



ENROLLMENT FORM

YMCA OF GREATER HARTFORD

Branch: _____ Program Site: _____

Date of Enrollment: _____ School Age or Early Learning: _____ Days of Enrollment: M__ T__ W__ TH__ F__

Early Learning (Infant,Toddler,Preschool): _____ Half Day: _____ Full Day: _____

School Age (Before & After School/Vacation Days): Before School: _____ After School: _____ Before & After School: _____

Child's First and Last Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ State: _____ Zip Code: _____

Child's Gender/Preferences: _____ Child's Grade (if applicable): _____

Parent/Guardian Name: _____ Email: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell #: _____

Employer: _____ Employer's #: _____

Employer's Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____ Email: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell #: _____

Employer: _____ Employer's #: _____

Employer's Address: _____ City: _____ State: _____ Zip Code: _____

Are there any Custody Agreements? ☐ Yes ☐ No If Yes, the YMCA will need to be provided with a copy of the agreement.

Child's Physician Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Insurance Carrier: _____ Insurance ID: _____

Does your child have any of the following (Please note a care plan will likely be required):

Allergies: _____

Asthma: _____

Dietary/Special Health Concerns or Behavioral Concerns (Please explain): _____

A health assessment record signed by the physician is also required and must be filled out in it's entirety. This must be updated annually for children 5 or younger, and in accordance with the school district for school-age programs. After review of the physical, additional paperwork and medication may be required to keep your child safe while in care.

Emergency Authorization: I give my consent for the First Aid and CPR certified staff of Greater Hartford YMCA to administer first aid and CPR to my child and to contact the above-named physician if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility/Hospital of Choice: _____

Behavior Management and Parent/Guardian Handbook: I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY CONTACTS: *NOT PARENT/GUARDIAN

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

Name: _____ Phone #: _____ Relationship: _____ Date of Birth: _____

Name: _____ Phone #: _____ Relationship: _____ Date of Birth: _____

Additional Authorized Pick Ups:

Persons permitted to remove the child from the child care home on behalf of parent(NOT PARENT/GUARDIAN):

Name: _____ Phone #: _____ Relationship: _____ Date of Birth: _____

Name: _____ Phone #: _____ Relationship: _____ Date of Birth: _____

Date Disenrolled: _____ Staff Initial: _____ ☐ Background Checks Completed

WAIVERS / INFORMED CONSENTS / OTHER

- ☐ Yes I hereby irrevocably release, consent and allow the YMCA and its agents to use my child's photograph, likeness, voice, as it pertains to their participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use.
- ☐ No

ADDITIONAL PERMISSIONS

- Initial
- To take my child for walks on the grounds of YMCA location and to participate in child development related activities and events held in the YMCA facility/on YMCA grounds or facilities including transportation in YMCA van
 - To include my child in vision, hearing, & developmental screening and assessments conducted by the staff and shared with child's pediatrician
 - To transport my child via ambulance to the nearest medical facility
 - For my child to be treated by emergency medical personnel in the event of an emergency
 - For staff that hold the appropriate certifications to administer first aid and CPR as needed
 - For staff that hold the appropriate certifications to administer non-prescription medication, topical medications, lotions and creams as per my written consent
 - To allow my child to eat all the snack and food provided from YMCA according to USDA food guidelines; unless documented food restriction and care plan
 - To provide the following individuals and/or agencies access to my child's enrollment, health, and other information in my child's file on an as needed basis (office/classroom staff, consultants, public school personnel, emergency medical personnel, OEC, NAEYC, & DCF.)

YMCA OF GREATER HARTFORD RELEASE and WAIVER OF LIABILITY and INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT

Initial

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgment that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS (herein referred to as "the undersigned"):

1. MEMBER CONDUCT I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. INSURANCE I understand that the YMCA does not provide any accident or health insurance for its members or participants, and it is my responsibility to provide such coverage.
3. PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. ASSUME FULL RESPONSIBILITY I hereby assume full responsibility for and risk of bodily injury, death, or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. PHOTO/TALENT RELEASE I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talement release_____).
6. RELEASE, WAIVE, DISCHARGES I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
7. INDEMNIFY AND SAVE AND HOLD HARMLESS I hereby agree to indemnify and save and hold harmless the releases 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 YMCA or participating in any program affiliated with the YMCA.
8. MEDICAL RELEASE I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
9. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
10. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Signature of Parent/Guardian: _____ Date: _____

Parents, please note that ALL of the information on this form is required per the YMCA and Office of Early Childhood requirements. Form must be legible, and include all necessary details in order for your child to start. We also cannot accept if "SAME" is written, and all areas must be filled in individually for accurate recordkeeping.