



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CREATING CONFIDENT KIDS

## Preschool Registration Packet

YMCA OF POMONA VALLEY | [ymcapv.org](http://ymcapv.org)



# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL     
  OTHER     
 EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**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
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**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
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## YMCA OF ORANGE COUNTY - REGISTRATION

### CHILD SCHEDULE INFORMATION - CHILD CARE

<b>Start Date:</b>	Height	Weight	Eye Color	Hair Color	
Mother/Guardian DOB:		Father/Guardian DOB:			
Mother/Guardian Email:		Father/Guardian Email:			
<b>Days Per Week</b>	M   T   W   TH   F		Before/After School <small>(check all that apply)</small>	Before   After	
<b>SCHEDULE OPTIONS (2, 3 &amp; 5 day plans)</b>			<b>BREAK OPTIONS</b>		
<b>Child Care Center Attending</b>	Toddlers		Winter Break	Spring Break	Thanksgiving Break
	Young Preschool	8:00 AM - 2:30 PM 12:00 PM - 6:30 PM	Summer Break <small>Specify weeks if doing weekly rates (Do not enter if utilizing monthly rates)</small>	1   2   3   4   5	
	Preschool	8:00 AM - 2:30 PM 12:00 PM - 6:30 PM		6   7   8   9   10	
	Transitional Kinder	Kinder Prep	<b>Grade Level:</b>		

### MEDICAL INFORMATION

Does your child take prescribed medications?	If yes, what kind: <small>(Permission to medicate form required - available at your child care site)</small>			
Yes      No	Side Effects:			
Does your have any allergies (food, medication, environment)?	List any allergies:			
Yes      No	Describe the allergic reaction:			
Does your child have any special needs or need any accommodations?	If yes, please explain:			
Yes      No <small>(If yes, fill out special needs intake form)</small>				
List any foods that are not allowed for your child:				
Please list any special problems/fears your child may have:				
Does your child have frequent colds?      Yes      No	How many in the last year?			
Please specify any other serious illness or accidents:				
Does your child have any of the following: Diabetes, Epilepsy, Hay Fever, Asthma? If yes, please list.	Yes	No		
Is your child current on the following immunizations: chicken pox, rheumatic fever, whooping cough, mumps, poliomyelitis, Rubeola, Rubella?	Yes	No		
	Please provide immunization history or have on file in school office.			
Date of last tetanus shot:		Date of last physical:		

**CHILD'S HEALTH STATEMENT:** As the parent/guardian of the above named child, I, the undersigned, assert that the information above is true and correct and understand that at a YMCA Child Care Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed above) from strenuous activity. If I have any questions regarding my child's health, I understand that is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.

Parent/Guardian Signature:		Date:	
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**MEDICAL AUTHORIZATION:** As the parent, authorized representative, or legal guardian, I hereby give Consent to the YMCA to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.) dentist (D.D.S.) or osteopath (D.O.) for the above name child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child above.

Parent/Guardian Signature:		Date:	
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### PARENT DIRECTORY - CHILD CARE To be posted and shared with other families -      **YES**      **NO**

List Child's Name	List Parent Name	List Address	List Phone	List email

Please sign below to verify that all information above is true and correct. I give permission as listed above (Yes boxes) for my child's information to be listed in the parent directory.

Parent/Guardian Signature:		Date:	
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## ACKNOWLEDGEMENTS & WAIVERS

**Please initial each box below**

**As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:**

	<b>A.</b> I have received a copy of the Child Care Parent Handbook and will comply with the policies set forth. I further acknowledge that I have received copies of the following documents required by the State of California, Community Care Licensing: "Parents Rights", "Personal Rights", "Parent Handbook", "Fees Page" and "Acknowledgement of Receipt of Licensing Reports".
	<b>B.</b> That field trips, either by walking or in YMCA vehicles or charter buses, are part of the Child Care program activities. No additional permission slips will be required.
	<b>C.</b> If an individual is restricted from signing my child out of the program due to a court-issued restraining order, I must inform the child care director and submit a certified copy of the official court document.
	<b>D.</b> That YMCA staff and volunteers are not allowed to babysit or transport my children at any time outside of the YMCA program.
	<b>E.</b> That should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety of the child, staff may have no recourse but to contact the police.
	<b>F.</b> That the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
	<b>G.</b> That per Department of Social Services, Community Care Licensing regulations, my child's file is available for review by DSS and representatives from these agencies may interview my child without prior parental/guardian permission. Law enforcement personnel may also request information in your file and may interview your child if necessary.
	<b>H.</b> That program participation requires a YMCA Child Care tuition to be in good standing and that non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit card for any reason.
	<b>I.</b> The YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA document are requested, the court must request them in writing. The staff's responsibility is to provide a safe environment for children.
	<b>J.</b> I understand that I am required to give 30 days written notice when terminating from the YMCA Child Care Program.
	<b>K.</b> I understand that co pays are due on the 1st of the month and any fees not covered by the agency (CHS, Cal Works, OCDE, or any other) becomes my responsibility.
	<b>L.</b> That the YMCA may terminate my child's enrollment for any of the following reasons:
	* Emergency names and phone numbers are incorrect.
	* Parent is late picking up child after program center closes or when requested to pick up child.
	* Child leaving program center without authorized written permission.
	* Failure to follow sign in/out policies, including leaving child at center before staff arrive.
	* Failure to notify YMCA that child will be absent.
	* Behavior that is destructive to property and/or refusal to replace said property.
	* Behavior that is continually disruptive or dangerous to others and/or self.
	* Any single incident that is deemed by the center director to be dangerous, harmful or disruptive.
	* Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or other persons associated to the child.
	<b>M.</b> In order to prevent harm, maintain order and safety to campers and staff who are participating in YMCA of Orange County's camping activities, I hereby give permission to the YMCA Camp Director to search my camper's personal belongings when there is reasonable suspicion that the camper has possession of illegal or dangerous items (i.e. weapons, knives, alcohol, illegal drugs, fireworks or explosives) or the camper seriously violates camp rules and evidence of the infraction can be found through a search of the camper's personal belongings. To the extent possible, the camper will be present during such a search and the scope of the search will be limited to their belongings.
	<b>N.</b> Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the YMCA to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature:		Date:	
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**Billing Information / Electronic Funds Transfer (EFT) Authorization**

RESPONSIBLE PARTY INFORMATION (The "**Responsible Party**" is the parent/legal guardian enrolling the child and primarily responsible for payment of fees, signing releases, authorizing individuals to sign in/out the child (on custodial days of attendance) and making any changes to the child's participation in the program.

Account Holders First/Last	Child(ren)'s Name(s) First/Last	Daytime Phone Number	Email Address
Child Care Location	Account Holder Signature		Date

I hereby authorize the YMCA of Orange County to initiate debits from the Bank/Card account indicated below on the first business day of each month for the monthly child care tuition. I understand and agree to pay a non-refundable and annual registration fee upon enrollment/re-enrollment and applicable tuition is also due upon enrollment. Tuition fees will not be refunded without 30-days written notice and I further understand and agree to pay the \$25 service charge fee for any and each payment that does not clear my account. Furthermore, I agree to pay a \$25 late payment fee for tuition payments not paid in full by the first of the month and understand late payments may result in suspension or termination of child care services.

**MULTIPLE PAYING PARTIES SPLITTING PAYMENTS - All charges to take place on the 1st business day of the month**

\$ or %	First Payer	Amount/Percentage	Second Payer	Percentage
Account Holders First/Las	Child(ren)'s Name(s) First/Last	Daytime Phone Number	Email Address	
Child Care Location	Account Holder Signature		Date	

*This section needs to be cut and shredded after information has been entered*

Credit Card Information		Bank Account:	Checking	Savings
Credit Card Number:		Bank Account Number:		
Expiration Date:		Routing Number:		

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



# 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  
( )

# 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

## Community Care Licensing

ADDRESS

**1000 Corporate Center Drive Ste# 200-B**

CITY **Monterey Park, CA.**

ZIP CODE

**91754**

AREA CODE/TELEPHONE NUMBER

**(844) 538-8766**

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)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### 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: Community Care Licensing

Licensing Office Address: 1000 Corporate Center Dr. Monterey Park, CA. 91754

Licensing Office Telephone #: (844) 538-8766

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 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### 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)*

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**YMCA of Orange County – Sunscreen Utilization Permission Form**

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

Name of Child: \_\_\_\_\_

As the parent or guardian of the above child, I give permission for staff at \_\_\_\_\_ to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily times of 10:00 am to 4:00 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

\_\_\_\_\_ The staff at \_\_\_\_\_ may use the sunscreen of their choice (sunscreen must be provided), in keeping with applicable state standards, except for the following (if specified):  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ Only use the following type(s)/SPF of sunscreen: (please provide)  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body  
\_\_\_\_\_  
\_\_\_\_\_.

**Parent's full name (print):** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_

**YMCA OF ORANGE COUNTY  
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND  
INDEMNITY AGREEMENT**

Adult Member/Participant Name \_\_\_\_\_  
(Please Print)

Child Member/Participant Name \_\_\_\_\_  
(if applicable) (Please Print)

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Orange County (the “YMCA”) and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as “the undersigned”) hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that there is widespread, ongoing transmission of novel coronavirus (“COVID-19”) worldwide, including throughout Orange County and Los Angeles County, California. In accordance with the most recent (as of the revision date set forth above) orders and recommended guidance and protocols issued by various governmental and public health agencies, including without limitation the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the Orange County Health Care Agency (OCHCA), the Los Angeles County Department of Public Health, and, with respect to the YMCA’s child care facilities, services and programs, the California Department of Social Services (Community Care Licensing Division), for slowing the transmission of COVID-19 (collectively, “COVID-19 Risk Mitigation Guidance”), the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement COVID-19 Risk Mitigation Guidance for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above, enhanced cleaning and disinfecting protocols, and physical distancing measures. The COVID-19 pandemic is a challenging and fluid situation, and COVID-19 Risk Mitigation Guidance may change frequently. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated COVID-19 Risk Mitigation Guidance and further agrees to comply with the YMCA’s revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social and physical

distancing of 6 feet per person among participants (including children, caregivers and staff) is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FACILITIES OR PROGRAMS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. The undersigned acknowledges that any



illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waives any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the YMCA of Orange County or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of Orange County;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of Orange County shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** By signing below I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

I do consent for myself and spouse (if applicable)  I do not consent

I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child(ren). I am the parent or legal guardian of \_\_\_\_\_.  I do not consent.

\_\_\_\_\_  
Signature of Member/Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Spouse/Child(ren)'s Names (if applicable)

**YMCA OF ORANGE COUNTY**

13821 Newport Avenue, Tustin CA 92780 #200

P (714) 549-9622 ymcaoc.org

## ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

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I, as the parent/domestic partner/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at \_\_\_\_\_ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: \_\_\_\_\_

- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: \_\_\_\_\_

- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: \_\_\_\_\_

- As a parent/domestic partner/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/DOMESTIC PARTNER/LLEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED: