

Child's Name _____

Child's School _____



**YMCA of West San Gabriel Valley
Summer Day Camp
All Forms Must Be Filled Out Completely
2019**

Forms

1. Child's Information – (Page 2)
2. Summer Day Camp Fee Agreement – (Page 3)
3. Parent Agreement – (Page 4)
4. Child's Pre-admission Health History Form – (Page 5)
5. Notification of Parent's Rights – (Page 6)
6. Personal Rights Form – (Page 7)
7. Nebulizer Care Consent / Verification – (Page 8)
8. Medical Release Form – (Page 9)
9. Emergency Form – (Page 10)
10. Photography Release Form – (Page 11)
11. Demographic Survey – (Page 12)
12. Release, Waiver of Liability & Indemnity Agreement – (Page 13)

Also, kindly provide a current photograph of your child.



YMCA of WEST SAN GABRIEL VALLEY

Child Information

CHILD'S NAME _____

HOME TEL. NO. (____) _____

ADDRESS: _____

CITY: _____ ZIP: _____

SEX: _____ AGE: _____ BIRTHDAY: ____ / ____ / ____

GRADE: _____

MOTHER'S NAME _____

HOME TEL. NO. (____) _____

ADDRESS: _____

CITY: _____ ZIP: _____

EMPLOYER: _____

WORK TEL. NO.: _____

EMAIL: _____

CELL PHONE NO.: _____

DOES MOTHER LIVE AT HOME WITH CHILD? YES

NO

FATHER'S NAME _____

HOME TEL. NO. (____) _____

ADDRESS: _____

CITY: _____ ZIP: _____

EMPLOYER: _____

WORK TEL. NO.: _____

EMAIL: _____

CELL PHONE NO.: _____

DOES FATHER LIVE AT HOME WITH CHILD? YES

NO

NAMES OF PERSONS (OVER 18 YEARS OF AGE) AUTHORIZED TO TAKE CHILD FROM THE SUMMER DAY CAMP SITE (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON(S) WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE.

NAME: _____ RELATIONSHIP: _____

HOME TEL. NO.: (____) _____ WORK TEL. NO.: _____

NAME: _____ RELATIONSHIP: _____

HOME TEL. NO.: (____) _____ WORK TEL. NO.: _____

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

DATE



**YMCA of WEST SAN GABRIEL VALLEY
Summer Day Camp**

CHILD'S NAME: _____

ADDRESS: _____

FATHER'S NAME: _____ TEL. NO.:_(____)_____

MOTHER'S NAME: _____ TEL. NO.:_(____)_____

CHILD'S SCHOOL NAME:_____

Y-KIDS PROGRAM

A deposit of \$200 is required to secure a spot. NO REFUNDS.

Summer Day Camp FEES

Early Bird & Returning Families \$1,358
(Must sign up by April 15, 2019)

Standard Tuition \$1,458
(After April 15th, 2019)

I have read and understand the payment plan and agree to abide by it

Signature of Parent or Authorized Representative

Date



YMCA OF WEST SAN GABRIEL VALLEY

PARENT AGREEMENT

CHILD'S NAME: _____ GRADE: _____

The YMCA staff sincerely believes that our Summer Day Camp is a team effort, you the parents and we the staff, working to provide a caring, safe environment, where each child is nurtured and challenged to develop and grow as a whole person.

It is important that enrolled parents understand and support the following expectations and policies:

- 1. I will receive no refund on fees if I choose to withdraw my child(ren).
2. There will be a \$1 charge per child for every minute after 6:00 P.M that my child is not picked up.
3. Summer Day Camp may be discontinued for any of the following reasons:
a. Continued late pick up of child(ren).
b. Extreme behavior problems on the part of the child.
c. Lack of parental cooperation regarding policies and procedures.
4. Identification will need to be provided by those persons other than myself who pick my child up from Summer Day Camp. Written notification MUST BE provided if someone other than myself will pick up my child(ren).
5. Pictures may be taken of my child for use in newspapers or YMCA newsletters. If I do not want my child photographed, I will notify the Summer Day Camp Director in writing.
6. Swimming is an optional activity. Sending a swimsuit with my child(ren) gives permission of my child(ren) swim on that day.
7. I grant permission for my child(ren) to be transported on field trips in the YMCA and leased vehicles (buses).
8. I have read and understand the Parent Agreement, and I agree to abide by the policies of the Summer Day Camp.

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

DATE



HEALTH HISTORY – PARENT’S REPORT

CHILD'S NAME	SEX	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 A PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION?

PAST ILLNESSES – Check illnesses that child has had and specify approximate dates of illnesses:					
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever	DATES	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Mumps	DATES	<input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Ten-Day Measles (Rubeola) <input type="checkbox"/> Three-Day Measles (Rubella)	DATES

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY MEDICATION ALLERGIES STAFF SHOULD BE AWARE OF:
--	------------------------	---

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST
	DINNER	LUNCH
		DINNER

ANY FOOD ALLERGIES OR DISLIKES?	ANY EATING PROBLEMS?
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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 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?

PARENT'S SIGNATURE

**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 CHILD CARE EAST

Licensing Office Address: 1000 CORPORATE CTR DR, STE 200B, MONTEREY PARK 91754

Licensing Office Telephone #: 1-323-981-3382

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 meganslaw.ca.gov

Derived from LIC 995 (09/08)

(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.

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.

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		
LOS ANGELES CHILD CARE EAST		
ADDRESS		
1000 CORPORATE CTR DR, STE 200B,		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
MONTEREY PARK	91754	1-323-981-3382

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 acknowledgement:

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 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)

**NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES**

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child’s record and in the personnel file. **A separate form must be filled out for each person who administers inhaled medication to the child.**

I, _____ give my consent for _____
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at _____
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child, _____, and to contact my child’s health care provider. (PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child’s physician, or from a health care provider working under the supervision of my child’s physician (for example, a physician’s assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician’s prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician’s prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician’s prescription. This included actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child’s physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
ADDRESS OF AUTHORIZED REPRESENTATIVE	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER



**YMCA of West San Gabriel Valley
Child/Youth Medical Release Form**

First Name

Last Name

Dates (From/To)

While my child is attending or traveling to or from this function I HEREBY AUTHORIZE THE ADULT Day Camp Director of YMCA of West San Gabriel Valley OR STAFF MEMBER, or in her absence or disability, any adult accompanying or assisting her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code, Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code, Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/authorized representative, I will be responsible for the cost of any service or treatment provided.

EMERGENCY CONTACT INFORMATION

Name

Relationship to Youth Identified Above

(____) _____

(____) _____

Emergency Day Phone (with area code)

Emergency Night Phone (with area code)

Mailing Address

City

State

Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the YMCA of West San Gabriel YMCA program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/authorized representative status) by contacting the YMCA of West San Gabriel Valley.

Signature of Parent/Authorized Representative

Date



YMCA of WEST SAN GABRIEL VALLEY
Emergency Form

CHILD'S NAME _____

1. CHILD'S PHYSICIAN

NAME: _____ PHONE NO. (____) _____

ADDRESS: _____ CITY: _____ ZIP: _____

2. FAMILY MEDICAL INSURANCE

NAME OF PARENT COVERED BY INSURANCE: _____

HIS/HER SOCIAL SECURITY NUMBER: _____

INSURANCE COMPANY: _____ POLICY NO.: _____

EMPLOYER: _____ PHONE NO. (____) _____

ADDRESS: _____ CITY: _____ ZIP: _____

ONGOING SERIOUS ILLNESSES AND/OR PAST ACCIDENTS: _____

LIST ANY MEDICATION OR FOOD ALLERGIES YOUR CHILD HAS: _____

DESCRIBE ANY PHYSICAL CONDITIONS THAT MAY IMPACT YOUR CHILD'S ABILITY TO ENGAGE IN ALL ACTIVITIES:

LIST ANY MEDICATION(S) YOUR CHILD TAKE(S) REGULARLY: _____

PERMISSION FOR MEDICAL TREATMENT

IN CASE OF AN EMERGENCY I AUTHORIZE THE YMCA OF WEST SAN GABRIEL VALLEY UNDER THE DIRECTION OF THE CEO TO CALL 911, DISPATCHING PARAMEDICS TO TRANSPORT MY CHILD TO THE NEAREST HOSPITAL EMERGENCY ROOM FOR SUCH TREATMENT AND MEASURES AS ARE DEEMED NECESSARY FOR THE SAFETY AND PROTECTION OF MY CHILD AT MY EXPENSE.

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

DATE



YMCA OF WEST SAN GABRIEL VALLEY

Photography Release Form

I, _____, hereby authorize and consent to the use of my visual image by the YMCA of West San Gabriel Valley for appropriate purposes, such as promotion of the YMCA, including but not limited to: still photography, videotape, electronic and print publications, and web sites. I give this consent with no claim for payment.

Print Name: _____

Signature: _____ Date: _____

Phone number: _____ (*in case we have to contact you*)

**For a child under 18 years of age,
Parent/authorized representative to complete the form below.**

Photography Release Form

I, _____, Parent/Authorized Representative of _____ hereby authorize and consent to the use of his/her visual image by the YMCA of West San Gabriel Valley for appropriate purposes, such as promotion of the YMCA, including but not limited to: still photography, videotape, electronic and print publications, and web sites. I give this consent with no claim for payment.

Print Name: _____

Signature: _____ Date: _____

Phone number: _____ (*in case we have to contact you*)

THE Y of West San Gabriel Valley

MEMBER/CHILDREN

RELEASE and WAIVER OF LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of West San Gabriel Valley (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 of West San Gabriel Valley, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, 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 or the affiliated program. It is further warranted that such entry onto the YMCA of West San Gabriel Valley 's facilities 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 OF WEST SAN GABRIEL VALLEY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH WEST SAN GABRIEL VALLEY YMCA, THE UNDERSIGNED HEREBY AGRESS TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA of West San Gabriel Valley and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned of such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence 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 of West San Gabriel Valley .
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost that may, incur due to the presence of the undersigned or such children in, upon or about the YMCA of West San Gabriel Valley premises or in any way observing or using any facilities or equipment of the YMCA of West San Gabriel Valley or participating in any program affiliated with the YMCA of West San Gabriel Valley whether caused by the negligence of the releasees or otherwise.
3. 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 of releasees or otherwise while in, about or upon the premises of the West San Gabriel Valley and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA of West San Gabriel Valley .

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____ Signature of Applicant/Parent: _____

Address: _____ Signature of other Adult: _____

City: _____ Name of Child in Program: _____

Zip Code: _____



SUMMARY SHEET

1. Child's Information - (Page 2)
2. Summer Day Camp Agreement – (Page 3)
3. Parent Agreement – (Page 4)
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11. Demographic Survey – (Page 12)
12. Release, Waiver of Liability & Indemnity Agreement – (Page 13)

Having read thoroughly and understand the entire Summer Day Camp packet, pages 2 – 13, I agree to abide by its contents:

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

DATE