

Attendance Status  
Full-time\_\_\_\_\_

Part-Time\_\_\_\_\_

# YWCA OST SUMMER CLUBHOUSE REGISTRATION FORM

**Admin only:** Check if Rec'd/Viewed  
Registration fee\_\_\_\_\_  
Birth Certificate\_\_\_\_\_  
Health Records\_\_\_\_\_  
Media Release\_\_\_\_\_

## CHILD'S INFORMATION

Child's Full Name:			Nickname		
Address					
City		State	Zip	Phone Number:	
School			Grade Entering	Age	Date of Birth
Other Schools /Programs Concurrently Attending				Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Schools and Child Care Centers Previously Attended:					

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1 Name:			Cell Phone:		
Address (if different from child):			E-mail address:		
City:		State:	Zip:	Home Phone:	
Place of Employment:			Work Phone:		

Parent/Guardian 2 Name:			Cell Phone:		
Address (if different from child):			E-mail address:		
City:		State:	Zip:	Home Phone:	
Place of Employment:			Work Phone:		

## EMERGENCY CONTACT INFORMATION (MUST HAVE 2 IN ADDITION TO PARENT/GUARDIAN)

Name:			Cell Phone:		
Address:					
City:		State:	Zip:	Home Phone:	

Name:			Cell Phone:		
Address:					
City:		State:	Zip:	Home Phone:	

## ADDITIONAL INDIVIDUALS AUTHORIZED FOR PICK UP

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**INDIVIDUALS NOT AUTHORIZED TO PICK UP CHILD** (Individual cannot be a birth parent UNLESS legal documentation is submitted)

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**MEDICAL INFORMATION (If your child also takes medication, please fill out the authorization form)**

Doctor's Name:	Phone Number:
Any special needs, medical conditions, birth marks, intolerants to food, medicine, substances and or allergies that we should be aware of?	
What are the symptoms and actions to take if any?	
Please list any long term medications your child is currently taking:	

**YWCA AGREEMENTS**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- In case of emergency, the YWCA has my permission to call my family physician or another physician when family physician or I cannot be reached. The staff is authorized to administer first aid or emergency care or to take my child to the emergency room of the nearest hospital, and its medical staff has my permission to provide treatment, which a physician deems necessary for the well being of my child(ren).
- The parent or guardian will be responsible for picking up an ill or uncontrollable child immediately upon notification from the staff.
- The parent(s)/guardians agree to inform the center within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**FINANCIAL AGREEMENTS**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I understand that tuition is due Friday for the following week and I will be subject to a late fee if paid late
- I understand that my tuition is not prorated for any reason
- I understand that I must give a minimum of 2 weeks' written notice to withdraw my child from the program
- I understand that if my child is withdrawn from the program for behavior, I will not receive a refund
- I understand that my child care services will be suspended for failure to pay tuition

**I have read, completed and understand the child care registration form and Parent Packet. I have received the Parent Information Packet and I am aware that all program policies will apply as stated therein. I also realize that upon picking up my child from this program, I may be asked to show a picture I.D. for verification.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Program Leader: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD IDENTITY VERIFICATION (Admin only):**

<b>Form of Identity Verification:</b>		
<b>Document Number:</b>	<b>Date Viewed:</b>	
<b>Child's DOB:</b>	<b>Viewed By:</b>	
<b>Start Date:</b>	<b>Withdraw Date:</b>	<b>Signature:</b>

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REGISTRATION FORM**



**MEDIA RELEASE FORM**

Child's Name (PLEASE PRINT): \_\_\_\_\_

Parent's Name (PLEASE PRINT): \_\_\_\_\_

**Please read and sign that you accept the agreement below:**

YWCA Before & After School Program, Child Development Center at Tidewater Community College, and Summer Clubhouse, are programs of the YWCA South Hampton Roads. I, the undersigned, understand that, while enrolled in either or all of these programs, the YWCA South Hampton Roads may use pictures or videos of me and/or my child while participating in field trips, special events and activities of the YWCA. I freely and without restraint, consent to and give the YWCA and its agents or anyone authorized by the YWCA, the right to own or utilize pictures and video on the website, in newsletters, brochures and other media directly related to YWCA administrative business, such as (but not limited to) marketing, sponsorship information, grant reporting, etc.

I waive to the fullest extent that I may lawfully do so, any causes of action in law or equity I may have or may acquire against the YWCA or any authorized agent of the YWCA for libel, slander, invasion of privacy, copyright or trademark violation or right of publicity. I also agree that my and my child's participation is volunteered and no compensation will be granted.

I agree that the YWCA may utilize pictures and video or not as they choose in their discretion without affecting the validity of this release and in accordance with Virginia Law.

**I hereby certify that I am over the age of 18 and that I have read, understood and agreed to the above statements.**

**I say that I am the legal guardian of said children and that I am legally authorized to give this consent.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

If you do not wish to have your child photographed, please write **REFUSED-Do not photograph** where it asks for parent signature.

# YWCA OST SUMMER CLUBHOUSE REGISTRATION FORM



## Income Verification Worksheet

Parent's Name: \_\_\_\_\_

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

**In order to properly assess a monthly tuition fee when requesting a reduction based on income, please provide us with the following information. If you do not wish to provide this information, you will be assessed at the highest income rate.**

### Required Documentation:

Please attach the following documents that apply to all individuals in your household (if applicable):

- Your most recent 1040 federal income tax return (if you filed "Married Filing Separately", please provide both returns) **AND**
- Last 2 pay stubs/LES (military) or Social Security or disability statement **AND**
- Business income tax return, if self-employed **AND**
- Documentation of any Federal Assistance such as food stamps, rent subsidy, or Aid to Dependent Children, TANF **AND**
- Child Support Agreement **AND**
- Print out of Financial Aid Award Notice or print off of SIS Loan Offers and Awards screen

Please fill out the chart below:

<i>Adult #1 should the applicant. Adult #2 includes anyone else residing in the household (spouse, significant other, parents, etc.)</i>	<b>Adult #1</b>	<b>Adult #2</b>
<b>Gross monthly average earnings for all individuals residing in the same household (include all jobs)</b>	\$	\$
<b>Do you or your spouse receive monthly child support or alimony?</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Do you or your spouse receive monthly social security or benefits?</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Do you or your spouse receive monthly pension/retirement?</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Do you or your spouse receive monthly non-taxable compensation</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Do you or your spouse receive SNAP (food stamps) assistance?</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Do you or your spouse receive child care TANF assistance?</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Do you or your spouse receive government rent allowance?</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Do you or your spouse receive any other assistance?</b> Yes    No (If yes, please list monthly amount)	\$	\$
<b>Gross Monthly Income and Financial Support Amount</b>	\$	\$