

START DATE: \_\_\_\_\_  
RATE: \_\_\_\_\_



Does your child have food allergies?  
Circle  
**YES or No**

## YMCA PRIMETIME Enrollment Form

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Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

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Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Telephone Number (if different from child's) \_\_\_\_\_

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Place of Employment \_\_\_\_\_ Address \_\_\_\_\_ Business Phone \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Telephone Number (if different from child's) \_\_\_\_\_

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Place of Employment \_\_\_\_\_ Address \_\_\_\_\_ Business Phone \_\_\_\_\_

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Child's Living Arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other  
Child's Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other

**THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive assistance from the Dept. of Family and Children Services? **YES** **NO**

**PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

Child's Physician or Clinic's Name (Child's Primary Health Source)

Telephone#

**DOES THE CHILD HAVE ALLERGIES OR OTHER PHYSICAL PROBLEMS, MENTAL HEALTH DISORDERS, MENTAL RETARDATION OR DEVELOPMENTAL DISABILITIES; WHICH WOULD LIMIT THE CHILD'S PARTICIPATION IN THE PROGRAM AND ACTIVITIES? ( ) YES ( ) NO**

Specify: \_\_\_\_\_

**DOES CHILD HAVE ALLERGIES? (INSECT, MEDICATIONS, FOOD, ETC.) ( ) YES ( ) NO**

Specify: \_\_\_\_\_

**DOES THE CHILD HAVE A HIGHER RISK FOR SEVERE REACTION NEEDING EPINEPHRINE TO BE AVAILABLE IN THE PRIMETIME SITE AREA? ( ) YES ( ) NO**

**If yes, a FOOD ALLERGY ACTION PLAN FORM is available.**

**ARE ANY SPECIAL PROCEDURES REQUIRED IN CARING FOR CHILD? ( ) YES ( ) NO**

Please specify and give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_, \_\_\_\_\_ suffer an injury or illness  
Child's Name Date of Birth

while in the care of the Moultrie YMCA PRIMETIME program and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as necessary. I (we) shall assume responsibility for payment of services. I (we) agree to keep the PRIMETIME program informed of changes in telephone numbers, etc. where I can be reached.

The program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician/Clinic Name

Telephone

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

\_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## RELEASE AGREEMENT

I give the Moultrie YMCA PRIMETIME Program permission to take pictures of my child in his/her daily activities and use them in publications such as but not limited to: The Moultrie Observer, Newsletters, and Flyers.

**PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home \_\_\_\_\_ Work Number \_\_\_\_\_

#### **IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED CONTACT:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

The Moultrie YMCA uses Colquitt Regional Medical Center located at

3131 S. Main St. Moultrie, GA 31768; 985-3420

Child's Allergies \_\_\_\_\_

Current Prescribed Medication \_\_\_\_\_

Child's Special Medical Needs and Conditions \_\_\_\_\_

**In the event of an emergency involving my child, and if the Moultrie YMCA Primetime program cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.**

**PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PROGRAM DIRECTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## TRANSPORTATION AGREEMENT

This is to certify that I give the Moultrie YMCA Primetime program permission to transport my child, \_\_\_\_\_, from \_\_\_\_\_ at \_\_\_\_\_ (am/pm) to \_\_\_\_\_ at \_\_\_\_\_ (am/pm) on the days

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

\_\_\_\_\_ is authorized to receive my child. In the  
(Name of Authorized Person)  
event the authorized person is not present to receive my child; the following procedures are to be followed:

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The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the facility.  
(Location)

In the event that my child is not to be transported as outlined above, I agree to notify the Moultrie YMCA PRIMETIME program.

**PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **PARENTAL AGREEMENT WITH MOULTRIE YMCA PRIMETIME PROGRAM**

The Moultrie YMCA PRIMETIME program agrees to provide School Age Childcare for \_\_\_\_\_ on Monday through Friday from \_\_\_\_ am to \_\_\_\_ pm from \_\_\_\_\_ (month) to \_\_\_\_\_ (month).

**My child will participate in the following meal plan: afternoon snack**

Before any medication is dispensed to my child, I will provide a written authorization which includes: date; name of child; name of medication; prescription number; dosage; date and time of day for medication to be given. Medication will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. For example: telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.

The Moultrie YMCA PRIMETIME program agrees to keep me informed of any incidents with the child, including illnesses, injuries, adverse reactions to medications, etc.

The Moultrie YMCA PRIMETIME program agrees to obtain written authorization from me before my child participates in routing transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.

**I acknowledge it is my responsibility to give a two weeks notice before withdrawing my child from the program. I understand that if I fail to give the required notice I will still be responsible for paying for two weeks of care.**

I understand that if my child should pose a threat to himself/herself, to other children, and/or staff, and/or property I will be asked to sign a behavior report acknowledging the problem. If my child continues to pose a threat to any of the above mentioned and together we have not been able to make improvements in the child's behavior, I am aware that I might be asked to remove my child from the program, giving me two weeks to find other means of school age childcare.

**By signing below I am stating that I understand and agree to abide by the policies and procedures for the Moultrie YMCA PRIMETIME program.**

**PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PROGRAM DIRECTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## MOULTRIE YMCA PRIMETIME PROGRAM RELEASE/WAIVER

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

I, the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in the YMCA PRIMETIME program. The minor is physically able and mentally prepared to participate in all PRIMETIME activities.

In consideration of said minor being permitted to enter the YMCA PRIMETIME facility and participate in all activities I, as parent/guardian, hereby:

1. Release the YMCA, it's directors, officers, employees agent and volunteers (collectively "Releasees":) from all liability to me or to my minor child or ward named above for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the YMCA facilities or participating in YMCA PRIMETIME activities at other locations.
2. I covenant not to sue Releasees for any loss, damage, injury or death suffered by the above named minor and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's facilities, whether caused by the negligence of Releasees or otherwise.
3. I assume all responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees.
4. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
5. I do hereby authorize the YMCA PRIMETIME program as agent for the undersigned, to consent with respect to said minor, to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician and surgeon licensed in the Sate of Georgia and any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA PRIMETIME program is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the law of the State of Georgia: If any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

**PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_