

What program is this registration for?

Two Year Old Child Care _____
Two Year Old Preschool _____

3 Day Preschool _____
5 Day Preschool _____
5 Day Preschool/Child Care _____

Discovery Place _____
(Before & After School)
Camp Discovery _____
(Summer Day Camp)

Which Site will your child attend?

Altavista YMCA _____
Rustburg _____

Concord _____
Gretna _____
Tomahawk _____

Leesville Rd. _____
Yellow Branch _____

AGREEMENTS *Please Read and Check*

1. The child care center agrees to notify the parent/guardian whenever the **child becomes ill** and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes the child care center to **obtain immediate medical care** if any emergency occurs when he cannot be located immediately.
3. The parent/guardian gives authorization for the child to participate in **Field Trips**. Yes ___ No ___
4. The parent/guardian gives authorization for the YMCA to **photograph child** in program. Yes ___ No ___
5. **Permission** for child to **swim** in this childcare program. **Ability to swim:** _____ Yes ___ No ___
6. I will notify the YMCA and/or the Discovery Site Director if my child or any member of my family should **contract a communicable disease** (ex. lice, scabies, conjunctivitis, fifth's disease, etc) Yes ___

Objection To Medical Attention:

State Objection and Reason _____
Sign if you have objection _____

USDA Food and Nutrition Program:

Check Meals Served

Breakfast	
AM snack	
* Lunch	
PM snack	

Normal Days in Child Care: M T W Th F (circle all that apply)

Normal Hours in Child Care: From: _____ To: _____

* Pre-school only.

Holiday and Summer Camp Hours or any all day child care hours during the year.

From: _____ To: _____

SIGNATURES

Parent or Guardian

Date

Administrator of Center

Date

Date Child Entered Program: _____

Date Child Left Program _____

FOR OFFICE USE ONLY

Contract _____

Physical _____

Immunization _____

USDA _____

IDENTITY VERIFICATION

Place of Birth:	Birth Date:	Birth Certificate #
Date Issued:	Other Form of Proof:	

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U. S., that a certified copy of the child's birth record was previously presented. **Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i. e. after school program) or the center transfers responsibility of the child directly to the school (i. e. before school program).** While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Registration Fee Paid \$ _____ Check # _____ Date _____ Received By _____