



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WEST VALLEY FAMILY YMCA CHILD CARE & DAY CAMP



Enrollment Packet

CHILD CARE: Pomelo, Justice, Woodlake, Vanalden, Bay Laurel, Round Meadow and Calabash

DAY CAMP: Discovery Camp, Adventure Camps and Good Times Camps



LICENSED BEFORE & AFTER SCHOOL PROGRAMS:

When school is **IN** session and on **SPECIFIED** pupil free days, the YMCA offers **STATE LICENSED** before school, after school **and/or** single-day child care for children grades K-5* at the following **COMMUNITY CARE LICENSING** Facilities: Vanalden Avenue Elementary (191226194), Bay Laurel Elementary (191231094), Round Meadow Elementary (197403242) (***Pre-K to 3rd grade only**), Calabash Charter Academy (197419963), Pomelo Community Charter School (197408524), Justice Street Academy Charter (197401698) and Woodlake Elementary Community Charter (191200082)



ORGANIZED DAY CAMPS THROUGH THE AMERICAN CAMP ASSOCIATION:

When school is **OUT** of session during **SPECIFIED** weekly sessions (fall, winter & spring day camp), the YMCA offers **ACCREDITED** organized day camp for children grades K-5* at the following **AMERICAN CAMP ASSOCIATION** Accredited program locations: Vanalden Avenue Elementary, Bay Laurel Elementary, Pomelo Community Charter School and Woodlake Elementary Community Charter.

CHECKLIST - FOR PROGRAM DIRECTOR USE ONLY

ALL ENROLLEES:

<input type="checkbox"/>	Self-Checklist: Are You Ready?
<input type="checkbox"/>	Color photo of child for emergency purposes (must clearly show the child's face)
<input type="checkbox"/>	YMCA – Opportunity to Give Back!
<input type="checkbox"/>	Confidential Identification and Emergency Information
<input type="checkbox"/>	Confidential Child's Preadmission Health History-Parent Report
<input type="checkbox"/>	Multijurisdictional Authorization & Release For Medical & Dental Treatment
<input type="checkbox"/>	Program Agreements
<input type="checkbox"/>	Release and Waiver of Liability and Indemnity Agreement
<input type="checkbox"/>	Photo and Video / Audio Recording Release
<input type="checkbox"/>	Yellow Emergency Card

BEFORE & AFTER SCHOOL ENROLLEES and FULL-DAY, SINGLE-DAY CHILD CARE ENROLLEES ONLY (There forms are **NOT** for registrants who are only enrolling in a Day Camp):

<input type="checkbox"/>	CCLD: Notification of Parent's Right (License 995)
<input type="checkbox"/>	CCLD: Personal Rights (License 613A)

*If your child requires medical services (such as an Epi-Pen or Epi-Pen Jr, inhaler/nebulizer, testing/monitoring blood glucose levels, gastrostomy tube care/feeding, the administering of glucagon, ileostomy bag care/emptying, the administering of prescription and over-the-counter medications, etc.) additional forms must be completed **prior** to enrollment.

WEST VALLEY FAMILY YMCA

Required

ARE YOU READY? Welcome to the West Valley Family YMCA. We are very excited that you have decided to participate in our programs. **Before you enroll, it is important that you complete this SELF-CHECKLIST to ensure that you and your child are ready to participate in our programs. Your signature is required at the bottom of this checklist. Please check each box below. By signing below, you acknowledge that you have read and understood this entire document:**

I understand that the YMCA offers two types of programs: (1) **LICENSED CHILD CARE** and (2) **ORGANIZED CAMPS** and that this enrollment packet is used for both types of programs. The YMCA **LICENSED CHILD CARE** program is **LICENSED** by the State of California Department of Social Services Community Care Licensing Division (CCLD). The YMCA **ORGANIZED CAMPS** program is **ACCREDITED** by the American Camp Association (ACA). I have read and I understand the aforementioned information, listed in greater detail, found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. The YMCA operates as a **LICENSED** child care facility for before school, after school and full-day, single-day child care program days of operation. The YMCA operates as an **ACCREDITED** day camp facility for spring, fall, winter and summer day camp program days of operation. Information on days of operation for **LICENSED CHILD CARE and ACCREDITED ORGANIZED CAMP** can be found in the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.

I have read and I understand **Form A: Welcome Letter** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. I understand that the YMCA provides programs in both small and large groups, which consist of 1 adult YMCA staff member for every 10-14 children (1 adult YMCA staff for every 6 children during aquatic excursions). Children requiring a one-to-one aide and/or services must contact the branch Program Department **prior** to enrolling into the program.

I have read and I understand **Form B: Payment Plan & How It Works (non-applicable for summer day camp)** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. I have read, I understand and I agree to the **Form C: Financial Policies Agreement** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook

I understand that my child is required to have an Earthquake Kit. I have read the information about the Earthquake Kit on **Form D: Earthquake Kits (non-applicable for all day camps)** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. I understand that I can (1) Purchase or rent an Earthquake Kit from the YMCA, (2) Purchase an Earthquake Kit from a retailer or (3) I can make my own Earthquake Kit as a fun project to do with my child.

I understand that I must submit a **Recent Photo Of My Child** (Form E), where their face is clearly visible. I understand this will be used in the case of an emergency while my child is in the program. I also understand that I must submit **Form F: Emergency Card** at the time that I enrolled my child. The emergency card is double-sided and both sides must be completed in its entirety. Emergency cards must be updated annually. Emergency cards are available at the YMCA branch and our program sites only (not available electronically).



Volunteer Opportunities: I understand that there is an optional form, **Form G: Parent Involvement Agreement (non-applicable for all day camps)** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. This is a voluntary declaration of my desire to be involved in the program as a Program Parent Volunteer. If interested, I understand that I just need to complete the form and submit it directly to the YMCA Director on my child's first day of program. This form is optional.

CCRC Families: I understand that as a part of my child's file, I must complete **Form H: Subsidized Payment Agreement** and submit it with child's enrollment packet at the time of enrollment. The form can be found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.

First Time Families: I understand that it is **HIGHLY RECOMMENDED** that I complete **Form I: Getting To Know You Questionnaire**, to assist the YMCA staff in understanding my child's individual needs. I understand that the questionnaire is voluntary and can be found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. I can submit this with my enrollment packet at the time that I enroll my child or directly to the YMCA Director on my child's first day of program.

I have read and I understand **Form J: YMCA's Positive Discipline Policies** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.

Name of Child being enrolled in YMCA program:

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

FOR OFFICE USE ONLY			
Items in BOLD are only applicable for enrollees in LICENSED CARE (not for participants enrolling only in an organized camp).			
<input type="checkbox"/> Assigned Seat	<input type="checkbox"/> Cubby with Name Tag	<input type="checkbox"/> Assigned to PCG	<input type="checkbox"/> Input on LIC 857
<input type="checkbox"/> Input on LIC 9040	<input type="checkbox"/> Input Metro Checklist	<input type="checkbox"/> Check Allergies	<input type="checkbox"/> Check for Medical Service
<input type="checkbox"/> Give Back Campaign	<input type="checkbox"/> PCG A/R/A/M/G	<input type="checkbox"/> Sign-In Sheet	<input type="checkbox"/> Emergency Binder
<input type="checkbox"/> Photo of child	<input type="checkbox"/> Added to Master Roster	<input type="checkbox"/> _____	<input type="checkbox"/> _____

WEST VALLEY FAMILY YMCA

ENSURE A BRIGHT FUTURE – GIVE BACK!

Optional

Our Cause Defines Us

We know that lasting personal and social change comes about when we all work together. That's why, at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

Our Strength is in Community

- The Y is a nonprofit like no other. That's because in 10,000 neighborhoods across the nation, we have the presence and partnerships to not just promise, but deliver, positive change.
- The Y is community centered. For nearly 160 years, we've been listening and responding to our communities.
- The Y brings people together. We connect people of all ages and backgrounds to bridge the gaps in community needs.
- The Y nurtures potential. We believe that everyone should have the opportunity to learn, grow and thrive.
- The Y has local presence and global reach. We mobilize local communities to effect lasting, meaningful change.

Our Impact is Felt Every Day

With a mission to put Christian principles into practice through programs that build a healthy spirit, mind and body for all, our impact is felt when an individual makes a healthy choice, when a mentor inspires a child and when a community comes together for the common good.

The YMCA in the United States

Today, the Y engages more than 10,000 neighborhoods across the U.S. As the nation's leading nonprofit committed to helping people and communities to learn, grow and thrive, our contributions are both far-reaching and intimate—from influencing our nation's culture during times of profound social change to the individual support we provide an adult learning to read. By nurturing the potential of every child and teen, improving the nation's health and well-being, and supporting and serving our neighbors, the Y ensures that everyone has the opportunity to become healthier, more confident, connected and secure.

Opportunities for All

The Y is for everyone. Our programs, services and initiatives: enable kids to realize their potential, prepare teens for college, offer ways for families to have fun together, empower people to be healthier in spirit, mind and body, prepare people for employment, welcome and embrace newcomers and help foster a nationwide service ethic. And that's just the beginning.

Parents, did you know that funds raised through our Community Support Campaign helps us to provide scholarships and assistance for families who are not able to afford to come to the Y? Would you like to donate to our Community Support Campaign to keep program fees affordable to all and to provide these valuable scholarships? The Y and the community are grateful for your generosity. The Y is a 501(c)(3) charitable non-profit. Tax ID: 95-1644052 **A \$100 donation will help to make our program more affordable for one family. Need info? Contact:** Christopher Jefferson | ChristopherJefferson@ymcaLA.org | 818 668 2611

MAKE A DONATION TO THE Y TODAY!

CHECK ONE		
<input type="checkbox"/>	Yes	I would like to make a one-time \$100 donation to the YMCA to support Youth Development Programs. Please charge my credit card on file ending with _____ (last 4 digits). If I do not have a credit card on file, I will provide one to the YMCA Welcome Center.
<input type="checkbox"/>	Yes	I would like to make a \$100 donation over time to the YMCA to support Youth Development Programs. Please split my donation into _____ payments of \$_____ per month for _____ months, beginning (enter a month & year here): _____, for a total gift of \$_____. Please charge my credit card on file ending with _____ (last 4 digits). If I do not have a credit card on file, I will provide one to the YMCA Welcome Center. Example: Please split my donation into 6 payments of \$20 per month for 6 months, beginning June 2017 for a total gift of \$120.00 .
<input type="checkbox"/>	Yes	I would like to make an immediate donation to the YMCA to support Youth Development Programs in the following amount: _____. Please immediately charge my credit card on file ending with _____ last 4 digits. If I do not have a credit card on file, I will provide one to the YMCA Welcome Center.
<input type="checkbox"/>	Yes	I would like to make a donation to the YMCA to support Youth Development Programs in the following amount: _____. I would like to give the donation immediately using cash or check.
<input type="checkbox"/>	No	I have already made a donation to the current Y Annual Support Campaign for the current year.
<input type="checkbox"/>	No	Not at this time
<input type="checkbox"/>	Yes	I would like to learn more about how I can volunteer and help the YMCA raise more funds for our community and/or, I am interested in being a Site Mom/Site Dad/Site Parent to help support the YMCA and its fundraising efforts.
By signing below, you authorize the YMCA to charge any credit card listed above based on the payment schedule you have checked off:		
Printed Name of Cardholder:	Signature of Cardholder:	Date:

There are so many ways you can support the YMCA and help us to ensure that no family is turned away due to their inability to pay. Ask about our **Annual 5k & 10k Race and Family Fun Run** in November and our **Annual Spring Musical** (March/April).

WEST VALLEY FAMILY YMCA

CONFIDENTIAL IDENTIFICATION & EMERGENCY INFORMATION

Required

Basic Information					
Child's name <small>(first, middle, last)</small>		Sex		Birth date <small>(m/d/y)</small>	
Home address <small>(include city and zip code)</small>				Home phone # <small>() ()</small>	
Name of school child is/will attend:			Classroom #: <small>(if applicable)</small>		Current Grade:
1 st parent/guardian/authorized representative name:				Mobile phone # <small>() ()</small>	
Home address <small>(if different from child)</small>				Home phone # (if different) <small>() ()</small>	
E-mail address:			Driver's license # & state of issue (ID purposes):		
Employer name & address				Business phone # <small>() ()</small>	
2 nd parent/guardian/authorized representative name:				Mobile phone # <small>() ()</small>	
Home address <small>(if different from child)</small>				Home phone # (if different) <small>() ()</small>	
E-mail address:			Driver's license # & state of issue (ID purposes):		
Employer name & address				Business phone # <small>() ()</small>	
Person responsible for the child:		Home phone # (if different) <small>() ()</small>		Mobile phone # <small>() ()</small>	
Emergency Contacts/List of Persons Authorized to pick-up child from the facility					
Names of additional persons who may be called in an emergency and/or who are authorized to take the child from the facility (child will not be allowed to leave with any other person without written authorization from parent or authorized representative).					
Name	Phone #	Address	Relationship to child	When should we contact them?	
				Pick-up	Emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Time child will be called for:					
Restricted PICK-UP: The Following individuals are RESTRICTED from signing out my child due to a court-issued restraining order (a certified copy of the official documentation must be kept in the child's YMCA file)					
Name:			Name:		
Physician & Dentist to be called in Emergency & Medical Insurance Information (this information is required)					
Medical insurance company/plan:					
Policy number:			Expiration:		
Name of child's Physician:			Phone number:		
Name of child's Dentist:			Phone number:		
If physician cannot be reached, what action should be taken?		<input type="checkbox"/> Call emergency hospital <input type="checkbox"/> Other: _____			
Printed Name of Parent/Guardian/Authorized Representative #1:		Signature of Parent/Guardian/Authorized Representative #1:		Date:	
Printed Name of Parent/Guardian/Authorized Representative #2:		Signature of Parent/Guardian/Authorized Representative #2:		Date:	
FOR OFFICE USE ONLY					
Date of Admission:			Date of Cancellation:		

WEST VALLEY FAMILY YMCA

Required

CONFIDENTIAL CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

Child's name (first, middle, last)			Sex			Birth date (m/d/y)					
1 st parent/guardian/authorized Representative name:						Does this person live in the home with the child?			Yes	No	
2 nd parent/guardian/authorized Representative name:						Does this person live in the home with the child?			Yes	No	
MEDICAL INFORMATION											
Is or was your child under the regular supervision of physician? Yes No						Date of last exam/physical:					
Does your child take prescribed medications? <i>(If yes, additional forms are required)</i> Yes No						If yes, what kind? Any side effects?					
MANDATORY QUESTION: Date of child's last Tetanus Booster:											
PAST ILLNESSES — Check illnesses that child has had or currently has and specify approximate dates of illnesses. Check N/A if illness does not apply to your child.											
	Date	N/A		Date	N/A		Date	N/A		Date	N/A
Diabetes			Epilepsy			Hay Fever			Asthma		
	Date	N/A		Date	N/A		Date	N/A		Date	N/A
Chicken Pox			Rheumatic Fever			Whooping Cough			Mumps		
	Date	N/A		Date	N/A		Date	N/A			
Poliomyelitis			3-Day Measels (Rubeola)			10-Day Measels (Rubella)					
Please specify any other serious or severe illnesses or accidents:											
Does child have frequent colds? Yes No						How many in the last year?					
List any allergies staff should be aware of <i>(food, medications, environmental, etc.):</i> Describe the allergic reaction:											
DIET PATTERN: What does your child usually eat for: Breakfast: _____ Lunch: _____ Dinner: _____						What are your child's usual eating hours: Breakfast: _____ Lunch: _____ Dinner: _____					
Any food dislikes?						Any eating problems?					
Does your child require medical services? If yes, please contact the Branch Program Dept. BEFORE enrolling. <i>(Example of Medical Services: Epi-Pen or Epi-Pen Jr, inhaler/nebulizer, testing/monitoring blood glucose levels, gastrostomy tube care/feeding, the administering of glucagon, Ileostomy bag care/emptying, the administering of prescription and over-the-counter medications, etc.).</i> Yes No											
Parent evaluation of child's health:											
Is the child under a doctor's care? Yes No If yes, name of doctor:											
Does child have allergic reaction to sunscreen? Yes No If yes, what kind?											
Does child have any special device(s)? Yes No If yes, what kind?											
Does child have any special device(s) at home? Yes No If yes, what kind?											
Does your child have any special needs? Yes No If yes, please explain?											
Parent's evaluation of child's personality:											
How does the child get along with parents, siblings and other children?											
Has the child has group play experience? Yes No											
Does the child has any special problems/fears/needs? (explain)											
What is the plan for care when the child is ill?											
Reason for joining this program:											
Printed Name of Parent/Guardian/Authorized Representative #1:				Signature of Parent/Guardian/Authorized Representative #1:				Date:			
Printed Name of Parent/Guardian/Authorized Representative #2:				Signature of Parent/Guardian/Authorized Representative #2:				Date:			

WEST VALLEY FAMILY YMCA

MULTIJURISDICTIONAL AUTHORIZATION & RELEASE FOR MEDICAL AND DENTAL TREATMENT

Child's name (first, middle, last)	Sex	Birth date (m/d/y)
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IMPORTANT: This section must be completed for attendance. *

The undersigned, as the parent or parents, or legal guardian or legal guardians, of the abovenamed person, a minor (the "minor"), hereby authorize the YMCA of Metropolitan Los Angeles and its authorized directors and leaders (collectively the "YMCA") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that YMCA shall not be legally or financially liable for any claim arising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and to hold YMCA harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA, and shall be valid until revoked in writing by the undersigned or any of them.

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

Child's Health Statement

I, the undersigned, understand that at a YMCA programs, physical activity is a regular part of the daily scheduled activities. To the best of my knowledge, my child is in excellent physical health and has no restrictions (except what is listed in this packet under "special consideration") from strenuous activity. IF I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities. I understand that the YMCA is a group-centered program with one adult teacher assigned to ever group of 14 children. The YMCA does not provide any in-house one-to-one assistance services.

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

SUNSCREEN UTILIZATION PERMISSION FORM

The YMCA requires written approval or instructions from parents prior to administering non-prescription medication to children in our programs. **Sunscreen is considered a non-prescription medication.** As the parent or guardian of the above child, I give permission for the staff at the YMCA programs, to provide a sunscreen product of SPF 30 or higher, especially during the months of April-September. I understand the YMCA staff will not be applying the sunscreen on my child.

Check one:

- In the event that I forget to send sunscreen with my child on a particular day, I approve of the YMCA to provide my child with sunscreen of SPF 30 or higher.
- Please do not provide my child with sunscreen, I will provide my child with specific type of sunscreen

The YMCA has a limited supply of sunscreen available at the program facility to provide to children on days when they may forget their personal sunscreen bottles. Parents/Guardians are required to send Sunscreen each day with their child.

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

WEST VALLEY FAMILY YMCA

Program Agreements **Page 1 of 2**

ACKNOWLEDGEMENT/AGREEMENT: I understand agree to and/or acknowledge the following:

I acknowledge that I have received the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook and will comply with the policies set forth.

LICENSED CHILD CARE PARTICIPANTS ONLY: I further acknowledge that I have received copies of the following documents required by the State of California Department of Social Services Community Care Licensing Division (CCLD): **"Parents Right (LIC 995)", "Personal Rights (LIC 613A)", "Parent Handbook", "Fee Schedule", "Caregiver Background Check Process (LIC 995E) and "Acknowledgment of Receipt of Licensing Reports"** if applicable. Some of these documents are located in this enrollment packet, while others are located in the Parent Handbook.

I acknowledge that I have read and I understand the YMCA's policies and procedures related to **field trips, travel and why the YMCA does not utilize permission slips for program participants**, found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. **For organized camps:** Field Trips are subject to change without any prior notice.

I understand the YMCA staff and volunteers are not permitted to **babysit, transport or relate to children/participants anytime outside of the YMCA program**. I acknowledge that I have read these policies and procedures found in the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.

I understand that I am not allowed to leave my child at the YMCA program site unless there are two YMCA staff members present to receive and supervise my child. I understand that the YMCA staff will refuse to accept my child if there is not a 2nd staff present, as our staff are not permitted to be alone with one single child. I understand that on full day, single-day child care program days of operation & during day camp sessions, children must be signed into the program no later than 10:30am, unless prior arrangements were made with the YMCA Director. I also understand that special visitors, special camp activities and/or early field trip departures may be scheduled before 10:30am and that I am responsible to ensure my child is at the program facility on time for these special visitors, special camp activities and early field trip departures.

I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, for my child's safety, staff may have no recourse but to contact the police.

I understand that all YMCA staff are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

I understand that Law Enforcement personnel may request the information listed in my file and may interview my child, if necessary. **LICENSED CHILD CARE PARTICIPANTS ONLY:** I understand that, per California's Title 22, my child's file is available for review by the Department of Social Services and representatives from these agencies may interview my child without prior parental/guardian permission.

I acknowledge that I have read and I understand the **YMCA's Positive Discipline policies and child suspension/removal procedures, including pick-up time limits and penalties**, found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.

I understand that the YMCA may terminate my child's enrollment for any of the following reasons:

- Emergency names and phone numbers are incorrect.
- Parent is late picking up child after program closes.
- Non-payment, late payment or ATS reject of fees.
- Failure to adhere to the sign in and out policy.
- Failure to notify the YMCA that the child is absent.
- Child leaving the program site without authorized permission.
- Behavior that is continually disruptive or dangerous to others and/or self.
- Behavior that is disruptive to property and/or refusal to replace said property.
- Any single incident that is deemed by the Senior Program Director to be dangerous, harmful or disruptive.
- Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend, etc.).

I understand that program participation requires that my account is in good standing with all balances up to current. This includes program fees and membership dues (if applicable). Non-payment of program fees and/or membership dues, will result in my child not being allowed to participate in the program and could result in legal referral with the additional costs to myself, until the balance is paid and current. I further understand that there is an administrative processing fee for any payment returned by my bank or credit account and for late payments.

Program Agreements – Page 2 of 2

I understand that the YMCA and the staff employed by the YMCA will not become involved in custodial disputes between parent/guardian. All documents request must come from the courts and be signed by a judge. The staff's responsibility is to provide a safe environment for children.

I understand I am required to give 15 day written notice when terminating my child from YMCA program or when making changes to my program option or plan. If a written 15 day notice is not provided, I will not receive a refund or credit and I will be billed or charged as regularly scheduled. Registration Fees are non-refundable. I have read, I agree and I understand the **PAYMENT PLAN & HOW IT WORKS** and **FINANCIAL POLICIES AGREEMENT** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook

I understand and agree that in the event my child is not picked-up by closing, the Program site will immediately make every attempt to contact me, or other persons authorized by me to take my child from the program site. If I or my authorized individuals cannot be located, or if satisfactory arrangements for picking-up the child cannot be made, the YMCA staff will continue to try to locate me or another designated person; but if those efforts are unsuccessful within a reasonable period of time (please see late pick-up procedures, listed in the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook), the appropriate law enforcement and welfare authorities will be contacted and my child may be released to the custody of those welfare authorities as a possible ward of the Juvenile Court. I hereby release the YMCA, its employees and agents, from all liability for any damage sustained by my child or by me which results directly or indirectly from the procedure outline above. I further agree that I will indemnify and hold the YMCA and YMCA Program harmless for any damage sustained by my child, if this procedure must be utilized because I fail to pick-up my child on time from the program site or because any person designated by me fails to pick up my child on time from the program site. I hereby release the YMCA, its employees and agents from all liability and responsibility for any damages sustained by my child after closing time. I understand and agree that if my child is not picked-up at the designated time, my child and I may be dropped from the program.

I agree to allow, and grant permission for, my child to participate in all activities which are a part of the YMCA Program. These activities include water play, use of the playground and apparatus (at sites where permissible), woodworking, cooking, animal care, messy arts and crafts, sports, fitness, outdoor games, adult supervised walks in the immediate neighborhood/community of the YMCA program site, field trips and other active play experiences typical in a before and after school, full-day program and day camp program. I hereby release and discharge the YMCA, officers, employees, agents and servants (herein, collectively referred to as the YMCA). For the purpose of this agreement, liability means all claims, demands, losses, courses of action, suits or judgments of any kind that I, my heir, executors, administrators or assignees may have against the YMCA because of any loss or damage to property that results from any cause other than the negligence of the YMCA. I understand that college students may make observations at the YMCA as a part of class assignments and that any observation will be done only under the supervision of the director; photography will not be permitted by student observers.

By signing below, I acknowledge the following. I have:

1. Received the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.
2. Read, in its entirety, the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.
3. Understood, in its entirety, the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.
4. Read and understood the most recent edition of the Financial Policies Agreement and Payment Plan & How It Works (not applicable for summer day camp), found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.
5. Accepted all policies, procedures and guidelines listed within the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook and listed within the most recent edition of the Enrollment Packet.
6. I understand that it is my responsible to ensure that I have the most up-to-date Parent Handbook and Enrollment Packet and I understand that I can inquire for the most up-to-date handbooks and packet at the YMCA branch.

By signing below, I acknowledge that the above six (6) statements are true.

REASONABLE ACCOMMODATIONS CLAUSE: Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child/ren requires an unusual amount of one on one attention, whether due to special needs or behavior, my child may be removed from the program. You are solely responsible for determining if your child/ren are physically fit for the activities contemplated in these programs. It is always advisable, especially if your child/ren have an illness, injury or impairment, to consult a physician before undertaking any active recreational program.

By signing below, I acknowledge that I have read and agree to all the statements on page 1 of 2 and page 2 of 2 of this Program Agreements document:

Name of Child being enrolled in YMCA program:		
Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

YMCA OF METROPOLITAN LOS ANGELES

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT YMCA OF METROPOLITAN LOS ANGELES

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) 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, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such premises and facilities and/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 thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

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 ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that YMCA does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of releasees or otherwise 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.

The parties agree that any and all disputes, claims or controversies arising out of or relating to this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be submitted to JAMS, or its successor, for one full day of mediation, and if the matter is not resolved through mediation, then it shall be submitted to JAMS for final and binding arbitration. Either party may commence mediation by providing to JAMS or to the other party a written request for mediation, setting forth the subject of the dispute and the relief requested. The parties shall cooperate in selecting a mediator from the JAMS panel of neutrals and in scheduling mediation proceedings. The parties shall participate in the mediation in good faith and shall equally share its costs. Either party may initiate arbitration with respect to the matters submitted to mediation by filing a written demand for arbitration at any time following the initial mediation session or at any time following 45 days from the date of the filing of the request for mediation, whichever first occurs. The arbitration shall be administered by JAMS pursuant to the California Arbitration Act (Calif. Code of Civil Proc. I 1282 *et seq.*). The parties may

file a motion for summary judgment pursuant to California Code of Civil Procedure I437c, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving party not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by credible and relevant evidence presented.

Each party shall bear its own attorney's fees and costs in any proceeding to enforce or interpret this Agreement. If the initiating party does not pay its share of the arbitration fees and costs within 3 months of receiving notice that payment is due, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

No arbitration shall be brought and no cause of action shall be asserted against releases, or any of them, after the expiration of one year from the date of accrual of such cause of action, and any claim or cause of action against releases, or any of them, shall be extinguished and deemed released unless asserted by the timely filing of a written demand for mediation with JAMS and then arbitration with JAMS within such one-year period.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California 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 CAREFULLY READ AND VOLUNTARILY SIGNS THE ASSUMPTION OF RISK, 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. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT KNOWING THAT I AM GIVING UP VALUABLE RIGHTS. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE.

Date: _____

Printed Name

Signature of Applicant/Guardian

Name(s) of Child(ren) in Program and/or YMCA Facility

Revised 8/2016

Required

YMCA OF METROPOLITAN LOS ANGELES

PHOTO & VIDEO/AUDIO RECORDING RELEASE

Optional

PLEASE PRINT

I _____ am eighteen years of age or older, and if not, then my Mother/Father/Legal Guardian has also signed below under my signature.

With regard to my participation in activities sponsored by or related to any activity in which I participate in any way sponsored by the National Council of Young Men's Christian Associations of the United States of America, and to any YMCA of the USA Association, including the Young Men's Christian Association of Metropolitan Los Angeles (collectively, "YMCA"), I hereby give my permission and consent, now and for all time (without any further compensation, claim or demand by me) to the YMCA, and to advertising agencies, agents, entities and third parties collaborating with the YMCA and their representatives, if any, (the "Organizations") to make, reproduce, edit, broadcast or rebroadcast any video, film, or digital footage and other sound track recordings, or photo reproductions of my image or voice in any form, and my narrative account of my experience with YMCA activities ("Materials") for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any further compensation to me. I may or may not be identified by name in such reproductions. However, I shall not be stated by name to have endorsed any particular commercial products or commercial services without my express written permission.

I further agree to the following:

- Any Materials created subject to this Release shall belong to the YMCA as its property, with full right of disposition of them without my oral or written permission.
- The Materials will not be subject to any obligation of confidentiality and may be shared with and used by the Organizations, as well as with any third parties as the YMCA may elect.
- The YMCA shall not be liable for any claim arising from the use or disclosure to a third party of any of the Materials.
- The YMCA shall exclusively own all known or later existing rights to the Materials worldwide and shall be entitled to the unrestricted use of the Materials for any purpose without compensation to me or the provider of the Materials.

AGREEMENT AND CONSENT

I have read and understood the contents of this Release. I agree that my consent to this Release is irrevocable. I hereby voluntarily release and discharge the YMCA and the Organizations and their representatives from any and all claims arising out of or relating to or in connection with the uses and reproductions of my image and voice and my narrative account as described herein. I understand that the term "YMCA" in this Release specifically includes the YMCA of Metropolitan Los Angeles.

Signature: _____ Date: _____ Age: _____

Email Address: _____ Phone: _____ Cell Phone: _____

Address: _____

.....

I am the Mother/Father/Legal Guardian of _____.

PLEASE PRINT

I have read and understand the contents of this Release and hereby voluntarily consent to this Release on behalf of my minor child.

Signature of Mother / Father / Legal Guardian: _____ Date: _____

Email Address: _____

Phone: _____ Cell Phone: _____

Address: _____

STOP: This page is **MANDATORY** for families attending before school care, after school care or full-day, single-day child care at a **LICENSED PROGRAM**. If you are attending an **ORGANIZED CAMP**, you may **not** complete this form and must skip this form.

**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: Los Angeles Northwest Culver City Regional Office - Community Care Licesning

Licensing Office Address: 6 167 Bristol Parkway, Suite 400 MS 29-13, Culver City, CA 90230

Licensing Office Telephone #: 310 337 4333

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

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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:

Los Angeles Northwest Culver City Regional Office

NAME

Community Care Licensing Division

ADDRESS

6167 Bristol Parkway, Suite 400, MS 29-13

CITY

Culver City

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

310 337 4333

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)