



CREATIVE CRITTERS ENROLLMENT FORM

2019-2020

Child's Name _____ Sex ____ DOB __/__/____ Age _____

Child's School _____ Grade _____

Home Address _____ City _____ State ____ Zip _____

Home Phone _____ E-Mail _____

Mother's Name _____ Home Phone _____ Cell _____

Place of Employment _____ Work Phone _____

Employer's Full Address _____

Father's Name _____ Home Phone _____ Cell _____

Place of Employment _____ Work Phone _____

Employer's Full Address _____

CHILD'S LIVING ARRANGEMENTS

Child's Living Arrangements Both Mother Father Other

Child's Legal Guardian Both Mother Father Other

If an alternate custody arrangement exists and individuals other than those listed above have an ability to pick up your child, please complete the following section. If such arrangement exists, please provide documentation.

Stepparent Name _____ Cell: _____

Stepparent Name _____ Cell: _____

Both Stepparents' are authorized to pick up my child.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

EMERGENCY CONTACTS AND AUTHORIZED PICK UP PEOPLE

The individuals listed below will be called in case of emergency when the parent or guardian cannot be reached. The child may be released to the person(s) signing this agreement and/or to the following:

Name _____ Relationship to Parent _____

Address _____ City _____ State ____ Zip _____

Home Number _____ Cell Number _____ Other Info _____

Name _____ Relationship to Parent _____

Address _____ City _____ State ____ Zip _____

Home Number _____ Cell Number _____ Other Info _____

Name _____ Relationship to Parent _____

Address _____ City _____ State ____ Zip _____

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



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EMERGENCY MEDICAL INFORMATION

Child's Doctor or Clinic Name _____ Phone Number _____
Insurance Provider _____ Policy Number _____ Hospital of Choice _____
My child has the following special needs:

The following accommodations may be required to most effectively meet my child's needs while at school

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

The YMCA does not provide Accident/Medical Insurance for program participants. I authorize the YMCA to provide emergency treatment in the event I cannot be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to any property or persons which may occur through participation in any activity at the YMCA, or in its programs. I have read and understand the above information. My child has permission to participate in this YMCA program in accordance with the conditions set forth above.

Parent/Guardian Signature: _____ Date: _____

Facility Administrator Signature: _____ Date: _____

GENERAL PHOTO RELEASE

I hereby give the YMCA of Coastal GA, Inc. the absolute and irrevocable right and permission, with respect to all photographs taken of my child during the specified dates enrollment in the YMCA Child Care Center:

- 1) To be enclosed in my child's portfolio for purposes of assessment
- 2) To be used in the classroom for display and teaching purposes
- 3) To copyright the same in YMCA's name or any other name that the YMCA may choose
- 4) To re-use, publish, and re-publish the same, in whole or in part, individually, or in conjunction with other photographs in any medium, and for any purpose whatsoever
- 5) To use my name in conjunction therewith if the YMCA chooses.

I hereby release and discharge the YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of the YMCA.

I hereby certify that I am the parent or guardian for the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her, or them.

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____



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PARENTAL ACKNOWLEDGEMENTS

- 1) The YMCA of Coastal Georgia agrees to provide child care for _____ on Monday through Friday from _____ am to _____ am.
- 2) My child will be served morning snack, lunch, and afternoon snack.
- 3) Before any medication will be dispensed to my child, I will provide written authorization, which includes: dates, name of child, name of medication, prescription number, dosage, date and time of day medication is to be given. Medication will be in the original container with my child's full name marked on it.
- 4) My child will not be allowed to enter or leave the facility without being escorted by the parent or person authorized by the parent or facility personnel.
- 5) I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
- 6) The facility agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.
- 7) The YMCA of Coastal Georgia agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
- 8) I have reviewed a copy of the Parent's Manual and agree to abide by the policies and procedures for the YMCA of Coastal Georgia Child Care Facility.

Parent/Guardian Signature: _____ Date: _____

Facility Director's Signature: _____ Date: _____



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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees and agents (herein after referred to as "releases") from all liability to the undersigned, 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, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment herein; and undersigned is in, or about the premises or any facilities or equipment therein; and
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA whether caused by the negligence of the release or otherwise; and
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASES, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as in permitted by the laws of the State of Georgia and that if any portion hereof 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 THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducement apart from the foregoing written agreement have been made.

By signing below, I certify that I have read and accept this release.

Parent or Guardian Signature _____ Date _____

Facility Director's Signature _____ Date _____

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