



**CONEJO VALLEY YMCA**  
**2011-2012 Child Care Enrollment Form**  
**(Peach Hill or Mountain Meadows)**

FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Child's Gender: Male Female (Please Circle) D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Child Lives With: Mother  Father  Both  Other: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Authorized persons who may be called in an emergency and/or take child from the facility. Only these people will be allowed to sign out the child.  
All authorized persons must be 18 years or older and have photo I.D.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Major Allergies: \_\_\_\_\_

School: \_\_\_\_\_ Site: \_\_\_\_\_ Start Date: \_\_\_\_\_

Classroom Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

The health history is correct as far as I know, and the person described has permission to engage in all prescribed childcare activities, except as noted by me or an examining physician. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I hereby give my authorization for YMCA staff to apply any lotion I may send with my child in order to prevent sunburn. I give my permission for my child to engage in supervised activities. I also give my permission for my child to be transported by YMCA staff in their buses, vans or cars. I understand that Community Care Licensing has the right to enter and interview my child at any time. All photos that are taken may be used for YMCA promotional purposes. I have read and understand the information in the parent admissions handbook and will abide by the standards set by the YMCA.

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Category	Full Time (4 - 5 Days)	Part Time (1 - 3 Days)	Days Enrolled	Office Use Only
PM Care Only	[ ]\$348.00 / month	[ ]\$290.00 / month	M T W Th F	DAXKO: _____
AM Care	[ ]\$167.00 / month	[ ]\$167.00 / month	M T W Th F	Plan : A <input type="checkbox"/> B <input type="checkbox"/>
AM Care Add On	[ ]\$100.00 / month	[ ]\$100.00 / month	M T W Th F	<input type="checkbox"/> CDR
Program Membership	[ ]\$40.00 / year Individual [ ]\$80.00 / year Family			Financial Assistance
Plan B* (Winter & Spring Break)	[ ]\$56.00 / month	Staff Name: _____		Percentage: _____

\*Plan B is available for enrollment through September 30, 2011

# CONEJO VALLEY YMCA Mandatory Contact Page

**1<sup>st</sup> Adult's** First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Gender:  Male  Female D.O.B. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Number: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

**2<sup>nd</sup> Adult's** First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female D.O.B. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Number: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

*The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.*

- How many years have you been in the community? \_\_\_\_\_
- Do you rent or own your home?  Rent  Own

**ETHNIC ORIGIN**    **1<sup>ST</sup> ADULT**    **2<sup>ND</sup> ADULT**    **DEPENDENTS**

African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HOUSEHOLD INCOME**

<input type="checkbox"/> 0 - 13,999	<input type="checkbox"/> 40,000 - 54,999
<input type="checkbox"/> 14,000 - 24,999	<input type="checkbox"/> 55,000 - 74,999
<input type="checkbox"/> 25,000 - 39,999	<input type="checkbox"/> 75,000 and over

**How did you hear about the YMCA?**

- |                                       |  |                                    |                                       |                                 |  |
|---------------------------------------|--|------------------------------------|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Radio        | <input type="checkbox"/> Television    | <input type="checkbox"/> Billboard | <input type="checkbox"/> Live in area | <input type="checkbox"/> YMCA   | <input type="checkbox"/> E-Mail        |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Newspaper     | <input type="checkbox"/> Magazine  | <input type="checkbox"/> Work Place   | <input type="checkbox"/> Member | <input type="checkbox"/> Former Member |
|                                       | <input type="checkbox"/> Friend/Family |                                    |                                       |                                 |  |

**AREAS OF INTEREST**    **SELF**    **SPOUSE**    **CHILDREN**    **VOLUNTEER**

Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics/Group Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				

**DEFERRED**

First Name	MI	Last Name	Birth Date	Gender	School





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## Alternate Arrangement Form for Child Care Billing Information

Until the Payment Arrangement is approved by a YMCA Director we need the billing information on Pg. 3 to be completed.

Dear Parents,

The YMCA requires all Child Care and Preschool participants to provide us with billing information. If there are circumstances that prevent you from this, the YMCA is willing to make a payment arrangement. If we are able to come to an agreement on a date and form of payment, you must meet the arrangement each month. If you fail to make your payment on the agreed upon date, the YMCA will require you to provide us with billing information.

I, the parent of \_\_\_\_\_ understand that it is my responsibility to maintain the arrangement I have made with the YMCA to pay my Child Care or Preschool fees. Failure to do so will require me to give the YMCA billing information or additional action may be taken.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Arrangement

*Jennifer Silveria*  
**CONEJO VALLEY YMCA**  
Community Program Director  
805.523.7613  
jsilveria@conejovalleymca.org



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## CONEJO VALLEY YMCA Acknowledgement

I, as the parent, guardian or designated representative of

\_\_\_\_\_ have received and read the following documents at the time of my child's admission to the Simi Valley Family YMCA.

1. "Parent's Rights"  
*(Lic. 995)*
2. "Personal Rights : Community Care Facilities and Child Day Care Facilities"  
*(Lic. 613)*

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Other documents (facility may specify parent handbook/admission agreement):

- Parent Handbook
- Parent Handbook Receipt Acknowledgement and Agreement
- Agreement, Waiver, Release

I understand that the licensing agency has the right to interview children or staff and to inspect and audit the facility or child's records without prior consent. The licensing agency has the right to observe the physical condition of child (ren), including conditions which indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child (ren).

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative's Name: \_\_\_\_\_

Facility Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CONEJO VALLEY YMCA Parent Agreement

I, the parent of \_\_\_\_\_, have received a copy of the YMCA Child Care handbook. I understand it is my responsibility to read the handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it. I further acknowledge that I may pick up my child at any time during program hours.

As a parent of a child enrolled in the Conejo Valley YMCA School Age Child Care Program I understand and agree to the following:

**(please initial)**

\_\_\_\_ I agree to pay my fees on or before the 1<sup>st</sup> of every month. I understand the methods of payment available, and that I must retain my own receipts because printed tax statements will not be provided.

\_\_\_\_ I agree to pick up my child before 6:00 p.m.

\_\_\_\_ I understand the signing in and out procedures and agree to comply.

\_\_\_\_ I understand the vacation and absence policies.

\_\_\_\_ I understand the assistance with medication requirements.

\_\_\_\_ I agree to pick up my child in the event of an illness, injury or severe behavior issue within 60 minutes.

\_\_\_\_ I agree to comply with the homework policy.

\_\_\_\_ I understand that only I (the enrolling parent) can make changes to the enrollment or have access to the child's records (except for state mandated inspection).

\_\_\_\_ I agree to notify the YMCA office when my child will be absent.

The parent handbook, along with this acknowledgement, constitutes an agreement between you and the Conejo Valley YMCA. If you don't understand any part of the handbook, please contact a YMCA staff member so that we can assist you in clearing up any confusion.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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](http://www.meganslaw.ca.gov)**

LIC 995 (12/06)

(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](http://www.meganslaw.ca.gov)**

LIC 995 (12/06)

# 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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE  
( )

\_\_\_\_\_  
WORK PHONE  
( )