

**YMCA OF EL PASO –ENROLLMENT FORM  
HOMESCHOOL PE**

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

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Emergency Contact: Yes No Authorized to Pick-up: Yes No

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Emergency Contact: Yes No Authorized to Pick-up: Yes No

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Emergency Contact: Yes No Authorized to Pick-up: Yes No

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
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 program 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 of \$10 for every 15 minutes that I am late to pick up my child.
- 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 program 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** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

**AUTHORIZATION FOR ACTIVITY PARTICIPATION**

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

- Water Activities
- View a PG rated film
- Participate in photos or videos for YMCA publications

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

**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.

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

- **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.

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

**Child #1 Name:** \_\_\_\_\_

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

Operations/Serious Injuries: \_\_\_\_\_ Disability/Chronic/Recurring Illnesses/Allergies: \_\_\_\_\_

X \_\_\_\_\_

Signature of Parent/Guardian Date

**Child #2 Name:** \_\_\_\_\_

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

Operations/Serious Injuries: \_\_\_\_\_ Disability/Chronic/Recurring Illnesses/Allergies: \_\_\_\_\_

X \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child #3 Name: \_\_\_\_\_

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

Operations/Serious Injuries: \_\_\_\_\_ Disability/Chronic/Recurring Illnesses/Allergies: \_\_\_\_\_

X \_\_\_\_\_

Signature of Parent/Guardian

Date

Child #4 Name: \_\_\_\_\_

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

Operations/Serious Injuries: \_\_\_\_\_ Disability/Chronic/Recurring Illnesses/Allergies: \_\_\_\_\_

X \_\_\_\_\_

Signature of Parent/Guardian

Date

## 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](http://WWW.ELPASOYMCA.ORG).**

X \_\_\_\_\_

Signature of Parent/Guardian

Date

**YMCA OF EL PASO – PAYMENT METHOD AUTHORIZATION FORM**  
**After School Program**

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

Name of Card/Account Holder: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**CREDIT CARD:**

Card Num.: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Visa , M/C, Amex, Discover (Circle One)

Authorization: I hereby authorize the YMCA of El Paso to debit the above credit card on the dates indicated for my After School Program.

X \_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**

**YMCA OF EL PASO – FINANCIAL ASSISTANCE POLICY**

**The YMCA of El Paso is practical -- it helps those who cannot pay.**

Each year through our **Strong Kids Campaign** we are able to provide financial assistance to pay for their memberships, child care and summer camps.

It is part of the Y's mission to reach out and serve people in need. We want them to be involved in the programs and services of the YMCA and nurture the spirit, mind and body.

**How do people get assistance?**

Come by the YMCA or go to [www.elpasoyymca.org](http://www.elpasoyymca.org) and **view our financial assistance application**. . Bring in information on current income, preferably 3 current and consecutive pay stubs of all parties who contribute to the household income, and the previous year's tax return, so that the amount of assistance can be determined.

**Over-the-Phone Payment Authorization**

I, \_\_\_\_\_, authorize the payment of \$\_\_\_\_\_ to the YMCA for the Homeschool PE program at for my child/ren, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to be deducted from my credit card over the phone.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**YMCA fees are based on the cost of providing each program. While participants are expected to pay their fair share, the YMCA will assist any individual or family that wants to participate, but cannot afford the fee.**