



Payment Acknowledgement Form

YMCA of San Angelo Childcare Department

By signing this page, you are acknowledging and agreeing to the following childcare payment terms and procedures:

- All payments are due the **FRIDAY BEFORE** the following week.
- All past due accounts may result in the child not being able to attend care. Accounts **TWO+** weeks past due are subject to termination.
- There are no discounts for days or weeks the child is absent from the program.
- The childcare accounts manager should be notified asap for late payments. **Payment arrangements are at the discretion of the accounts manager.**
- If an automatic bank draft or check is returned, the parent has **one week** to pay that balance or the child's registration may be terminated.
- The above terms apply to all program participants, including those on scholarship and CCS.

All questions regarding accounts and payments, should be directed to the Childcare Accounts Manager at (325) 655-9106.

Printed Child(ren)'s Name _____

Parent Signature _____ Date _____

Thank you for choosing the San Angelo YMCA for your childcare needs!



2020-2021 After School Program

Child's Information

Program Start Date: _____

First AND Last Name: _____ School: _____

Address: _____ City/State/Zip: _____

Gender: Male or Female Age: _____ Date of Birth: _____ Grade: _____

Child lives with: mother father both other: _____

Parent/Legal Guardian

First AND Last Name: _____

Address: _____

Relationship to child: _____ Cell #: _____

Place of work: _____ Work #: _____

Email: _____

Parents/Legal guardian listed above will be automatically sent a registration link for the Remind texting system to receive alerts pertaining to information regarding Day Camp information, Kids Night Out, & your child's After School account

Parent/Legal Guardian

First AND Last Name: _____

Address: _____

Relationship to child: _____ Cell #: _____

Place of work: _____ Work #: _____

Emergency Contact

Additional person in case of emergency. **DO NOT** list parent/legal guardians.

First AND Last Name: _____

Address: _____

Relationship to child: _____ Cell #: _____

Place of work: _____ Work #: _____

Authorized Pick-Up

Additional people authorized to pick up my child other than those listed above.

First AND Last Name: _____

Relationship to child: _____ Cell #: _____

First AND Last Name: _____

Relationship to child: _____ Cell #: _____

First AND Last Name: _____

Relationship to child: _____ Cell #: _____

Child's first AND last name: _____

Health Information

2020-2021 After School Program

Your child's immunization record must be on file with your child's school, please indicate the school & information below:

School Name: _____	School Address: _____	School Phone: _____
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In the event of an emergency and the parent/legal guardian is not available, your designated hospital will be contacted for emergency/medical transportation and/or treatment. Please check the hospital in which you would like us to contact.

Check One:	<input type="checkbox"/> Community Medical Center 3501 Knickerbocker Road San Angelo, TX 76904 325-949-9511	<input type="checkbox"/> Shannon Medical Hospital 120 E. Harris Ave San Angelo, TX 76903 325-653-6741	<input type="checkbox"/> Concho Valley ER 5709 Sherwood Way San Angelo, TX 76901 325-703-6900
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Food Allergies: **all children with food allergies must have an Allergy Form on file at the YMCA before enrollment is accepted**

List Foods: _____

Non-Food Related Allergies

List Allergies: _____

Behavioral Information

Behavioral Issues/Special Needs:

HEAD START: Can your child participate in a 1:15 ratio? (1 staff with 15 kids)	YES	NO
SCHOOL AGE: Can your child participate in a 1:22 ratio? (1 staff with 22 kids)	YES	NO
Does your child run from adults?	YES	NO
Is your child prone to severe breakdowns or fits?	YES	NO
Will the child require medication to be given at the after school location?	YES	NO
Does your child have an epi-pen for allergies? (if yes, please provide)	YES	NO
Does your child have a behavioral diagnosis?	YES	NO

Please list and explain: _____

What strategies work best if your child gets upset? _____

What are your child's limitations? _____

Additional Information:

In order to best meet your child's needs, we require that you list any other special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries/hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of. _____

Policy Acknowledgements

By enrolling my child in the program, I understand and agree to follow all policies outlined in the parent handbook (provided to you at registration). By signing, you give your child permission for the following:
To be photographed/videotaped for YMCA or United Way purposes (no names will be released).
To participate in water activities, including swimming (life jackets will be provided to those who need them).
To be treated medically by a physician and transported to a hospital (in the event of an emergency).
To be transported by YMCA or TLCA buses for field trips (permission slips will be administered).

Parent/Guardian Signature: _____ Date: _____

Demographics

2020 After School Program

While this section is optional, the information collected will help us understand the families who use our program and assist us in applying for funding support. Failure to complete this section will not affect the service your child receives. This page will be separated from your child's enrollment form for confidentiality.

Child Information			
Gender:		Age:	How many years has your child attended our Summer camp program?:
School child attends:		Grade for 2020-2021 school year:	Does your child receive free/reduced lunch at school?
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial

Parent/ Guardian #1			
Gender:		Age:	Highest education level:
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial

Parent/ Guardian #2			
Gender:		Age:	Highest education level:
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial