

Please complete this packet and return it to the YMCA branch you wish to attend. Registration forms must be delivered in person. Do not mail or fax your registration form. A copy of child's vaccination records, birth certificate and the physician-signed health statement is required upon registration.

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_ years \_\_\_ months Gender: Male Female

Child's Address \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? Word of Mouth / Web / Sign / Flyer / Newspaper Other \_\_\_\_\_

**PARENT/GUARDIAN 1**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**PARENT/ GUARDIAN 2**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(Person other than the parent/guardian)

Name \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**OTHER INDIVIDUALS AUTHORIZED TO  
PICK UP THE CHILD**

(Include name, relationship and emergency contact information)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Is there a court order affecting the life of this child? Yes No (If yes, a certified copy of the court order must be provided to this child care facility.)

**PARENT/GUARDIAN AUTHORIZATION**

I understand that the YMCA of Southern Nevada will not release my child to any other person than the persons I have designated above. Valid photo identification is required at the time of pick up, and authorized persons must be at least 18 years old. I agree to allow authorized persons to receive confidential information pertaining to my child's day, including, but not limited to, incident/accident reports and behavioral issues. I understand in signing this form, I agree to release the YMCA of Southern Nevada from any liability for the risk of illness, accidents or injury of my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HEALTH INFORMATION**

Preferred Hospital for Emergency Treatment \_\_\_\_\_  
Name of Health Insurance Company \_\_\_\_\_  
Health Insurance Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Dentist/Orthodontist Name \_\_\_\_\_  
Dental Insurance Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

**HEALTH HISTORY**

(Check all that apply.)

**ALLERGIES**

Hay Fever       Insect Sting  
 Poison Ivy       Penicillin  
 Other Drugs     Other  
List Other \_\_\_\_\_

**DISEASES**

Chicken Pox     German Measles  
 Mumps           Other  
List Other \_\_\_\_\_

Is your child affected by any of the following?

ADHD             Asthma  
 Convulsions     Diabetes  
 Hypertension    Seizures  
 Bleeding/Clotting Disorder  
 Frequent Ear Infections  
 Heart Defect Disease  
 Other  
List Other \_\_\_\_\_

Date of child's last tetanus booster \_\_\_\_\_

List any serious injuries, chronic illnesses, medical conditions, operations and restrictions on physical activity.

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

Is your child currently taking medication?

Yes    No  
Name of Medication \_\_\_\_\_  
Dosage \_\_\_\_\_

(Medications administered at preschool require a completed Medical Release Form, available at the YMCA.)

Does your child have any special needs?

Yes    No

(It is required that the Parent/Guardian of children with Special Needs meet with the Director prior to registration.)

Does your child have trouble staying with the group?

Yes    No  
If so, please explain: \_\_\_\_\_

Does your child have any serious fears?

Yes    No  
If so, please explain: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regard to the child's health as needed. In the event that provider should have questions regarding the health of the enrolling child, provider may contact the above listed health care providers or the Clark County Health District.

In an emergency, I, \_\_\_\_\_, (Parent/Guardian), give my authorization to the YMCA of Southern Nevada and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HEALTH STATEMENT**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

STATUS OF THE ABOVE CHILD'S HEALTH \_\_\_\_\_

ANY KNOWN CONDITIONS UNDER TREATMENT \_\_\_\_\_

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES/NO - REASON \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(M.D. or R.N.)

**ATTACH A COPY OF THE CHILD'S CURRENT IMMUNIZATIONS RECORD HERE.**

**Transportation/Field Trip Permission**

I understand my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times when away from the facility. I understand that I will be notified, in advance, of any scheduled field trips. Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the YMCA of Southern Nevada, child's caretaker, members of the facility and its employees, or any participating adult liable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not wish my child to participate in the aforementioned field trips or educational excursions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photograph/Video/Voice Release**

The YMCA of Southern Nevada requests irrevocable consent to release photographs, slides, moving pictures and audio/visual tapes of the above named minor child for the purpose of YMCA records, public relations and/or advertising, videos, voice or text material and either with or without my child's name or photo accompanying quotation. \_\_\_ Do not photograph my child \_\_\_ OK to photograph my child

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Notification of NRS.178**

I, \_\_\_\_\_ (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Release Information**

I understand that during the time my child is at this facility that the staff may be asked for information regarding my child. I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE permission to release information to official persons from schools, health care personnel, welfare or other government officials. I understand that the Bureau of Services for Child Care has access to my child's record as the state licensing agent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Handbook**

The YMCA of Southern Nevada Parent Handbook provides parents with YMCA policy and contact information. Each parent is to receive a free copy of this handbook. Please sign here stating you have received it and agree to read the information contained within the handbook. I understand that it is my responsibility to know all the policies and procedures outlined within and I will be held accountable for this information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**IN THE SPACE PROVIDED BELOW, PLEASE LIST THE MONTHS FOR WHICH YOU ARE REGISTERING YOUR CHILD.**

Month	Location	Deposit	Balance
September	DH CH		
October	DH CH		
November	DH CH		
December	DH CH		
January	DH CH		
February	DH CH		
March	DH CH		
April	DH CH		
May	DH CH		

Non-refundable deposits due now: \_\_\_\_\_ X \$25 = \_\_\_\_\_

**PAYMENT INFORMATION**

**Important:** A \$25 non-refundable, non-transferable deposit is required for each month of preschool reserved and will be applied toward the total preschool monthly fee. Monthly balances are due on the 25<sup>th</sup> of each month prior to the start of each preschool session you have reserved. Failure to submit remaining balance will result in forfeiture of the deposit and disenrollment in the preschool session.

Please initial \_\_\_\_\_

**REFUND POLICY** (Please initial each line.)

\_\_\_ Refunds are granted at the Director's discretion.

\_\_\_ A refund will not be given if a child is ill and unable to attend the preschool program. A credit or partial credit may be granted if illness exceeds two full days and a doctor's note is submitted to the Director.

\_\_\_ Refunds will not be given for unsatisfied participants or parents without approval from the Director.

\_\_\_ Refunds will not be given to participants who have been suspended or expelled from the program due to behavior problems.

**REFUND POLICY IS AS FOLLOWS:**

Request received:      2 weeks prior to start date = 100% refund  
                                  7 days prior to start date = 50% refund  
                                  Thereafter = 0% refund  
 All requests are subject to a 10% service charge. Please allow two weeks for processing.  
 \$25 deposit is non-refundable.

*The City of Las Vegas Community Centers at Centennial Hills and Durango Hills are managed and provided to the citizens of Las Vegas for no other purpose than providing educational and recreational activities. The YMCA does not and will not promote or advertise any religion at these two leisure centers.*