

YMCA
Daycare Registration
2026-2027

Office Use Only

Registered ____
Auto Draft ____
CCA: yes ____ no ____
Handbook/Photo release ____
RCT Form ____

Child Information

Name: _____

Date of Birth: _____ **Age:** _____ **Sex:** _____

Family Information

Mother:

Name Last: _____

First: _____

Home Telephone:

Cell: _____

Bus: _____

Email: _____

Place of Employment:

Father:

Name Last: _____

First: _____

Home Telephone:

Cell: _____

Bus: _____

Email: _____

Place of Employment:

Billing Address: _____

Is there a Divorce or separation in the family? _____

Are there any special circumstances that childcare staff should be aware of relating to the family situation? _____

**Please note if there are special custody arrangements, the YMCA must have all necessary paperwork on file.*

Emergency Contacts- also authorized to pick up child from the KidStop Program (other than parents)

1st Contact Name _____ Relationship to child _____

Work # _____ Home# _____ Cell# _____

2nd Contact _____ Relationship to Child _____ Work # _____

Home # _____ Cell# _____

Health History

Family Doctor: _____ Phone # _____

Does your child have any allergies? Yes _____ No _____

If yes, what are they allergic to? _____

Are there any behavior/special considerations that the YMCA should know about?

A copy of the child's immunization is required to register for childcare with the Oahe YMCA. Attach Copy of the Child's of Immunization Yes: _____ No: _____

Parent's Authorization:

- My child may use the equipment and participate in all activities associated with the daycare program.
- I give the YMCA permission to seek emergency medical attention for my child if I am unable to be reached. I further understand that the YMCA is not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.
- I, as the parent, release and agree to indemnify and hold harmless the Oahe YMCA, its Board of Directors, employees, sponsors, officials and volunteers for any injury or illness which may directly or indirectly result from my child's participation.
- To the best of my knowledge, my child is in good health, and I will notify the YMCA if he/she is exposed to any infectious diseases.
- I give permission to the YMCA to use any photograph my child is in for promotional material.
- I understand the Childcare administration reserves the right to dismiss a child who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the YMCA.
- I have read and agree with the written policies covered in the YMCA Childcare handbook.

Parent Signature _____

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS REGARDING YMCA KIDSTOP AFTER SCHOOL PROGRAMS

Participation

I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Medical Treatment

I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Oahe Family YMCA, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

Medication Authorization

I understand that no medication can be administered to my child without written consent from the legal parent/guardian. Should my child require medication to be administered during All Day Daycare hours, I will provide written consent to the Youth Development Director as well as medication needed to be administered to my child. All Medication must be in the original container, clearly labeled with a physician's instructions and child's name.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: _____ Date: _____

Photo Release

For my child's participation in activities conducted by the YMCA, I hereby give my permission and consent, now and for all time, to the Oahe Family YMCA to include my child's picture on the YMCA website, Facebook page and other YMCA marketing pieces.

_____ I agree _____ I would not like my child's photo posted.

Signature of Parent/Guardian

Parent Handbook Acknowledgement

I have read everything included in this Child Care Parent manual, I understand everything included and acknowledge receipt of the manual.

_____ Date _____
Signature of Parent/Guardian

*Copies of this will be kept in your child's folder

Oahe Family YMCA

Child Care Payment Agreement for Department of Social Services Applicants

Child(rens) Name(s)_____

Parent(s) Name(s)_____

We are happy that you are part of our program at the YMCA. In order to make sure everything is understood up front we have put together these important notes:

- Please note that if your childcare assistance from the state of South Dakota does not pay the full program fees you are responsible for the balance. Your options include prompt payments via check or bank draft.
- In the event your application is not accepted, not renewed or retroactive payments are not approved, you agree to pay the YMCA the balance of program fees.
- Before reenrolling in a YMCA program all outstanding balances must be paid or arrangements made to pay the balance.
- For those in financial hardship, you can apply for financial assistance from our Y Partners Fund. Please understand we try and support as many people as possible, so this fund has limited resources. Contact the Youth Development Director or YMCA Executive Director for an application.
- Failure to comply with this agreement may result in late fees and/or loss of childcare privileges.

Communication with YMCA staff is critical to avoid outstanding balances. We are here to help. If payments become an issue, please visit with our Youth Development Director and/or Business Manager.

I have read, understand and agree with the content of this agreement.

Parent/Guardian Signature

Date

YMCA Daycare Coordinator

Date