



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**OFFICE USE:**

Parent Guide received? Y or N \_\_\_\_\_  
Signatures complete \_\_\_\_\_  
Form Complete \_\_\_\_\_  
Read Parent Guide Online \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## Childcare Enrollment Form

BEFORE/AFTER SCHOOL SITE NAME		CHILD'S AGE	DATE OF BIRTH	GRADE IN FALL
CHILD'S NAME		SEX	HOME PHONE NO.	
CHILD'S ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	HOME PHONE	CELL PHONE
HOME ADDRESS (if different from child's)		CITY	STATE	ZIP
DRIVER'S LICENSE NO.	PLACE OF EMPLOYMENT	EMAIL	WORK PHONE NO.	
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	HOME PHONE	CELL PHONE
HOME ADDRESS (if different from child's)		CITY	STATE	ZIP
DRIVER'S LICENSE NO.	PLACE OF EMPLOYMENT	EMAIL	WORK PHONE NO.	
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED		RELATIONSHIP	PHONE NO.	

SECURITY CODE

ANY 4 DIGIT NUMBER OR WORD CAN BE USED AS A SECURITY CODE. THIS CODE WILL BE USED WHEN CALLING IN A CHILD'S ABSENCE, FOR PICKUP PURPOSES AND FOR PHONE VERIFICATION.

I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE FOLLOWING PEOPLE (Other than a parent or guardian, if authorized person is under the age of 18 a Minor Authorization form must be on file) with a state issued photo ID:

NAME	RELATIONSHIP	PHONE NO.

**Parent's Acknowledgements:** This is to acknowledge that the Arlington-Mansfield Area YMCA has provided me with a Payment Schedule, Policies, and my own YMCA Parent Guide/Handbook. I agree to read and adhere to the information included.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Description** (requested by Arlington Police Dept.)

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Distinct Features (scars, birthmarks, etc): \_\_\_\_\_

**CUSTODY/ COURT ORDERS**

Are there any court orders affecting custody of this child? \_\_\_ Yes \_\_\_ No *(If yes you MUST provide the YMCA with a copy of these orders)*  
Are there any restraining orders? \_\_\_ Yes \_\_\_ No Who has primary custody of this child? \_\_\_\_\_  
Child may be released to: ( ) FATHER ( ) MOTHER ( ) OTHER/NOTES: \_\_\_\_\_

**Parent's Consent**

**TRANSPORTATION:** (required for participation) I hereby give consent for my child to be transported and supervised by the YMCA to and from field trips.  
**WATER ACTIVITIES:** (required for participation) I hereby give my consent for my child to participate in water activities that might be offered by the YMCA. I hereby give the YMCA staff permission to assist my child in the application of sunscreen.  
**IMMUNIZATION, VISION and HEARING:** My child's records are on file at: Elementary School: \_\_\_\_\_  
Elementary School: (School phone number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Elementary School Address: \_\_\_\_\_  
**PLAYGROUND:** (required for participation) The YMCA is not responsible for the maintenance of playgrounds at public schools and they may not meet DFPS standards. By acknowledging this, you are giving your child permission to utilize the playground that is on-site at your child's school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health History**

Please list any **DIETARY** or **PHYSICAL** restrictions: \_\_\_\_\_

Please list any known **ALLERGIES**: \_\_\_\_\_

Treatment to be given when in contact with stated **ALLERGIES**: \_\_\_\_\_

If your child has a disability, impairment or condition that requires medication or other accommodations, please inform the childcare department of the YMCA of your child's needs before the program begins to ensure that the YMCA is prepared to address your child's needs. Once parent/guardian submits a modification request, Arlington-Mansfield Area YMCA will consider that request on a case-by-case basis and will attempt to accommodate your child within a reasonable amount of time.

Please check here to inform the child care department if your child has a disability, impairment or condition that requires medication or other modifications before the child care program begins to ensure that the AMA YMCA is prepared to address your child's needs.

**Parent's Understanding:** I understand that my child's enrollment is on a probationary period of up to 2 weeks. During this probationary period the YMCA will observe him or her in the program environment to assess if the needs of the child are being met. I have been given and understand the YMCA Code of Conduct for Child Development programs. I have reviewed or have access to the online parent manual handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to:

**NAME OF LICENSED PHYSICIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**NAME OF HOSPITAL OR CLINIC:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

**In accordance with the State of Texas Minimum Standards For Childcare Centers §746.605, I acknowledge all information on this form must be**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**correct and completed before my child(ren) will be admitted into the program.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ARLINGTON-MANSFIELD AREA YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

*In consideration for being permitted to utilize the facilities, services, and programs of the Arlington-Mansfield Area YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated programs have been inspected and considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.*

**IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE ARLINGTON-MANSFIELD AREA YMCA FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE ARLINGTON-MANSFIELD AREA YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

1. *The undersigned hereby releases, waives, discharges and covenants not to sue the Arlington-Mansfield Area YMCA, its directors, officers, employees, and agents ("the releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the Arlington-Mansfield Area YMCA, without respect to location.*
2. *The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the Arlington-Mansfield Area YMCA or participating in any program affiliated with the Arlington-Mansfield Area YMCA, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.*
3. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about or on the premises of the Arlington-Mansfield Area YMCA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the Arlington-Mansfield Area YMCA.**
4. *The undersigned further assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the Arlington-Mansfield Area YMCA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the Arlington-Mansfield Area YMCA.*
5. *The undersigned gives permission to the Arlington-Mansfield Area YMCA to use photographs, film footage, or tape recordings which may include their own image (or family members) or voice for purposes of promoting YMCA programs.*
6. *The undersigned understands that YMCA membership dues and program fees are not deductible as charitable tax contributions.*

*The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the law of the state of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.*

*The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.*

**BY SIGNING BELOW YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE RELEASE**

\_\_\_\_\_  
Parent or Guardian's Signature if Participant is legally a minor

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name