tax ID # is 94-1212141.

9.) The YMCA reserves the right to adjust fees at any time with a 30 day advance notice to program participants.

10.) On Holiday Break days of full-day care (7 a.m. - 6 p.m.) parents must walk their children into the classroom to sign them in upon their arrival. Only authorized adults (must be 18) with identification will be permitted to sign children out upon leaving

11.) The center will close promptly at 6:00 p.m. There is a late pick-up fee of $1 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00p.m., the Shasta County Child Protection Agency will be called.

12.) Medications can only be given with specific written instructions from a physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. Children cannot attend if they are ill. You must make alternate arrangements for child care.

13.) The YMCA staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.

14.) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.

15.) Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.

16.) The Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect the audit child or facility records without prior Notice.

17.) I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

WAIVER: I hereby agree for myself, my child[ren], my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child[ren] or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my child being in their program. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes. The Shasta Family YMCA Child Care programs are a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA Holiday Camp Policies and the current camp rates.

Child’s Name

___________________________________________

Parent or Guardian Signature                      Date

Staff Signature                                  Date
YMCA Holiday Camp Policies

1.) Parents are responsible for informing the Site Director and the Y office of any changes in their child’s attendance schedule, address, phone, work, or emergency telephone numbers, etc.

2.) There is a 3-day minimum charge per week. Fees apply regardless of absences, illness, etc.

3.) There will be no refund of fees for non-attendance or cancellations.

4.) Credit card automatic draft is required. Payments not honored by the bank for any reason, (including returned check, NSF, closed accounts, invalid expiration date, referral) will incur a returned payment fee. This is in addition to any fees charged by the bank. Payment will be drafted from your primary form of payment at the time of registration. All fees are due in full 7 days prior to the program start date. Failure to pay by the deadline will result in your child being unable to attend the program.

5.) For Third Party Users: I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party Payer selected. I understand that my primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.

6.) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and reasonable attorney’s fees.

7.) The YMCA may terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.

8.) Year-end tax notices are available upon request. Our tax ID # is 94-1212141.

9.) The YMCA reserves the right to adjust fees at any time with a 30 day advance notice to program participants.

10.) On Holiday Break days of full-day care (7 a.m. – 6 p.m.) parents must walk their children into the classroom to sign them in upon their arrival. Only authorized adults (must be 18) with identification will be permitted to sign children out upon leaving.

11.) The center will close promptly at 6:00 p.m. There is a late pick-up fee of $1 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00 p.m., the Shasta County Child Protection Agency will be called.

12.) Medications can only be given with specific written instructions from a physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. Children cannot attend if they are ill. You must make alternate arrangements for child care.

13.) The YMCA staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.

14.) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.

15.) Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.

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