

**YMCA OF EL PASO – AFTER SCHOOL PROGRAM ENROLLMENT FORM**  
**2018-2019 School Year**

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

Child's Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact:      Yes      No                                  Authorized to Pick-up:      Yes      No

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Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact:      Yes      No                                  Authorized to Pick-up:      Yes      No

**EMERGENCY CONTACTS AND/OR AUTHORIZED PICK-UPS (OTHER THAN PARENTS):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Emergency Contact:      Yes      No                                  Authorized to Pick-up:      Yes      No

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Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Emergency Contact:      Yes      No                                  Authorized to Pick-up:      Yes      No

**PARENT AND PARTICIPANT STATEMENT OF AGREEMENT**

- I understand that I may not leave my child at the YMCA unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick up my child on time.
- I understand that YMCA staff may **not** baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from YMCA for any of the following reasons:
  - 1) Failure to pay program fees by designated deadlines.
  - 2) Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
  - 3) Failure to observe any of the conditions listed in the seasonal Parent Handbook.

**NOTE: Failure to sign this parent agreement does not nullify this agreement**

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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

- **IMMUNIZATION:** I can provide my child's immunization records and/or the records are on file at my child's school. All required immunizations and/or tuberculosis test are current.
- **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Currently do not have a doctor, use closest available \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Currently do not have a dentist, use closest available \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Operations/Serious Injuries: \_\_\_\_\_

Disability/Chronic/Recurring Illnesses/Allergies: \_\_\_\_\_

X \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

## AUTHORIZATION FOR ACTIVITY PARTICIPATION

I authorize my child to participate in the following activities while enrolled in YMCA programs:

- Swimming/Water Activities
- View a PG rated film
- Travel on YMCA arranged transportation
- Participate in program activities—including field trips
- Participate in photos or videos for YMCA publications

X \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

## YMCA CHILD BEHAVIOR CONTRACT

A **Behavior Contract** is the first formal step to help solve repeated rule violations. The contract involves parents, child, and staff. It requires participation of all parties. A sample contract is available at the Program Director's office. A suspension may be necessary, at the Program Director's discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

## STATEMENT OF RESPONSIBILITY

I understand and acknowledge that the YMCA of El Paso does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

**I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT WWW.ELPASOYMCA.ORG.**

X \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**While participants are expected to pay their fair share, the YMCA will not turn anyone away due to the inability to pay as long as funds are available. Ask us about After School FOR ALL and Financial Assistance.**