



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# Child Information

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Allergies: \_\_\_\_\_

Enrolling For: \_\_\_\_\_ Financial Aid: \_\_\_\_\_%

\_\_\_\_\_: 5 Full Days

\_\_\_\_\_: 5 Half Days

\_\_\_\_\_: 3 Full Days

Currently: \_\_\_\_\_ YMCA Member or \_\_\_\_\_ Non-Member

**PARENT INFORMATION** *Note: Only those names listed below will be allowed access to Account Information.*

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

Mother Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

Father Employer \_\_\_\_\_ City: \_\_\_\_\_

Mother Employer \_\_\_\_\_ City: \_\_\_\_\_

Father DOB \_\_\_\_\_ Mother DOB \_\_\_\_\_

Start Date \_\_\_\_\_

If Applicable... Third Party Payment Plan  Yes Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Caseworker's Name: \_\_\_\_\_ Caseworker's Phone Number: \_\_\_\_\_

For Office Use Only: Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____	Court Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre Admission Interview / Date:	_____	Interviewed With:	_____	Staff Initials:	_____	
Interview notes	_____					
Follow Up Interview / Date:	_____	Interviewed With:	_____	Staff Initials:	_____	
Follow Up Notes:	_____					
Site Director signature	_____			Date	_____	
Departments:	<input type="checkbox"/> Billing (original)	<input type="checkbox"/> Site (2 copies)	<input type="checkbox"/> Transportation (1 copy)	<input type="checkbox"/> Copy to Parent		

Child's Name \_\_\_\_\_

### Enrollment Agreement

#### Scheu Family YMCA of Upland Early Childhood Development Center

I (We) the undersigned, as parent(s) or legal guardian(s) of the above-named child, do hereby agree to the following terms and conditions.

- \_\_\_\_\_ Initial Fees are due the Monday, or the first day of attendance. A late fee of \$25 dollars will be charged to your account if payment is not received by Tuesday Morning at 8am. If a parent/guardian fails to pay the delinquent fees within one week of the due date, their child will be suspended from the Scheu Family YMCA of Upland Early Childhood Development Center until full payment is received.
- \_\_\_\_\_ Initial You are required to sign child in and out daily. The sign in and out sheets are located at the door. There is a \$5.00 charge for any missing signatures.
- \_\_\_\_\_ Initial The Scheu Family YMCA of Upland Early childhood Development Center office must be notified two weeks in advance of any leave of absence or vacation to avoid paying full tuition rate. Upon receipt of two weeks' written notice, you will be responsible for a \$35 per week holding fee due before your absence or vacation.
- \_\_\_\_\_ Initial If Scheu Family YMCA of Upland does not receive two weeks' written notice before your child's withdrawn from the program, you will be responsible for two weeks full tuition payment following their withdrawal.
- \_\_\_\_\_ Initial If your child is going to be absent, the Scheu Family of YMCA of Upland office must be notified before 8am the day of absence.
- \_\_\_\_\_ Initial Alternative Payment Program Participants understand their responsibilities, which include but not limited to the following: Signing in and out, notifying the ECDC of absence, vacation and notification of any changes in schedule, attendance of certificate, payment of any family fees or co-pays.
- \_\_\_\_\_ Initial Alternative Payment Program Participants understand their responsibilities, which include but not limited to the following: Signing in and out, notifying the ECDC of absence, vacation and notification of any changes in schedule, attendance of certificate, payment of any family fees or co-pays.
- \_\_\_\_\_ Initial A \$1 per minute late pick-up fee will be charged for parents that are late picking up their child. This applies to morning, afternoon, and full day programs. (Per Child)
- \_\_\_\_\_ Initial Please check the parent bulletin board by the front door, everyday your child is here for important updates and announcements.

#### MEMBERSHIP

Any person who supports the purpose may become a member of this corporation in accordance with such provisions as may be established by the board of directors and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA.

I (we) have read the foregoing Enrollment Agreement and fully agree to its terms. I (we), further acknowledge that I (we) have read and understand the accompanying AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT OF MINOR and the PARENT INFORMATION PACKET containing the rules and operating regulations of the program and agree to be bound by said AUTHORIZATION and by the rules and regulations found in the PARENT INFORMATION PACKET.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Parent or Legal Guardian



**Sunscreen Permission Form  
Scheu Family YMCA of Upland Early Childhood Development Center**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

The YMCA will not purchase or have sunscreen of your choice available. As the parent or guardian of the above child, I give my permission for the YMCA staff to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms and legs. Additionally, I have checked and/ or indicated below my directives regarding the type and application of sunscreen:

The staff of Upland YMCA- Early Childhood Development Center may use the sunscreen I provide, in keeping with applicable federal and state standards, except for the following (If specified):

\_\_\_\_\_

Only use the following type(s)/ SPF of sunscreen I have provided: (list type)

\_\_\_\_\_

For medical or other reasons, please don't apply sunscreen to the following areas of my child's body: \_\_\_\_\_

\_\_\_\_\_

My signature on this form hereby acknowledges that I have received, read and understand the Sunscreen Permission form of The Scheu Family YMCA of Upland Early Childhood Development Center.

Print Name: \_\_\_\_\_

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



## Attention Parents:

Effective first week of enrollment, we will only be offering auto draft payment options as follows:

- Weekly Payments on Monday
- One-time Monthly Payment

Tuition is due every Monday of each week your child/ren will be attending the YMCA Preschool Child Care Program. There will be a \$35 holding fee for each week your child does not attend the program.

(Please Fill out and Return the bottom portion & indicate the program)

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### Authorization for Automatic Credit Card Deduction/ Verification of Program Enrollment Dates

I \_\_\_\_\_ authorize the West End YMCA to charge my credit/debit card once per week. Payments will be processed each Monday for the week of attendance. I understand that my card will only be charged for the weeks my child(ren) have been registered.

I \_\_\_\_\_ verify my child \_\_\_\_\_ will be attending the following program chosen. (Please circle your program option)

Child(ren's) Full Name/s: \_\_\_\_\_

Choose Program Option:

- **3 Full Day Program:** Monday/Wednesday/ Friday

- **5 Full Day Program:** Monday/Tuesday/Wednesday/Thursday/ Friday

- **5 Half Day Program:** Monday-Friday 6:30am- 12:30 pm **OR** Monday-Friday 12:30pm-5:30pm

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

Child(ren's) Full Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_ Card number: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ CVC: \_\_\_\_\_

Choose Payment Option:

Please circle:        -Visa                -Master Card        - American Express        -Discover

Please Choose Payment Option:

Weekly Payments on Monday One time Monthly

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

*open doors policy needed: \_\_\_\_ y e s \_\_\_\_ no*

**WEST END YMCA  
EARLY CHILDHOOD DEVELOPMENT CENTER**

**Check: Yes or No**

**CONSENT FOR EXCURSIONS**

My child(ren) has my permission to go on any trips scheduled as part of the activities of the Child Care program, while he/she is enrolled in the program. He/she may be transported as arranged by the YMCA staff. Exact date, time of departure, time of return, and destination shall be provided to parents prior to all off-ground trips.

**Yes or NO**

\_\_\_\_\_

**WALKS AWAY FROM SCHOOL GROUNDS**

As part of our Child Care program, we sometimes wish to take groups of children on supervised educational and recreational walks away from the childcare site. The walks may include walks to local parks, as well as local businesses. Your signature indicates your willingness to allow your child to participate in these walks.

\_\_\_\_\_

**RELEASE TO DRIVER**

My child(ren) has my permission to be released to a West End YMCA driver upon dismissal from school. My child(ren) also have my permission to be released to West End YMCA drivers for transportation during the Before/ After School Child Care program for trips arranged by the YMCA staff.

\_\_\_\_\_

**MEDIA RELEASE**

I, hereby, give the YMCA permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child to use, publish, and republish in the same, in whole or in part, on the YMCA website or in YMCA printed materials, separately or in conjunction with other photographs or recordings. I release and discharge the YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures and/or recordings.

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**WEST END YMCA  
AUTHORIZATION AND CONSENT TO MEDICAL**

I (We) the undersigned, parents or legal guardians of \_\_\_\_\_ do hereby authorize the WEST END YMCA to act as agent for the undersigned to consent to any transportation, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered under, the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act in the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, hospital care, or transportation being required. It is further understood that this authorization is given to provide authority and power on the part of the diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of California Civil Code Section 25.8.

This authorization shall remain in effect until termination from the program, unless sooner revoked in writing and delivered to said agent.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Medical Insurance: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Policy #: Insurance Phone Number: \_\_\_\_\_

**Please Note: The WEST END YMCA does not carry accident insurance on program participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the parent/ guardian or their assigned insurance carrier.**



## West End YMCA Behavioral Contract – Early Childhood Development Center Behavior Contract

One of the goals of the YMCA Child Care & School Age Programs is to build self-esteem in children. We do this with positive attention and by setting limits to encourage appropriate behavior. Corporal punishment and other humiliating or frightening techniques are prohibited. Constructive methods are used in maintaining group control and handling individual behavior.

Examples of constructive discipline methods are as follows:

- 1) Establish rules with children in the classroom and on the playground.
- 2) Give verbal instructions that are short, specific and clear.
- 3) Praise children for appropriate behavior and redirect inappropriate behavior.

Behavior expectations are outlined below and may also be listed in the enrollment packet. Any inappropriate behavior will result in the following steps (steps may be skipped depending on the severity of the behavior):

- 1) Thinking time and staff/child discussion of behavior.
- 2) Behavior report sent home and parent notified (may include sending child home).
- 3) Staff/parent/child conference where an individual needs plan will be outlined and implemented.
- 4) Parent must spend time in the classroom observing child's behavior. Special referrals and/or counseling may be offered.
- 5) Suspension or termination from the program.

### Inappropriate behavior is defined as:

- Defiance of authority
- Verbal abuse
- Fighting
- Spitting
- Biting
- Disorderly conduct
- Defiance of rules & guidelines
- Destruction of property
- Repeated lack of self-control
- Profanity
- Running from or the leaving group without permission

### Intolerable Behavior

The following behaviors or any other behaviors which seriously threaten the safety of anyone in the program will result in **immediate termination** from the program (if a child is suspended from the public-school program, they will also be suspended from the YMCA childcare or school-age program):

- ▶ Making threats of violence
- ▶ Physical assault
- ▶ Bringing a weapon on property
- ▶ Possession of drugs/alcohol

Yes, we have read, understand and agree to always abide by the behavior guidelines and discipline procedures of the program.

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Parent's Signature

Date

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Child's Signature

Date



**WEST END YMCA**

**Release and Waiver of Liability and Indemnity Agreement**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the West End YMCA ("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 on-site or off-site program affiliated with the YMCA, the undersigned, for 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, 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:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, it's 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 on-site or off-site program affiliated with the YMCA.
2. 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 on-site or off-site program affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, including but not limited to injury or death caused by a contagious illness, 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 on-site or off-site program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY AGREES THAT BY PARTICIPATING IN THE YMCA NATIONWIDE MEMBERSHIP PROGRAM, they release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for related to bodily injury or death in connection with the use of the YMCA facilities, and from any liability for other claims, including loss of property, and injury or death caused by a contagious illness, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing 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 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. The undersigned further represents that he/she has legal custodian and guardianship rights with respects to the child on whose behalf this release is executed and signs it for said child under the express authority. In the event any provision of this Agreement is held to be void, null or unenforceable, the remaining portions shall remain in full force and effect.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

			DATE	
First Name	Last Name	Signature of Applicant /Legal Guardian		Date of Birth Month, Day, Year
Street Address	City	State	Zip Code	Phone Number

Name(s) of Child(ren) in Facilities, Services AND/OR Programs		
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
ENTER YOUR MEMBER ID NUMBER:		



# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE
					( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE
					( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE
					( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	TEL:PHONE	BUSINESS TELEPHONE
					( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
			( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
			( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: .....

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH /WY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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**CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT**

CHILD'S NAME _____		ISEX _____	BIRTH DATE _____	
FATHER'S NAME _____		DOES FATHER LIVE IN HOME WITH CHILD? _____		
MOTHER'S NAME _____		DOES MOTHER LIVE IN HOME WITH CHILD? _____		
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? _____		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION _____		
<b>DEVELOPMENTAL HISTORY</b> <i>(*For infants and preschool-age children only)</i>				
WALKED AT* _____ MONTHS		BEGAN TALKING AT* _____ MONTHS		TOILET TRAINING STARTED AT* _____ MONTHS
<b>PAST ILLNESSES - Check illnesses that child has had and specify approximate dates of illnesses:</b>				
<input type="checkbox"/> Chicken Pox	DATES _____	<input type="checkbox"/> Diabetes	DATES _____	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps		
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS _____				
DOES CHILD HAVE FREQUENT COLDS? <input type="radio"/> YES <input type="radio"/> NO		HOW MANY IN LAST YEAR? _____	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF _____	
<b>DAILY ROUTINES</b> <i>(*For infants and preschool-age children only)</i>				
WHAT TIME DOES CHILD GET UP?* _____		WHAT TIME DOES CHILD GO TO BED?* _____		DOES CHILD SLEEP WELL?* _____
DOES CHILD SLEEP DURING THE DAY?* _____		WHEN?* _____	HOW LONG?* _____	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST _____	WHAT ARE USUAL EATING HOURS?		
	LUNCH _____	BREAKFAST _____		
	DINNER _____	LUNCH _____		
		DINNER _____		
ANY FOOD DISLIKES? _____		ANY EATING PROBLEMS? _____		
IS CHILD TOILET TRAINED?* <input type="radio"/> YES <input type="radio"/> NO	IF YES, AT WHAT STAGE?* _____	ARE BOWEL MOVEMENTS REGULAR?* <input type="radio"/> YES <input type="checkbox"/> NO	WHAT IS USUAL TIME?* _____	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*		
PARENT'S EVALUATION OF CHILD'S HEALTH _____				
IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR: _____	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS: _____	
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND: _____	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND: _____	
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 _____				
PARENT'S SIGNATURE _____				DATE _____

## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Upland YMCA- Early Childhood Development Center TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_ . THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

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DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

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HOME ADDRESS

---

HOME PHONE

WORK PHONE

( )

( )

# PHYSICIAN'S REPORT-CHILD CARE CENTERS

## (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

### PART A - PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

Upland Y M C A - Early Childhood Development Center . This Child Care Center/School provides a program which extends from 6 : 30  
(NAME OF CHILD CARE CENTER/SCHOOL)

e, p. m. to  a. m. , 5 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.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
<b>POLIO (OPV OR IPV)</b>	I I	I I	I I	I I	I I
<b>DTP/DTaP/DT/Td</b> (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	I I	I I	I I	I I	I I
<b>MMR</b> (MEASLES, MUMPS, AND RUBELLA)	I I	I I			
<b>HIB MENINGITIS</b> (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	I I	I I	I I	I I	
<b>HEPATITIS B</b>	I I	I I	I I		
<b>VARICELLA</b> (CHICKENPOX)	I I	I I			

#### 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: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

## 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: 3737 Main St. Suit 700, Riverside Ca 92501

Licensing Office Telephone #: (951)782-4200

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](http://www.meganslaw.ca.gov)*

UC 995 (9/08)

(Detach Here • Give Upper Portion to Parents)

### 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.

Upland YMCA- Early Childhood Development Ctr.

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](http://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

3737 Main St. Suite 700

CITY

Riverside

ZIP CODE

92501

AREA CODE/TELEPHONE NUMBER

(951 )782-4200

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)

Upland YMCA- Early Childhood Development Center

(PRINT THE ADDRESS OF THE FACILITY)

1337 San Bernardino Rd. Upland Ca 91786

(PRINT THE NAME OF THE CHIL)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**WEST END YMCA**  
**Child Care Parent Handbook**

I have received and understand the following information can be found in the parent handbook: (Please Check)

Parent Rights \_\_\_\_\_

Personal Rights \_\_\_\_\_

Behavioral Contract \_\_\_\_\_

West End YMCA ADA Policies \_\_\_\_\_

Health & Safety Code 1597.07 \_\_\_\_\_

Child Sexual Abuse Information \_\_\_\_\_

Caregiver's Background UC 995E \_\_\_\_\_

Signed Copy of Registration Packet \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Parent Directory**

Would you like to be included in the Parent Directory? Please indicate below the items you wish or do NOT wish to appear in this directory.

**NAME**       Yes    No

Name: \_\_\_\_\_

**ADDRESS**       Yes    No

Address: \_\_\_\_\_

\_\_\_\_\_

**PHONE:**       Yes    No

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



