



**THE YMCA OF KLAMATH FALLS**

**Fairview Site**

**1017 Donald Street  
Klamath Falls OR 97601**

**541-887-2512**

**www.kfallsymca.org**

Today's Date \_\_\_\_\_

Start Date \_\_\_\_\_

Y Member \_\_\_\_\_ Community \_\_\_\_\_

**YMCA SCHOOL RELEASE Registration 2019-20**

Both sides of this form are to be completed by a legal parent or guardian.

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Primary Parent \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_

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

City & Zip Code \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

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

**Emergency Contact and people authorized to pick up child**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Y Member: \$29 per day \_\_\_\_ Community: \$32 per day

School Your Child Attends: \_\_\_\_\_ Grade \_\_\_\_\_

**Y Care is provided on School Release Days. Pre-registration is required.**

• **Includes USDA Breakfast, Lunch, & Snack**

- School Release days are NOT included in YMCA Childcare monthly fees. To assure that we are staffed correctly, you MUST pre-register and pre-pay. A non-refundable \$10 deposit is due at registration.

• **Pre registration required, drop off fee will be an extra \$10.**

• **The balance is due on the actual school release day.**

Preferred Language in the home \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Special Arrangements we need to be aware of (visitation, etc.) \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary allergies \_\_\_\_\_

**AGREEMENTS AND RELEASE – Please read & initial each numbered statement.**

1.  My child has permission to participate in The YMCA of Klamath Falls School Release daily activities, including walking field trips.
2.  I understand that a **non-refundable \$10 deposit** payment is due at registration for each School Release day. The balance is due and payable on the school release day. A \$25 fee may apply to late payments.
3.  No credit will be given for sick or missed days. We cannot trade days in order to make up for "lost" time.
4.  I understand that according to state law, the YMCA is required to report suspected child abuse.
5.  I give permission to the YMCA for my child to go on supervised field trips in YMCA vehicles. (Parents will be notified of anything that requires us to leave YMCA property.)
6.  I understand The YMCA of Klamath Falls programs are not covered by medical, dental, or accident insurance. Each participant must furnish his/her own coverage.
7.  In case of sickness or accident, if unable to communicate with me, I hereby authorize the YMCA to secure the transportation and medical attention required for my child at my expense.
8.  To the best of my knowledge, my child is free of potential health problems that might restrict his/her participation. I agree to notify the YMCA immediately if my child is exposed to any communicable disease.
9.  I understand that the YMCA staff and volunteers are not allowed to transport or babysit my children at any time outside of the YMCA programs.
10.  I give my permission for YMCA staff to apply sunscreen to my child prior to going outside.
11.  If my child attends YMCA extracurricular activities (i.e., dance, swimming, yoga, Zumba, fitness-related classes, sports, soccer, volleyball, etc.) during the course of a School Release day, I give permission for the YMCA staff to sign my child in/out of their class. I understand that my child will be in a class not run by the Child Care Program and will not be under the Child Care Division Licensing Rules. I understand that during the time my child is signed out of the Child Care Program, he/she is under the rules and regulations set forth by the YMCA of Klamath Falls. All YMCA staff have undergone background checks.
12.  I hereby grant The YMCA of Klamath Falls the right to use pictures/photographs/videos of my child for display or advertising specifically for YMCA programs.
13.  I understand and agree to abide by the policies outlined in the YMCA Parent Handbook.
14.  I understand that pick up is no later than 6 pm. There will be a charge of \$ 1.00 per minute for each minute after 6 pm.

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