School Year: _____

Florence Family YMCA
Childcare Enrollment Form

Please mark the program you are applying for:

Complete one application per child

For Office Use Only

- ☐ Registration Fee $_____
- ☐ Activity Fee $_____
- ☐ Tuition Fee $_____
- ☐ _____ $_____

Total Due $_____

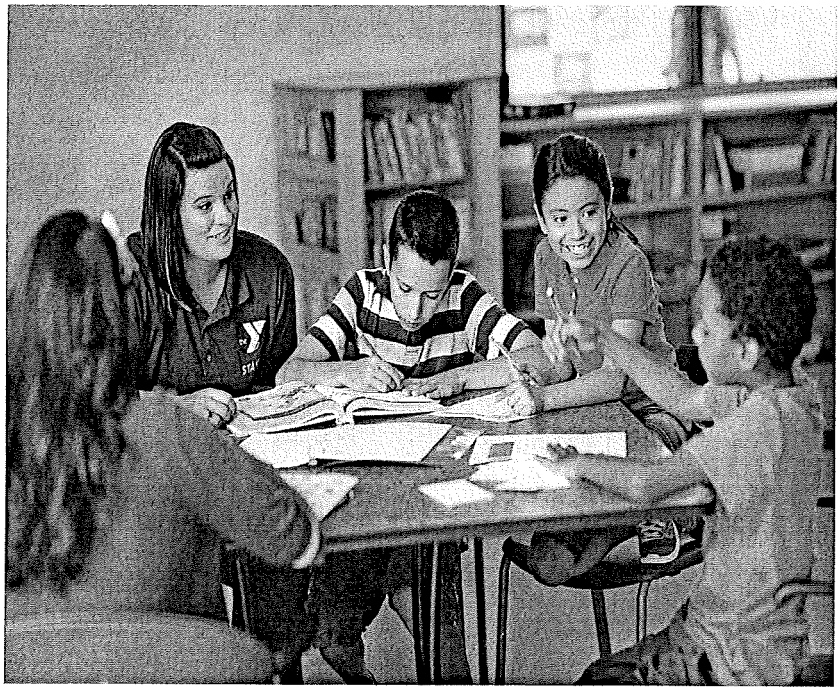
School Year

- ☐ Afterschool (5K thru 5th Grade)
- ☐ Winter Holiday Camp
- ☐ Spring Break

Payment Type

- ☐ Check# _____
- ☐ Money Order# _____
- ☐ Credit Card Auth# _____

Would you like to stay informed about afterschool through REMIND?
Yes No



For Office Use Only

Application Acceptance Date: _____

(YMCA Staff Member) Application Accepted By: _____

Member / Non-Member

Child's Full Name _____ Child's ID: _____

Start Date _____ School: _____ Grade: _____

Initial All As Completed: Full Payment Received ____ Initial Roll Call Book ____

Immunization Record Classroom Roster Bus List Medical Release

CHILD'S INFORMATION

Registration Date: ____/____/____ **Start Date:** ____/____/____

Child's Name (first/middle/last) _____ Name Called _____

Street Address _____ Mailing Address _____

City _____ State_____ Zip_____ City _____ State_____ Zip_____

☐Male ☐ Female Birth Date ____/____/____ Age _____ Grade _____

School _____

FAMILY INFORMATION

Child in the custody of / lives with: ☐ *Both Parents* ☐ *Mother* ☐ *Father* ☐ *Other (Specify)* _____

Parent/Guardian#1: _____ * DOB: ___/____/____ Relationship to Child: _____

Home Address: _____ City _____ State _____ Zip _____

Place of Employment _____ Work Phone# ( ) _____ ext. _____

Home Phone# ( ) _____ Mobile Phone# ( ) _____ Other# ( ) _____

Email Address _____

Parent/Guardian#1: _____ * DOB: ___/____/____ Relationship to Child: _____

Home Address: _____ City _____ State _____ Zip _____

Place of Employment _____ Work Phone# ( ) _____ ext. _____

Home Phone# ( ) _____ Mobile Phone# ( ) _____ Other# ( ) _____

Email Address _____

PICK-UP AND EMERGENCY CONTACT AUTHORIZATIONS

Name _____ * DOB: ____/____/____ Relationship to Child _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____

☐ Contact in Emergency if Parent #1 and #2 cannot be Reached ☐ May Pick Up This Child ***(must be 18 and older)***

Name _____ * DOB: ____/____/____ Relationship to Child _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____

☐ Contact in Emergency if Parent #1 and #2 cannot be Reached ☐ May Pick Up This Child ***(must be 18 and older)***

Name _____ *DOB: ____/____/____ Relationship to Child _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____

☐ Contact in Emergency if Parent #1 and #2 cannot be Reached ☐ May Pick Up This Child ***(must be 18 and older)***

Name _____ *DOB: ____/____/____ Relationship to Child _____

Address: _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____

☐ Contact in Emergency if Parent #1 and #2 cannot be Reached ☐ May Pick Up This Child ***(must be 18 and older)***

UNAUTHORIZED PICK-UP (Copy of Court Documents Must Be Provided)

Name _____ Relationship to Child _____ Court Ordered ☐ Yes ☐ No

Name _____ Relationship to Child _____ Court Ordered ☐ Yes ☐ No

SWIMMING ABILITY

Check One: ☐ Non-Swimmer ☐ Beginner ☐ Intermediate ☐ Advanced

CHILD'S MEDICAL INFORMATION

Immunization Records:

Immunization Records are required for all children to participate in the YMCA Childcare Programs. Your child may no begin attendance in the YMCA Childcare until current immunization records are received.

☐ **Records Enclosed** ☐ **Immunization Records will be provided within 2-3 business days**

In case of an emergency, please check the hospital you prefer we use:

☐ MUSC Health (formerly Carolinas)

☐ McLeod Health / McLeod Regional Medical Center

☐ Other, please specify _____

Please answer the following questions about your child.

Chronic or Recurring Illnesses? ☐ Yes ☐ No If yes, please explain: _____

Disabilities or Activity Limitations? ☐ Yes ☐ No If yes, please explain: _____

Operations or Serious Injuries? ☐ Yes ☐ No If yes, please explain: _____

Dietary Modifications or Restrictions? ☐ Yes ☐ No If yes, please explain: _____

Physical Disability? ☐ Yes ☐ No If yes, please explain: _____

Developmental Delays? ☐ Yes ☐ No If yes, please explain: _____

Allergy Information
(Check all that apply)

☐Nuts ☐ Eggs ☐Milk ☐Fish ☐Wheat ☐Soy

☐Pollen ☐ Dust ☐Insect Bites ☐ Latex ☐Fragrances

☐Other (Specify) _____

Health Information
(Check all that apply)

☐ADHD ☐Bleeding ☐Asthma ☐Diabetes ☐Penicillin ☐Seizures

☐Autism ☐ Disorder (describe) _____

☐Other (Specify) _____

Please specify what the reactions will be if the above allergies occur and procedures we should follow: _____

_____

Is your child currently taking medications? ☐ Yes ☐ No If so, please list. _____

_____

Will the Florence Family YMCA need to administer this medication to your child? ☐ Yes ☐ No

If yes, please complete an Individualized Care Plan and Medication Consent Form

Acknowledgement of Program Policies Ver. 1.009

Click here for a copy of our Childcare Program Policies

I have elected to enroll my child(ren) in the Florence Family YMCA Childcare Program. I understand that all fees pertaining to registration and activity fees are non-refundable and non-transferrable with this enrollment. I understand the any unpaid balance(s) on my and/or my child(ren)'s account must be paid in full prior to registering for this or any program with the Florence Family YMCA. I further understand that should any such accounts incur a balance prior to the program start date, I/my child(ren) may not be allowed to begin participating on the program start date unless such balance is cleared up.

I hereby acknowledge that I am the parent or legal guardian of the registered child(ren) and give my permission for the minor child to participate in the program and activities, including field trips. I certify that my child is in good health (physically and mentally) to participate in the program and will cooperate with the Florence Family YMCA's staff by following the guidelines for appropriate conduct. My child's failure to follow instructions or adhere to the set forth by the Florence Family YMCA could result in suspension or dismissal from the program. I understand that a copy of the Florence Family YMCA's Childcare Handbook is available on the Florence Family YMCA's website and it is my responsibility to obtain a copy from there as provided. I also acknowledge that the Childcare Program Policies are provided via the link in this waiver and it has been my responsibility to review these policies prior to completing my registration.

With the submission of this waiver, I also acknowledge that I have read, understand, and hereby agree with the policies of the Florence Family YMCA Childcare Dept. and therefore agree that the Florence Family YMCA shall rely upon my signature for all intents and purposes related to the program.

_____ _____

Print Name Sign

_____

Date

Liability and Indemnification Release Ver. 1.000

I understand that YMCA activities have inherent risks. By signing up for this program, I hereby assume all risks, hazards, injuries, and illnesses which may result from my child's participation in all YMCA activities and recreation activities, including but not limited to sports programs, exercise, or childcare activities (i.e., swimming, running, or playing). I further waive, release, absolve, indemnify, and agree to hold harmless the Florence Family YMCA and its employees, organizers, volunteers, vendors, supervisors, officers, directors, participants, as well as persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages, and costs for any physical injury or damage to my personal property sustained during my/my child's visit with the Florence Family YMCA property and/or participation in any YMCA activities.

_____ Print Name

_____ Sign

_____ Date

Program Payment and/or Draft Waiver Ver. 1.007

For my benefit, I hereby authorize the Florence Family YMCA to charge my account via debit/credit card draft, check, and/or money order as granted by my signature. This authorization will remain in effect until revoked by me **in writing**. Until the Florence Family YMCA receives such notice, I agree that you shall be fully protected in honoring any such charge or draft. I agree that if any charge or draft be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor could result in forfeiture of my partnership with the Florence Family YMCA for programs and activities. I understand that fees included pertaining to registrations and activity fees are non-refundable and non-transferrable when electing to register for a YMCA program. I acknowledge that in the event my automatic draft (via credit/debit card or check) is returned for any reason, I am subject to being held responsible for any and all outstanding balances including fees. **I understand that by opting for credit/debit card draft, my payment must be available at the time of draft. If my payment is continuously unavailable when due and my card must be run again with my consent, the Florence Family YMCA will charge a $5 fee for every re-run of my draft. Should my check be returned, a service fee of $30.00 will be a charged to my account and must be paid within fifteen (15) days. I understand and will comply with the restriction that the Florence Family YMCA does not allow ACH payments or Bank Account Drafts for childcare payments.** Failure to pay any fees or outstanding balances in a timely manner may result in cancellation of program registration(s) and I will be revoked from utilizing the Florence Family YMCA in any future programs or membership.

I understand that I must inform the Florence Family YMCA of any changes to my credit card information as soon as any changes occur.

NOTICE CONCERNING RETURNED CHECKS AND DRAFTS:
Returned checks will be turned over to the following agency: Solicitor's Worthless Check Unit. They may be sent to the Magistrate's Court and are subject to prosecution. If my check has been sent to the Solicitors Office, I will be responsible for contacting them immediately at 843.292.1586. I understand that a warrant will be signed if payment is not made and an additional fee of $91 will be charged by their office.

_____ _____

Print Name Sign

_____

Date

Remind Communication - Childcare Ver. 1.003

By signing and returning this waiver, I am choosing to be included in the REMIND communication group from the Florence Family YMCA's Childcare Department.

I understand that the Childcare Department of the Florence Family YMCA will now be using REMIND as the primary form of communication with me regarding openings and closings, announcements, schedules, and any other necessary information regarding my child(ren) and the services provided. If I choose to be included in this communication, I understand that I will need to opt-in by sending a join request to the specified number or accepting an invite upon my request. I understand that the Florence Family YMCA or its staff will not automatically include or sign me up for this program.

I understand that if I choose not to opt-in to the Florence Family YMCA's communication procedure via REMIND, I may not receive other forms of alternate communication from the Childcare Department.

Print Name _____ Sign _____

Date _____