



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**ALWAYS HERE  
FOR OUR  
COMMUNITY**

---

# CHECKLIST FOR Y-SITE ELEMENTARY SCHOOL PROGRAM REGISTRATION FOR SCHOOL YEAR 2016-2017

---

## **ALL CHILDCARE PARTICIPANTS**

- Payment for \$50 registration fee, plus one month's tuition (registration fee waived for one or two parent family members)
- Registration Admissions Agreement
- Youth Medical Release & Liability Waiver
- ATS Information (with voided check or credit card number)
- Family Handbook Acknowledgement Form
- YMCA Childcare Attendance Agreement
- LIC 700 Identification and Emergency Information
- LIC 702 Child's Preadmission Health History
- LIC 613A Personal Rights
- LIC 627 Consent for Emergency Medical Treatment
- LIC 995 Notification of Parents' Rights
- LIC 995E Caregiver Background Check Process
- LIC 9221 (if applicable) Parent Consent for Administration of Medications\*  
\*Children with medications may require additional paper work
- Completed packets may be returned to:
  1. Site Supervisor of program
  2. Childcare Director
  3. Registration Desk

**Once accepted, you will receive confirmation by email.**

**YOUR CHILD WILL NOT BE ENROLLED UNTIL ALL OF THE ABOVE HAS BEEN COMPLETED AND RETURNED.**

If you have any questions concerning your child's enrollment, please contact Cameron Greene at 760.942.9622, ext 12581, or [cgreene@ymca.org](mailto:cgreene@ymca.org).

---

**AFTER SCHOOL CHILDCARE PROGRAM | MAGDALENA ECKE FAMILY YMCA**  
200 Saxony Road | Encinitas, California 92024 | 760.942.9622 | [www.ecke.ymca.org](http://www.ecke.ymca.org)

---

# ELEMENTARY SCHOOL REGISTRATION ADMISSIONS AGREEMENT



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**ALWAYS HERE FOR  
OUR COMMUNITY**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School\* (circle): Capri      Ocean Knoll      Park Dale Lane      Paul Ecke Central      Other

\*Note: Transportation only provided from Capri, Ocean Knoll, Park Dale Lane and Paul Ecke Central.

Program Start Date: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### CHILD'S ATTENDANCE AND FEE SCHEDULE

In order to register your child for our program you will need to have all forms completed and be prepared to pay the registration fee and first month's tuition.

### SELECT ONE OF THE 2 CHOICES BELOW AND ADD REGISTRATION FEE, (if applicable) TO GET TOTAL DUE

<p><b>[CHOICE #1.] PM - After School Only</b>      <b>Monthly Fee</b></p> <p><input type="checkbox"/> <b>Full Time (5 Days)</b>      <u>Participant</u>      <u>Family Member</u></p> <p style="padding-left: 150px;">\$319      \$271</p>	<p><b>Registration Fee</b></p> <p>Family Member ..... Waived</p> <p>Participant..... \$50</p> <p><b>Check child's membership category above.</b></p>
<p><b>[CHOICE #2.] PM - After School Only</b>      <b>Monthly Fee</b></p> <p><input type="checkbox"/> <b>Part Time (3 Days)</b>      <u>Participant</u>      <u>Family Member</u></p> <p style="padding-left: 150px;">\$236      \$201</p> <p><b>Check the days below your child will attend:</b></p> <p>___Monday ___Tuesday ___Wednesday ___Thursday ___Friday</p>	<p><b>TOTAL DUE NOW:</b></p> <p>Registration Fee _____</p> <p>Tuition Fee _____</p> <p style="text-align: right;"><b>TOTAL</b> _____</p>

### ACKNOWLEDGMENTS - Please read and initial each item below.

Parent/ Guardian Initials _____	I have received the Childcare Family Handbook and I am responsible for reading and abiding by the Policies and Procedures.
Parent/ Guardian Initials _____	Monthly payments are made via Automatic Transfer System (ATS) on the 10 <sup>th</sup> (for checking) or the 15 <sup>th</sup> (for credit cards). Notification of changes or corrections must be made to information on file by the 1 <sup>st</sup> of each month in writing via an ATS Form. A \$20 service fee will be applied for accounts returned unpaid, closed or payments stopped. I understand that it is my responsibility to notify the YMCA.
Parent/ Guardian Initials _____	Cancellations are required in writing, two (2) weeks prior to your child's last day in the program. Failure to do so will result in financial responsibility for payment. No refunds are given. I understand that I am required to give two weeks written notification to withdraw from the program.
Parent/ Guardian Initials _____	I understand that I am responsible for signing my child in and out of the facility on a daily basis.
Parent/ Guardian Initials _____	I understand that after registration it will take 24 hours for my child to begin attending the program.
<b>I understand all the policies and procedures in the Family Handbook and on this Admissions Agreement.</b>	
Parent/Guardian Signature _____	Date _____

### AFTER SCHOOL CHILDCARE PROGRAM | MAGDALENA ECKE FAMILY YMCA

200 Saxony Road | Encinitas, California 92024 | 760.942.9622 | www.ecke.ymca.org



MAGDALENA ECKE FAMILY YMCA

# YOUTH MEDICAL RELEASE FORM

200 SAXONY ROAD  
ENCINITAS, CA 92024  
FAX: 760.944.9329

IMPORTANT • THIS FORM MUST BE COMPLETED ANNUALLY. It can be dropped at the Registration Desk during regular business hours, mailed to the Magdalena Ecke Family YMCA, attn: Registration Department, 200 Saxony Road, Encinitas, CA 92024; or faxed to 760.944.9329, attn: Registration Department. It must be received at the Magdalena Ecke Family YMCA prior to the start of all classes, programs or camps.

## CHILD'S INFORMATION

CHILD'S NAME:									
BIRTH DATE:				AGE		MALE { }	FEMALE { }	HOME PHONE:	
HOME ADDRESS:									
PARENT 1 NAME:					CELL PHONE:		EMAIL:		
PARENT 2 NAME:					CELL PHONE:		EMAIL:		
GUARDIAN'S NAME:					CELL PHONE:		EMAIL:		
CHILD RELEASE AUTHORIZATION   Persons authorized to pick-up child from facility									
1 NAME:				RELATIONSHIP		PHONE:		PHONE 2:	
2 NAME:				RELATIONSHIP		PHONE:		PHONE 2:	
3 NAME:				RELATIONSHIP		PHONE:		PHONE 2:	
PERSONS UNAUTHORIZED   Persons NOT authorized to pick-up child									
1 NAME:				RELATIONSHIP		PHONE:		PHONE 2:	
2 NAME:				RELATIONSHIP		PHONE:		PHONE 2:	

## HEALTH INFORMATION | REQUIRED BY STATE LAW

HEALTH INSURANCE CO.:		POLICY #:	
DOCTORS NAME:		PHONE #	
DENTISTS NAME:		PHONE #	
ARE YOUR IMMUNIZATION RECORDS UP TO DATE?	YES { }   NO { }	TETANUS SHOT DATE NEEDED:	
LIST ALLERGIES, SERIOUS INJURIES, DISEASES, OPERATIONS AND ANY RESTRICTIONS ON PHYSICAL ACTIVITY:	IS THIS CHILD CURRENTLY TAKING ANY MEDICATIONS? YES { } NO { }		
	THERE IS A SEPARATE FORM REQUIRED FOR MEDICATION TAKEN DURING CAMP. THAT FORM IS AVAILABLE FROM THE CAMP UNIT LEADER OR FROM THE FRONT DESK.		
LIST ANY CONDITIONS REQUIRING SPECIAL CONSIDERATION, ACCOMMODATIONS:	LIST ANY PAST TREATMENT THAT MAY AFFECT PARTICIPATION IN CAMP:		
LIST ANY ACTIVITIES FROM WHICH THE CAMPER SHOULD BE EXEMPTED FOR HEALTH REASONS:	YMCA OF SAN DIEGO COUNTY MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL: (OPTIONAL) THIS VOLUNTARY INFORMATION WILL BE USED FOR STATISTICAL PURPOSES IN ORDER TO ENABLE OUR YMCA TO PROVIDE QUALITY SERVICES TO OUR COMMUNITY?		
	<input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> NATIVE AMERICAN INDIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTI-CULTURAL PRIMARY LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCAs branch: whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
6. I have read and agree to the Magdalena Ecke Family YMCA credit and refund policies.
7. I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California: if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHILDCARE ATS APPLICATION

CHILD'S NAME: \_\_\_\_\_ CHILD'S BIRTHDATE: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

ACCOUNT HOLDER'S NAMES: A) \_\_\_\_\_  
B) \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

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

HOME PHONE: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Automatic payments occur once a month. Checking accounts on the 10th and credit/debit card accounts on the 15th.  
\_\_\_\_\_ (PLEASE INITIAL)

Changes to automatic payments must be submitted in writing and at least two (2) weeks prior to draft date.  
\_\_\_\_\_ (PLEASE INITIAL)

I hereby authorize the Magdalena Ecke Family YMCA to initiate debits to the bank/credit account attached. This authority is to remain in full force and effect until the YMCA or BANK has received 14 days written notification from me (us) of its termination in such a manner as to afford the YMCA or BANK a reasonable opportunity to act on it. A \$20 service fee will be applied for accounts returned unpaid, closed, or payment stopped. I understand there are no refunds given. I understand it is my responsibility to check my monthly bank statement and report any corrections immediately to the YMCA.

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR CHECKING ACCOUNT PLEASE ATTACH A VOIDED CHECK.**

## —FOR OFFICE USE ONLY—

Date Received	Draft Begin Date	First Month Draft Fee	Draft Date	Entered CCC	Entered Excel	Reminder Sent	Verified By	Comments

NOTES & ADJUSTMENTS:

ATTACH VOIDED CHECK HERE

# FAMILY HANDBOOK ACKNOWLEDGMENT FORM



**This is to acknowledge that I have received a copy of the YMCA Childcare:**

- Family Handbook
- Parents Rights (LIC 995)
- Personal Rights (LIC 613A)
- Registration Admissions Agreement
- Fee Schedule

I understand that the above documents supersede any other policies I may have received during my participation in the Magdalena Ecke Family YMCA's After School Childcare Program.

I understand that it outlines my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the Magdalena Ecke Family YMCA's After School Childcare Program.

---

Child's Name (please print)

---

Parent/Guardian's Name (please print)

---

Parent/Guardian's Signature

---

Date

**This page becomes part of your child's participant file.**

# CHILDCARE ATTENDANCE AGREEMENT



## Required Sign In and Out Procedures

- It is a requirement to sign the child(ren) out for After School care daily.
- Pick Up persons will need to legibly sign their full name and note the exact time on the sign in and out sheets.\* Failure to do so can result in your child's termination from the program.
- Please keep list current for authorized or unauthorized pick up persons with the Site Supervisor.
- Pick up persons are required to escort their child(ren) from the YMCA childcare program center.

## Authorized Persons for Pick Up

- For your protection, only authorized persons may pick up your child(ren).
- To add persons to your children's Youth Medical Release and Waiver, a request will have to be submitted in writing. Please include the following information: the person's full legal name, their phone number and their relationship to the child.
- All staff members are required to ask for photo identification of all persons picking up your child(ren) that they do not recognize. Always be prepared to show your picture identification when picking up child(ren) from our programs.

## Daily Absences

- If your child is going to be absent from the program it is very important that you contact the Site Supervisor to notify them of your child(ren)'s absence. Please leave us a message, if necessary. In the event that you do not notify us of your child's absence we will attempt to contact you to verify the absence. Repeated failure to report your child absences may result in their termination from our program.

## Late Pick Up

In the event a parent should pick up their child after the 6:00 pm closing time, a late fee will be assessed. We charge \$15 for any portion of the first 15 minutes the child is in our care and \$1 for every minute after 6:15 pm.

Parents who have not notified the Childcare Site that they will be late can expect the following to occur:

1. For the child's safety we will attempt to make contact with all authorized guardians and pick up persons on the child medical release card.
2. In the event that no authorized guardians or pick up persons can be reached within 30 minutes the local police department will be notified. Your child will be taken into their custody.
3. If a child is continually picked up late from our program actions such as dismissal from our program may be necessary.

\*This is a Title 22 California State Licensing regulation and requirement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AFTER SCHOOL CHILDCARE PROGRAM | MAGDALENA ECKE FAMILY YMCA**

200 Saxony Road | Encinitas, California 92024 | 760.942.9622 | [www.ecke.ymca.org](http://www.ecke.ymca.org)