

**Health, Activity, Permission and Acknowledgement Form
YMCA of Barry County Y Time Child Care**

Child's First and Last Name _____

Parent / Guardian Medical Authorization

____ 1. I hereby give permission to the YMCA of Barry County/Y Time Childcare to provide routine health care, administer prescribed medications, and seek emergency medical care including ordering x-rays and routine tests in the event that I am not available.

I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I give permission to the YMCA of Barry County/Y Time Childcare to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA of Barry County/Y Time Childcare to secure and administer treatment, including hospitalization for the person named above.

____ 2. My child is healthy and his/her immunizations are up to date. He/She has permission to participate in all activities except as noted.

List any allergies, conditions, or health concerns: _____

Activity Restrictions:

Reason for Restriction:

Is your child on any medication? Yes ___ No ___ if yes, what: _____

____ 3. I agree to call Y Time and let staff know if my child will not be attending on a scheduled day. If my child becomes ill while at the program, I know I will be called to take my child home.

Outdoor play and topical medication

____ 4. Above stated child has my permission to participate in play on the playground where the program is located or closest park.

____ 5. I give my permission for topical nonprescription medications to be administered as needed, such as sunscreen and bug repellent.

____ 6. Above stated child has my permission to participate in the YMCA of Barry County Y Time Child Care **field trips** and get to the destination using the Barry County Transit Bus.

____ 7. I agree to provide a healthy lunch on days my child may not eat the provided lunch.

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____ 8 I agree my child's account must be paid in full by the end of the month for the year and weekly for the Summer Club program. A late fee of \$10 may be assessed if payments are late. Credit card payments or checks that are declined may also receive a \$10 fee.

____ 9. I the parent/guardian of the above name child acknowledge that I have read the entire YMCA/Y Time Child Care Family Handbook and agree to the policies and procedures, including the no electronics' brought to the program section.

____ 10. I/we are also aware of the licensing handbook for State Licensing Rules for Child Care Centers in the Family area.

____ 11. I understand that the Director reserves the right to cancel the enrollment of a child for one or more of the following reasons:

- a. The program is not contributing to the child's emotional or physical development.
- b. A parent/guardian fails to observe the policies set forth by the YMCA and Y Time, including but not limited to, the following reasons:

- 1. Non-payment or persistent late payment of child care fees.
- 2. Failure to submit all enrollment forms.
- 3. Failure to comply with the procedures for arrival and departure of the child.
- 4. Physical or verbal abuse of children or staff by the parent/guardian.

c. If the Y should have to close its services, the Y would:

- 1. Notify parents of closing with as much advance notice as possible.
- 2. Any unused fees paid would be refunded.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

Updated 7/2022