

Mt. Madonna YMCA
A Branch of the YMCA of Silicon Valley
Pre-School/Kinder Readiness Program
Enrollment File Checklist

Child's Name: _____

Child's Start Date: _____

Child Care Site: _____

PLEASE INITIAL EACH ITEM AFTER COMPLETING THE PACKET

	Parent's Initial	Completed (Staff)
Child Care Registration Contract & Admission Agreement	_____	_____
Liability and Indemnity Agreement	_____	_____
Health History/Emergency Contact & Child Release/Authorization for Treatment	_____	_____
Student Behavior Management Procedures	_____	_____
Participant Code of Conduct	_____	_____
Personal Rights (LIC 613A)	_____	_____
Notification of Parents Right (LIC 995)	_____	_____
Physician's Report (LIC 701)	_____	_____
Parent Handbook	_____	_____

ACKNOWLEDGEMENT AND RECEIPT

I acknowledge that I have received, read, and sought clarification of any questions I have about the contents of the child care enrollment packet.

Parent/Guardian Signature: _____

Date: _____



YMCA OF SILICON VALLEY Child Care Registration Contract & Admission Agreement

Member Number Branch (circle) CN EC EPA EV MM NW PA RW SEQ SV SW

Begin Enrollment Date School Year Child Care Site

Child's Full Name

Birthdate Male Female Ethnic Origin

Address City Zip Home Phone

Parent/Guardian SSN # Birthdate

Parent/Guardian SSN # Birthdate

Email

Child Lives With Mother Father Both Grandparents Other

Child Care Program	<input type="checkbox"/> Before School	<input type="checkbox"/> Preschool	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> After School	
He/she will be attending	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 2 Days	<input type="checkbox"/> 1 Day
Days he/she will attend					
Mornings	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Afternoons	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Kindergarten	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

PAYMENT OPTIONS (check one) I understand my monthly tuition is \$

<input type="checkbox"/> Full Payment for the year Due at registration	<input type="checkbox"/> Monthly Payments Due the 20th of the month prior to service	<input type="checkbox"/> Electronic Funds Transfer (Credit Card) Due the 20th of the month prior to service
--	--	---

Third Party Participants are required to register for **Plan C**. Third Party Agency

Signature of Party Responsible for Payment

PLEASE READ THE FOLLOWING AND SIGN BELOW

I have read the tuition and payment policy of the YMCA of Silicon Valley Child Care Centers, the Admissions Agreement and the Parent Handbook. My child and I have also read and signed the YMCA's Student Behavior Management Procedures. I understand all fees are due on the 20th of the month prior to attending. A \$35 late fee will be assessed for any payment received after the 1st of the month (\$35 limit per family). If payment is not received by the 5th, childcare services may be suspended. If payment is the responsibility of more than one parent, two signatures are required. **I also understand that my \$100.00 deposit is non-refundable.**

I/we understand that I/we are jointly responsible for the payment of our child's child care fees at your center as well as any changes made to the registration packet and that the YMCA is authorized to discuss payment status with either/both of us. I/we also agree to share all related child care documents with either/both of us.

Parent/Guardian Signature Day Phone

Parent/Guardian Signature Day Phone

Please send all payments to:
YMCA of Silicon Valley, Business Resource Center
1922 The Alameda Floor 3, San Jose CA 95126

Staff Signature



YMCA OF SILICON VALLEY Child Care Registration Contract & Admission Agreement

YMCA of Silicon Valley Child Care is a licensed program for school aged children. As hours vary between locations, please check your center's schedule. The basic fee schedule covers the days that the children are in school. Winter, Spring, other school breaks and summer vacation days are not calculated in the basic plan. You may choose a fee plan that does cover these days or pay the additional rate as the need arises, and providing space is available.

- 1. The YMCA Child Care program Parent Handbook serves as a part of this Admission Agreement. Please understand that it is your responsibility to read and understand the policies set forth in the Parent Handbook.**
2. There is a \$100 **non-refundable** deposit and a program membership fee which is required for each child enrolling in the program. EFT may be automatically drafted from your bank account (checking, savings, credit union) on the 3rd or 20th day of the month prior to service or you may elect a credit card draft on the 3rd or 20th of the month prior to service. If your credit card is declined or bank draft is rejected, a \$20 service charge will be applied to your account.
3. Please understand that fees are based on enrollment, **NOT** attendance, and there are no adjustments for non-attendance.
4. You are bound to the terms of this agreement. **All plan changes must be completed by September 30**, and will be charged an administrative fee of \$25 (limited to one charge per family). Withdrawal from the program requires written notice received at the **Business Resource Center** at least two weeks in advance.
5. **A late fee of \$35** (limited to \$35 per family) will be assessed for payments received after the 1st. After the 5th, if payment is not received, childcare services may be suspended.
6. Refund conditions: All fees are charged on the basis of enrollment, not attendance. Refunds/prorates cannot be granted for absences due to illness or vacation. When you enroll, you are reserving time, space, staffing and provisions, whether or not your child attends. Refunds will be given for overpayment of fees or paid time after your two week cancellation notice has elapsed. Refunds will not be given if your child is suspended or terminated from the program.
7. Please understand that the YMCA of Silicon Valley is mandated by the State of California to report any suspected form of child abuse.
8. Please understand that by signing this contract you authorize your child's participation in any/all swimming or field trip activity planned as part of the program. We will notify you in advance of these plans.
9. We periodically take pictures of participants in YMCA programs/activities. Please understand that these pictures may be displayed, used in fliers, brochures, videos or other YMCA promotional material. If you prefer your child's picture not be used in any of the above, please inform the YMCA Executive Director in writing.
10. The State of California General Licensing Requirements Section 101195 states: Department of Licensing shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for the private interviews with any child(ren) or staff members; and the examination of all records relating to the operation of the facility. The Department of Licensing shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed medical professional examine the child(ren).
11. The YMCA may terminate this agreement if the program does not meet the needs of the children, if payments are not made as agreed, or if child(ren) or parent do not follow the YMCA Child Care Policies, including YMCA Behavior Standards.
12. The YMCA will provide 30 day written notice in advance of fee changes.
13. Optional Services: At times, the YMCA will provide optional services to children in the child care centers. These services may take the form of a food program, youth sports league, enrichment course, or similar program. These services are strictly optional, and information about fees and schedules is available on each service on a separate form or flyer.
14. The YMCA of Silicon Valley is a non-profit organization. Our Federal Tax ID # is 94-1156318.



Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (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, 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 into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment 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 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, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or 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, whether caused by the negligence of the releases 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.
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 or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases 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 releases or in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, 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 THIS RELEASE.

Print Name of Applicant/Parent

Print Name of Child in Program

X Signature of Applicant/Parent Date

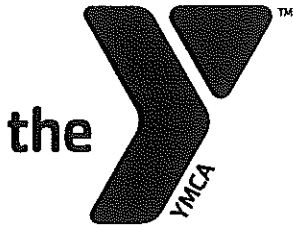
Print Name of Child in Program

Print Name of Applicant/Parent

Print Name of Child in Program

X Signature of Applicant/Parent Date

Print Name of Child in Program



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

YMCA CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

All participants must submit the following at time of registration: completed registration forms, health history forms, and legible copies of health insurance cards.

CHILD'S NAME: First: _____ Last: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Birthdate: / / _____ Grade: _____
 Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Birthmarks/scars: _____
 African American Asian/Pacific Islander Caucasian Hispanic Native American Other

PARENT/GUARDIAN 1: Name: _____ Address: _____
 Home Phone: _____ Cell Phone: _____ E-mail: _____
 Employer: _____ Work Phone: _____ DOB: _____

PARENT/GUARDIAN 2: Name: _____ Address: _____
 Home Phone: _____ Cell Phone: _____ E-mail: _____
 Employer: _____ Work Phone: _____ DOB: _____

EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP PARTICIPANT

In the case of an emergency, we always try to contact the parent/guardian first. In the event a parent/guardian cannot be reached, we may need to contact at least two (preferably three) other friends/relatives. No adults other than those listed as the parent/guardian or below will be able to pick up your child from our program without a legibly written, dated and signed note from the parent/guardian. Please send someone **16 years or older** to pick up your child. **Picture ID required for pick-up.**

Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____
Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____
Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____
Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____

MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician: _____ Preferred Hospital: _____
 Doctor's Phone: _____ Doctor's Address: _____
 Family Dentist: _____ Dentist's Phone: _____
 Dentist's Address: _____
 Medical Insurance Company: _____ Policy #: _____
 Immunization History (include dates): Tetanus Booster: _____ Tuberculin (TB) Test: _____ MMR: _____ DPT: _____
 If you do not immunize your child, please sign here: _____
 If you do not have medical insurance for your child, please sign here: _____

MEDICAL HISTORY

<input type="checkbox"/> Asthma	<input type="checkbox"/> Head Lice	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Measles	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Bleeding/Clotting Disorder		

Allergies: Pollen Penicillin Poison Oak Bee Stings Bee Sting Kit
 Foods Hay Fever Other Insect Stings Other Drugs Other Allergies?

List Other Allergies Here: _____
 List Dietary Restrictions Here: _____
 Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides? YES NO
 If yes, please explain: _____
 List operations, serious injuries, or restriction on physical activity: _____
 List current medications and purpose: _____



YMCA OF SILICON VALLEY Student Behavior Management Procedures

It is the goal of the YMCA of Silicon Valley to provide a healthy, safe, and secure environment for all After School Program participants. The YMCA teaches the core values of Respect, Responsibility, Honesty and Caring. Children attending the program are expected to follow the behavior guidelines and appropriately interact in a group setting.

PROGRAM BEHAVIOR GUIDELINES

- People are RESPONSIBLE for their actions.
- RESPECT each other and the environment.
- HONESTY will be the basis for all relationships and interactions.
- We will CARE for ourselves and those around us.

WHEN A CHILD DOES NOT FOLLOW THE BEHAVIOR GUIDELINES, THE FOLLOWING STEPS WILL BE TAKEN

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules, and a discussion will take place.
3. The parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior is, what provoked the problem, and corrective action taken.
5. A conference with the parent and staff will occur to determine the appropriate action.
6. A progress check or follow up will occur.
7. If the problem persists, a conference will occur with the parent, child, staff and Program Director. The Program Director will have all documentation, and conference notes for review. Future participation may require counseling.
8. If a child's behavior at any time threatens the immediate safety of self, other children or staff, the parent will be notified and expected to pick up the child immediately.
9. If a problem persists and/or a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program.
10. Expulsion from the program will be considered in situations involving violent acts or after all alternatives have been attempted to resolve the problem.
11. Children suspended from school are not permitted to attend the After School Program for the duration of the suspension.
12. Children expelled from school are not permitted to attend the After School Program unless notified by the school authorities.

SUSPENSION* FOR THE REMAINDER OF THE CURRENT DAY AND THE NEXT DAY

- Endangering the health and safety of the children and/or staff.
- Threats made to children and/or staff regarding firearms, knives, firecrackers or explosives.
- Theft or damage to YMCA, school, or personal property.
- Leaving the child care program without permission.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or school rules.
- Use of profanity, vulgarity, and/or obscenity.
- Lewd behavior.

(* If any of the behaviors listed above persists, a second suspension may occur pending expulsion.)

IMMEDIATE EXPULSION

- Possession of and/or use of tobacco, knives, alcohol, illegal drugs, firecrackers, firearms or explosives.
- Inappropriate interaction by parents, tutors or family towards other parents, participants or staff. (example: fights, hostile, etc.)

PARENT/GUARDIAN SIGNATURE REQUIRED

I have reviewed the Behavior Management Procedures with my child. I understand and agree to all of the terms presented in this document.

Parent/Guardian Signature _____ Date _____

Child Signature _____ Date _____

Welcome to the Y. We are an inclusive organization that strives to create an environment where all people feel welcome, comfortable, and secure. Therefore, we have adopted the following code of conduct that applies to everyone in our facilities and participating in YMCA programs.

Individuals are expected to:

- Uphold the YMCA core values of caring, honesty, respect, and responsibility
- Follow facility usage and safety rules
- Maintain an atmosphere free of derogatory or unwelcome comments, conduct, or actions
- Maintain an atmosphere free of negative behavior focused on another's sex, race, ethnicity, age, religion, disability, sexual orientation, or any other legally protected status
- Be respectful and cooperative with YMCA staff and fellow participants

The following are not acceptable in YMCA facilities and programs:

- Abusive, harassing, intimidating or obscene language or gestures
- Threats of harm, physical aggression or violent acts
- Anything visible that conveys a message of hate, exclusion, intimidation, threat or violence, including (but not limited to) clothing, signs, symbols, jewelry, or tattoos
- Weapons of any kind
- Smoking
- Damaging or defacing YMCA property
- Possession, sale, use, or being under the influence of alcohol or other controlled substances
- Offensive or unlawful conduct

Protection of members, especially children, is an essential value of the YMCA of Silicon Valley. Where membership is contrary to that value, the YMCA reserves the right to deny access or membership to any person, including one who has been charged with or convicted of any crime involving violence or sexual abuse or who is required by law to register as a sex offender.

Failure to follow this code of conduct will result in disciplinary actions, which may include immediate eviction from the premises, loss of privileges, and suspension or termination of membership. The YMCA may contact security, police, or other authorities for assistance or to take appropriate legal action.

We encourage individuals who experience or observe inappropriate conduct to promptly report their concerns to YMCA staff. We will make every effort to ensure that reports are investigated and resolved promptly and effectively.

X
 Member Signature Print Name Date

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

Community Care Licensing Division Child Care Office

ADDRESS

2580 North First Street, Suite 300

CITY

San Jose, CA

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

(408) 324-2148

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 acknowledgment:

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 THE 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)

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: Community Care Licensing Division Child Care Office

Licensing Office Address: 2580 North First St., Suite 300, San Jose, CA 95131

Licensing Office Telephone #: (408) 324-2148

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 www.meganslaw.ca.gov

LIC 995 (9/08)

(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.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ insect stings: _____

Developmental: _____ food: _____

Language/Speech: _____ asthma: _____

_____ other: _____

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTap/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

YMCA of Silicon Valley Authorization for Credit Card/Bank Draft

Member Name (Please Print): _____

E-mail Address: _____

Member # (if applicable): _____ **Branch:** CN EV MM NW SW SV ELC

Credit Card Account Information	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Card Issuer (i.e. Bank of America): _____	
Card #: _____ - _____ - _____ - _____	Exp ___ / ___
Name on Account (Please Print): _____	

Account Information		
A voided check is needed to complete bank draft transaction. I understand that if my bank account has an NSF (sufficient funds not available) my account will be drafted at the next available draft.		
_____	_____	_____
Name on Account (Please Print)	Date	Account Holder's Signature

Beginning on the 3rd 20th
(childcare only)
of _____ the following charges will be continuously drafted:
(Enter Month)

Participant	Program Activity	Amount \$

I authorize the YMCA of Silicon Valley to deduct a monthly charge to my credit card/financial institution in the amount listed above. I agree to give 15 working days notice prior to my draft date, in writing, to the YMCA of Silicon Valley to cancel or make any changes to my credit card/bank draft. I understand that if my credit card is declined or my bank draft is rejected, a \$20.00 service charge will be applied to my account. I also understand that if I do not cancel my membership within the 15 working days prior to my draft my account will be drafted for the full amount and there will be no refunds.

Member Signature: _____ **Date:** _____

Staff Signature: _____ New Member Change