



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

**CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES**

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**IDENTIFYING INFORMATION**

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY**

(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

\_\_\_\_\_  
DAY CARE PROVIDER

TO CONTACT THE FOLLOWING:

**PHYSICIAN OR CLINIC**

NAME	TELEPHONE NUMBER
------	------------------

**PREFERRED HOSPITAL**

NAME	TELEPHONE NUMBER
------	------------------

<b>ACKNOWLEDGEMENTS</b>		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

**HEALTH REPORT FOR SCHOOL-AGE CHILD  
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

**FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.**

**FILING:** FILE FORM IN CHILD'S INDIVIDUAL RECORD.





# **Glasgow Rec Center YMCA Summer Camp Parent Handbook**

**Boonslick Heartland YMCA Mission Statement:  
To put Christian principles into practice through programs  
that build healthy spirit, mind and body for all.**

The Y Summer Camp program is designed for the children of working parents and those that want their children involved in fun-filled, recreational day camp with educational enrichment to help bridge the summer learning gap. It provides a safe, wholesome environment for students going into K-5<sup>th</sup>.

The program will offer a wide selection of weekly themes, team & character building, a variety of sports exposure, swimming, field trips, nutrition education & activities, hands-on science experiments & activities, as well as, a variety of other reading & math enrichment and physical fitness programs.

**Times and Hours of Operation:**

**7:00am-5:30pm**

**Dates of Camp Operation:**

Camp is reserved and paid for in weekly segments. Beginning dates coordinate with Boonville School district.

**Glasgow Summer Camp will be closed on the following dates:**

**Memorial Day: Monday, May 31st**

**Daily Schedule:**

<b>7:00-8:00</b>	<b>Check In: Kids Choice Activities or Centers</b>
<b>8:00-8:45</b>	<b>Breakfast</b>
<b>9:00-9:15</b>	<b>Spilt into groups: Camper/Counselor morning meeting</b>
<b>9:15-11:00</b>	<b>Varies Activities: Team building, Sports, Educational, etc...</b>
<b>12:30-3:30</b>	<b>Pool, Field Trips, Guest Speakers, etc...</b>
<b>3:30-4:00</b>	<b>Snack</b>
<b>4:00-5:30</b>	<b>Campers Choice: Indoor/Outdoor Play</b>

**Sign In/Out Procedure:**

It is mandatory that you or an adult approved on your child's enrollment form sign your child/children in and out daily. If there is any person you need to pick your child/children that is not on his or hers pick up list, we will need written permission or phone call from the parent or guardian prior to pick up. Please let the Program Director's know of any personal information changes, examples: phone numbers, address, emergency contacts, approved people on pick up list, etc. Only individuals 16 years of age or older may pick up a child from the Summer Camp program. There will be no exceptions. Valid identification is necessary for anyone picking up.

### **Cost & Weekly Deadlines to pay:**

<b>Non-Refundable Registration Fee:</b>	<b>\$ 15.00</b>
<b>Full Week Rate:</b>	<b>\$70/ week Members</b>
	<b>\$90/ week Non-Members</b>

There will be no invoices. It is solely the responsibility of the parent(s) or guardian to ensure all payments are made promptly and on time. Payments can be made via cash, card, or checks made payable to Boonslick Heartland YMCA at the front desk on or before Wednesday of the prior week. Anyone registering after Wednesday will be based on availability; enrollment is not guaranteed as spots are limited.

**In order to pre-register your child for weeks they will be attending, we require that you set up scheduled automatic payments via EFT or credit card.** This can be done by stopping by the Boonville Welcome Desk or calling (660) 882-8500 at the time of registration. If you do not wish to set up auto pay, you may either pre-pay for any week(s) you wish to at the time of registration, or register and pay for weeks as the summer progresses.

### **Scholarships:**

**Anyone applying for a scholarship must first apply for Childcare Assistance through the Department of Social Services. Applications are available online.**

If you are denied state assistance, your family may apply for scholarships through the Y! To do so, you can print off an application from our website or stop by the Y to pick one up. Please be aware this takes minimum of 5-7 business days to process. Do not wait for the last minute to get this application process going.

**We will not stack state assistance and scholarships.**

### **Children not picked up by 5:30p.m.:**

Children must be picked up by 5:30 p.m., if not, you will be charged a late fee per child as follows that will need to be paid in full upon pick up:

- 5:31 – 5:44 p.m. = \$10.00 late fee
- 5:45 – 5:59 p.m. = \$15.00 late fee
- 6:00 – 6:14 p.m. = \$20.00 late fee
- 6:15 or later = \$30.00 late fee

**After all attempts to contact parents and emergency contacts have failed, a child who is not picked up by 6:30 PM will be considered abandoned. The police department and Division of Family Services will then be called. Child may be removed from the program if late fee payments are not made.**

### **Child Custody Cases:**

You must present legal documents if for some reason your child cannot be picked up by one parent or the other (i.e. Divorce papers, Ex Parte). You are required to complete all parents' information on the enrollment form in blue or black ink. We cannot refuse a parent if they want to pick their child up if they are on the enrollment form. Our staff will stay neutral to the best of their ability in all cases involving child custody. During these difficult times please remember, we can only do what is best for all children concerned.

### **Personal Property:**

We recommend that you send your child with a water bottle each day. The YMCA is not responsible for any personal property brought to the YMCA. **Please make sure your child's name is on ALL their belongings.** If any property is brought to the program site that may cause disruption, you will be asked to remove the property. **As a matter of policy, we ask that you do not bring any handheld electronic devices, including cell phones or video games, to the program.** We also discourage bringing trading cards or toys. These items can disrupt a program and cause much friction with the children. It is okay to bring backpacks and/or lunch boxes with names on them. If there is an emergency, the Y staff will call you.

### **T-Shirt & Daily Attire:**

Your child should wear comfortable clothes, as we will be in and outside. The gym does not have air conditioning, but we will have the big fans and open windows and doors to keep the air moving. We will be rotating throughout each day into different areas of the YMCA and the outdoors. **Your child should wear tennis shoes every day!** Along with appropriate clothing, nothing too revealing, no curse words or illegal minor logos or graphics, etc. If inappropriate clothing or shoes are worn, parents will be called to either bring clothing or shoes or pick up the child.

**Camp shirt must be worn on Field Trip days!**

### **Curriculum:**

Students will be placed in age appropriate groups and rotate among the activities scheduled for each day. Additional daily activities may include, but are not limited to: academic and science enrichment activities, such as educational games: artistic exploration activities, such as various craft related activities; and a variety of recreational activities. The YMCA Summer Camp program is intended to provide both academic and athletic enrichment for the kids during those potentially lazy summer months, and we do our best to keep both their minds and bodies moving.

### **Meals:**

Children will be provided breakfast, lunch, and snack on a daily basis. Accommodations can and will be made for children with food sensitivities/allergies. Please indicate any sensitivities/allergies in the Medical Information section of the Registration paperwork. If your child has specific dietary needs exceeding a few sensitivities/ allergies, please speak with the Youth Development or Childcare Coordinator so that the necessary arrangements can be made.

### **Swim Day:**

Each group will get to swim at least two days a week so make sure that you pay attention to their daily schedule. This is a privilege for all campers. Those that do not meet the required behavior parameters according to our discipline policy, may have to miss swim minutes or sit out a day. Please mark your child's name on all items. It is optional, yet recommended, to bring goggles. The Glasgow City pool has a deep water swim test that every child must pass to be able to go into the deep and/or use the slide. Assigned swim days will be based on numbers of students and week to week basis. **If a child does not pass the swim test they will need to get an X on their arm that states, they need to stay in the shallow end.**

### **Field Trips:**

The YMCA Summer Camp will offer local field trips. The cost of field trips is included in the weekly fee for Summer Camp attendance. However, some field trips may have additional fees associated with them. As stated earlier, all campers must wear their camp shirt on field trip days. This is a precaution taken due to our large number of participants.

### **Accidents:**

The YMCA is not responsible for any personal injury incurred while the children are at the program. Parents are encouraged to purchase insurance to cover accidents. You will be informed of any accidents that occur while your child is at the YMCA and sign an accident report, letting you know every detail.

### **Medication Policy:**

Please list all medications taken regularly on your child's enrollment form. If an accident occurs, it is very important to know what medications are taken at home. A child may not receive medication of any type from the program unless medication is absolutely necessary and required by the doctor to be given during the program. If this is the case, we require parents/guardians to please follow these procedures:

- Fill out medication form (located at the site), advising the Site Director of the amount and frequency of dosage.
- The medication must be in the original container with the pharmacist's label marked with the prescription name, date, child's name and the physician's name. (Your pharmacist will provide an additional container for this purpose).
- At the end of the medication period, parents should take home any unused medication.



### **Ill Children:**

A child MAY NOT enter the Summer Camp program if they are experiencing any of the symptoms below:

- Fever of 100.1 degrees Fahrenheit or higher.
- Rash that may be considered contagious.
- If the child has vomited or experienced diarrhea twice or more on the same day of the program.
- Head lice (including nits or eggs).
- Any other illness that is deemed contagious.

When any contagious disease does occur within the program, each child's parents shall be notified immediately. Please inform the Site Director if your child develops a contagious disease, so we can notify the other parents.

Children who are suspected of having a contagious illness shall not be accepted into care. **If a child becomes ill while in the program, parents/guardians are requested to come for their child at once.** The ill child shall be isolated from the other children and will be monitored by staff until the parent/guardian can arrive within the hour of being called. **They may not return until they are fever free for 24 hours without the assistance of medication.** Any neglect of this policy may result in your child being permanently released from the program.

### **Head Lice:**

If your child contracts head lice, they may not stay in the program. If we find evidence of head lice on your child, you will be called to pick your child up immediately. He/she may not return until treated, and upon our staff finding no evidence of eggs or lice. This is highly contagious. We cannot put the other children at risk. If we do find a case of this, we will examine the other children for head lice and notify all parents.

### **Discipline:**

Children count on the wisdom of adults to set reasonable limits for them. Limits are necessary to maintain safety, protect health, and guard the rights of others. Only constructive methods of discipline shall be used to promote a child's self-discipline and good behavior. Humiliating, frightening, or physical punishment of a child is strictly forbidden.

Discipline differs from punishment. Discipline focuses on the expected, appropriate behavior, rather than on the negative, inappropriate behavior. The attitude of the staff is to instruct, rather than to condemn. Discipline is a process of teaching, learning and positive reinforcement. Group control is necessary, but discipline is addressed on an individual basis. Each child in the Summer Camp is regarded as unique and special. This belief is demonstrated in the way staff treat children and one another. As models for the children, staff will strive to be fair and consistent and will show the children the respect they want for themselves.

### **Summer Camp Basic Rules:**

Respect all staff, campers, and properties belonging to the YMCA or self and others with ones' words, actions, and attitude.

The following behaviors are considered inappropriate and will receive negative marks: hitting, biting, kicking, throwing or any other physical action that may cause harm to any other child or adult; use of obscene language, spitting or other forms of verbal abuse or degradation by children directed at other children or program assistants; repeated refusal by a child to comply with the rules and/or failure to listen to an assistant, and any child's behavior that is potentially harmful to himself/herself.

An Incident Report will be used any time a situation has occurred with a child where a certain behavior has disrupted the program, harmed or potentially harmed any child involved, or has caused concern from staff that the behavior could serve to diminish the program. Once an incident report has been written, the following options of discipline will be offered:

- Incident Report Only
- 3 – 5 Day Suspension
- Program Expulsion

### **IF A SEVERE BEHAVIOR INCIDENT OCCURS, YOUR CHILD MAY BE SUSPENDED OR EXPELLED IMMEDIATELY.**

The Glasgow Rec Center YMCA makes every effort to ensure the safety of all children. That is why we will not tolerate any violent or aggressive behavior. The steps above can and will be surpassed, and we will move to an immediate suspension or expulsion if the behavior displayed by your child is deemed to be severe enough to potentially put themselves or others in harm's way. **This includes any threats made to staff or other children or bringing any potentially dangerous objects to the program with them.** (Knives, smoke bombs, firecrackers, guns, etc.).

We judge each incident and each consequence by the severity of the actions involved. If at any time you feel that the actions taken were handled in an unfair or unjust manner, please feel free to contact the Program Director, at (660) 882-8500 to schedule an appointment to discuss the situation.

**Glasgow Rec Center YMCA  
Summer Camp Handbook**

**Sign-Off Sheet**

**I have received a copy of the Summer Camp Handbook.**

**I understand it is my responsibility to read and familiarize myself and my child(ren) with the information contained in this handbook.**

**Parent/Guardian's Name: (Printed) \_\_\_\_\_**

**Parent/Guardian's Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**



## **Authorized Child Pick Up & Drop off List**

Child or Children(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Authorized Pick Up List:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

6. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

7. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

8. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_

(Parent Signature)

\_\_\_\_\_

(Date)

**Reminder: Missouri Licensing Rules and Regulations state anyone picking a child up from a licensed facility must be a minimum of 18 years of age.**



# Parent Agreement 2021

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

1. I agree to pay the weekly fee by Friday before my child attends each week.
2. I agree my child will be picked up by 6:00pm. A late fee will be charged for pick up after 6:00pm. (per child)
3. I agree there will be a \$20 service charge for returned checks. If we have two (2) returned checks you will be required to pay in cash or money order.
4. I agree that any medication that has to be administered must be in the prescribed container and the necessary form signed.
5. I agree that if a conference is needed, I will make myself available at the agreed upon time.
6. I agree that I will acknowledge any behavioral or medial problems prior to acceptance.
7. I agree that I have to turn in all registration forms prior to the start of the program.
8. **Collection Fee:** In the event your account has to be turned over to collection agency for collection, you are responsible for the collection fee.
9. Continued attendance in the program is based on having all fees paid on the due date.
10. **General Accident Insurance:** the YMCA does not provide individual accident insurance for individuals registered for summer day camp. Individuals are responsible for own coverage
11. **General Release of Liability:** In consideration of my child being allowed to participate in the YMCA summer day camp, I agree to assume the risk and further agree not to hold the YMCA, its staff and volunteers, conducting the activities that my child is participating in, from any claims, suits, losses or death, accident of otherwise, during or arising from the YMCA summer day camp program activities. I acknowledge that this is a General Release of Liability of the Boonslick Heartland YMCA and is binding on me personally and my Heir's personal representative's successors and assigns.

(Please initial by all statements)

\_\_\_ I hereby give permission to the physician selected by the UMCA to order X-rays, routine treatment of my child in the event I cannot be reached in an emergency. I give permission to the physician to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that I as the legal guardian of the child do hereby expressly acknowledge that the activities involve risks, and I do hereby voluntarily assume any and all risks, such as injury to my child and/or property, which may occur from participation from these events. My personal insurance bears primary responsibility in case of an accident.

\_\_\_ I give my permission for the above named child to participate in activities and field trips and to use YMCA owned or contracted transportation.

I have read, understood and agree with the policies and affirm my agreement by my signature below.

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



## Glasgow Rec Center YMCA Summer Camp 2021 Weeks Attending

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

<b>Weeks of Summer Day Camp</b>	<b>Please mark weeks attending</b>
<b>May 26<sup>th</sup> – May 28<sup>th</sup> (partial)</b>	
<b>May 31<sup>st</sup> – June 4<sup>th</sup></b>	
<b>June 7<sup>th</sup> – June 11<sup>th</sup></b>	
<b>June 14<sup>th</sup> – June 18<sup>th</sup></b>	
<b>June 21<sup>st</sup> – June 25<sup>th</sup></b>	
<b>June 28<sup>th</sup> – July 2<sup>nd</sup></b>	
<b>July 5<sup>th</sup>– July 9<sup>th</sup></b>	
<b>July 12<sup>th</sup> – July 16<sup>th</sup></b>	
<b>July 19<sup>th</sup> – July 23<sup>rd</sup></b>	
<b>July 26<sup>th</sup> – July 30<sup>th</sup></b>	
<b>August 2<sup>nd</sup> – August 6<sup>th</sup></b>	
<b>August 9<sup>th</sup> – August 13<sup>th</sup></b>	
<b>August 16<sup>th</sup> – August 20<sup>th</sup></b>	



**102 2<sup>nd</sup> Street  
Glasgow, MO 65254  
(660) 882-8500**

All registration changes must be submitted by email to Kathy at [kathyw@bhymca.org](mailto:kathyw@bhymca.org) at least one week in advance.

Child/Children's Name(s):

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(Parent Signature)

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(Date)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PERMISSION FOR CHILD TO LEAVE FACILITY**

NAME OF CHILD	
ACTIVITY <b>Swimming</b>	
LOCATION <b>Glasgow City Pool</b>	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.) <b>Van</b>	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION) <b>Glasgow Rec Center YMCA, Staff</b>	
TIME OF LEAVING <b>12:00 pm</b>	TIME OF EXPECTED RETURN <b>3:00 pm</b>
DATE OF ACTIVITY <b>5/26/2021 - 8/20/2021</b>	PERMISSION GRANTED EFFECTIVE <b>FROM: 5/26/2021 TO: 8/20/2021</b>
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO 580-2036 (6-14)

BCC-18



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PERMISSION FOR CHILD TO LEAVE FACILITY**

NAME OF CHILD	
ACTIVITY <b>Parks</b>	
LOCATION <b>Stump Island &amp; Kuemmel Park</b>	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.) <b>Van</b>	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION) <b>Glasgow Rec Center YMCA, Staff</b>	
TIME OF LEAVING <b>12:00 pm</b>	TIME OF EXPECTED RETURN <b>3:00 pm</b>
DATE OF ACTIVITY <b>5/26/2021 - 8/20/2021</b>	PERMISSION GRANTED EFFECTIVE <b>FROM: 5/26/2021 TO: 8/20/2021</b>
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO 580-2036 (6-14)

BCC-18



**BOONSLICK HEARTLAND YMCA  
CHILD CARE NON-MEMBER APPLICATION**

<b>*Primary Parent/Guardian Information</b>				
*First Name:	Middle I:	*Last Name:	*D.O.B.:	F / M / U
*Personal Phone #:		*E-Mail Address:		
<b>*Secondary Parent/Guardian Information</b>				
*First Name:	Middle I:	*Last Name:	*D.O.B.:	F / M / U
*Personal Phone #:		*E-Mail Address:		
<b>Dependent Information</b>				
*First Name:	Middle I:	*Last Name:	*D.O.B.:	F / M / U
*First Name:	Middle I:	*Last Name:	*D.O.B.:	F / M / U
*First Name:	Middle I:	*Last Name:	*D.O.B.:	F / M / U
*First Name:	Middle I:	*Last Name:	*D.O.B.:	F / M / U
<b>*Household Information</b>				
*Street Address:		*City:	*Zip Code:	
*Emergency Contact:		*Relation to Primary:	*Personal Phone #:	

**Child Care Auto-Billing Information**

The Boonslick Heartland YMCA requires that all Child Care fees be drafted automatically via a bank account or credit/debit card. Please provide information for either a bank account OR a credit/debit card below.

Routing Number:		Account Number (Last 4 Digits):		
Card Issuer:	Card Number (Last 4 Digits):		Exp. Date:	/

**Auto-Draft Authorization & Agreement**

I hereby authorize the Boonslick Heartland YMCA to draw funds from the account listed above for any Child Care fees I incur as a result of my child's attendance. I understand that I am liable for these dues and any fees associated with a failure to draft due to insufficient funds. I understand that it is my responsibility to provide adequate advance notice in the event that I need to cancel any scheduled payments, and that no refunds will be issued once a payment has been drafted. In the event that a payment fails to draft as scheduled, I understand that the Boonslick Heartland YMCA reserves the right to collect any amount due by transferring funds electronically via the payment method listed above without first notifying me.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Name of Account Holder                      Signature of Account Holder                      Date**

## Code of Conduct

At the Boonslick Heartland YMCA we expect staff, members, guests and program participants to behave in accordance with our mission values, respecting the rights and dignity of others. At the Y we demonstrate caring, honesty, respect and responsibility by:

--- Speaking in respectful tones; refraining from the use of vulgar, abusive and derogatory language; and dressing appropriately.

--- Resolving conflicts in a respectful, honest and caring manner; never resorting to physical contact or threatening gestures.

--- Respecting others by ensuring that an adult is supervising children ages 11 and under; taking good care of Y equipment; refraining from physically intimate behavior in public; and never taking items that belong to someone else.

--- Creating a safe, caring environment; never possessing, using or distributing a firearm, ordnance or other weapon anywhere on Y property; keeping all cell phones in bags or pockets whenever in a locker room; and reporting all inappropriate or suspicious behavior.

--- Caring for our personal belongings by always putting personal items in a locker, understanding that the Y is not responsible for any items lost, damaged or stolen.

--- Participating in programs to build a healthy spirit, mind and body; respecting that all Y property is tobacco and alcohol free; never engaging in the use of illegal drugs on Y premises.

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### Boonslick Heartland YMCA Waiver of Liability

I am an adult over 18 years of age and wish to participate in Boonslick Heartland YMCA (further known as "Y") activities. In addition, I give my children permission to participate in the Y activities. I understand that even when every precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Y allowing me to participate in Y activities, I understand and expressively acknowledge that I release the Y and its staff members and its board members from all liability for any injury, loss or damage connected in any way whatsoever to my, or my child's, participation in Y activities, whether on or off Y premises. I understand that this release includes claims based on negligence, action or inaction of the Y, its staff, directors, members and guests.

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

### Read and Initial the Following Statements

\_\_\_\_\_ I understand the Y is not responsible for personal property lost or stolen while members, guests, and/or program participants are using the Y facilities or on the Y premises.

\_\_\_\_\_ I give permission to the Y to unrestricted use of photographs, film footage, or tape recording which may include my, or my child's, image or voice for the purposes of promoting or interpreting Y programs.

\_\_\_\_\_ I have read, understand and agree to abide by the Code of Conduct. Furthermore, I understand that failure to do so may result in my Y privileges being restricted or revoked, temporarily or permanently. This may include, but is not limited to, restriction of Y facility access, and is up to the discretion of the Member Engagement Director, Associate Executive Director and/or Executive Director.

\_\_\_\_\_ I understand that the Y conducts regular sex offender screenings, and that should a match occur the Y reserves the right to cancel my membership, program participation and revoke visitation access.

\_\_\_\_\_ I understand that, as the Primary Contact, my initials apply for all persons listed on this form.

I acknowledge the waiver set forth above and, being supportive of the Mission Statement of the Y, hereby agree to the Code of Conduct and Boonslick Heartland YMCA Waiver of Liability as stated above.

\_\_\_\_\_  
**Primary Contact Signature**

\_\_\_\_\_  
**Secondary Contact Signature**

\_\_\_\_\_  
**Date**

/ / 2020