



# JOPLIN FAMILY YMCA SCHOOL PLUS ENROLLMENT FORM

<b>OFFICE USE ONLY</b>	
Front Desk Staff Initials	_____
Date Received	_____

Admission Date \_\_\_\_\_

Discharge Date \_\_\_\_\_

*Parents/Guardians: Please be aware that this enrollment form MUST be filled out in full. If there is any section of information missing, your child will not be considered enrolled in the School Plus Program. Thank you for your cooperation!*

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade Level \_\_\_\_\_

School Child Attends \_\_\_\_\_

**A) Mother's/Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if same as child (or list above street/city/state/zip)

Employed By (or School Attended) \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hours of Employment \_\_\_\_\_

**B) Father's/Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if same as child (or list above street/city/state/zip)

Employed By (or School Attended) \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hours of Employment \_\_\_\_\_

**EMERGENCY CONTACT(S)** (other than parent(s) or doctor) - AT LEAST ONE REQUIRED

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILDCARE FACILITY**

**CHILD HEALTH REPORT** (SHOT RECORDS ARE REQUIRED)

Comments on child's development (allergies, habits, special language, etc.) \_\_\_\_\_

Child's health history and current health problems \_\_\_\_\_

Any special medications and/or restrictions \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Marital status (check one)  Married  Single

Number of children in household (under age 18) \_\_\_\_\_

County of residence \_\_\_\_\_

### Income

- \$0 - \$10,000  
 \$10,001 - \$25,000  
 \$25,001 - \$50,000  
 \$50,001 - \$75,000  
 \$75,001 - \$100,000  
 Above \$100,000

### Race (check one)

- Hispanic or Latino  
 White (not Hispanic or Latino)  
 Black or African American (not Hispanic or Latino)  
 Native Hawaiian or other Pacific Islander (not Hispanic or Latino)  
 Asian (not Hispanic or Latino)  
 American Indian (not Hispanic or Latino)  
 Two or more races (not Hispanic or Latino)

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## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize (provider) Joplin Family YMCA to seek medical care for my child.

### For Emergency Medical Treatment Of My Child, My Preferred Hospital Is (Check One)

- St. John's Regional Medical Center (417) 781-2727  
2727 McClelland Blvd., Joplin, MO 64804
- Freeman Hospital (417) 347-1111  
1102 West 32nd Street, Joplin, MO 64804

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*The following table MUST be completed before your child will be considered enrolled in the program. Please choose when your child will be attending the School Plus Program. Please write the school your child attends, check your attendance plan (1-3 days or 4-5 days) and check the days he/she will be attending weekly.*

School Name \_\_\_\_\_  1-3 days  4-5 days  M  T  W  TH  F

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## AGREEMENTS

- A)** The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
- B)** When my child is ill, it is understood and agreed that he/she may not be accepted for care.
- C)** I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- D)** I have been informed that a copy of the Licensing Rules for Family Child Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Care Centers in Missouri is available at this facility for review.

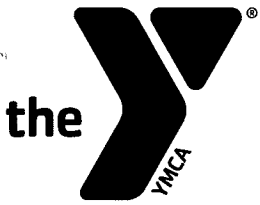
Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS CERTIFIES THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE OF DISABILITIES THAT WOULD ENDANGER HIM/HER OR OTHER CHILDREN IN DAY CARE.**

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



JOPLIN FAMILY YMCA

# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heir, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participation in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability damage, or cost they incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA, whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence 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 further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive by the law of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

date \_\_\_\_/\_\_\_\_/\_\_\_\_ participant's signature \_\_\_\_\_

date \_\_\_\_/\_\_\_\_/\_\_\_\_ parent's/guardian's signature \_\_\_\_\_





JOPLIN FAMILY YMCA  
**FINANCIAL AGREEMENT**

Child's/Children's name(s)

Date(s) of birth

**RESPONSIBLE PARTY'S INFORMATION**

Name	Date of birth
Address	City/State/Zip
Home phone	Cell phone
Work phone	Relationship to child/children

Please read the following information. After you have read this page in its entirety, please initial on the line next to each statement and sign at the bottom to ensure that you have read and understand the information on this page.

\_\_\_\_\_ Payments are due in advance, meaning my payments must be received by 9:00 a.m. on Monday morning **BEFORE** my child attends this program.

\_\_\_\_\_ If payment is not made in full by 9:00 a.m. the week of service I will incur a \$10.00 late fee. I will continue to be charged \$10.00 per week until my payment is made in full.

\_\_\_\_\_ Tuition is billed at a flat weekly rate or a daily rate. No other discounts for the weekly tuition plan will be provided based on closures or absences for holidays, illness, vacations, weather or any other unforeseeable reason that attendance could not occur.

\_\_\_\_\_ I will not be charged tuition for any week that my child/children will not attend as long as I submit **written notice** to the childcare billing office no later than the Friday prior to my child's/children's planned absence for the week. Add/Change forms are available at the site for me to use as written notice for these planned absences. If I do not provide written notice in advance of planned absences, I will be charged the regular weekly rate.

\_\_\_\_\_ If my payment for tuition is returned, I will be assessed a \$25.00 returned-payment fee, and my payment will be due immediately. If I do not make my payment in full by the following Monday, my child will be suspended from this program until payment is made. If I incur two returned payments during this program, I will be required to make my payments by cash or credit card only.

\_\_\_\_\_ Any time my payment becomes two weeks past due, my child will be suspended from this program until payment is made in full. If my child is suspended from this program due to non-payment and I do not make my payment within two months from the last date that my child attended, I will be referred to a third party collection agency.

\_\_\_\_\_ I have received a copy of the parent handbook and agree to abide by its policies.

I understand that by signing this form I assume all financial responsibility for this child/these children. The Joplin Family YMCA is not responsible for financial disputes between parents/guardians. Any and all financial obligations due for this child/these children will be communicated to me directly from the Joplin Family YMCA.

Responsible party's signature

Date



JOPLIN FAMILY YMCA

# AUTHORIZATION FOR AUTOMATED CLEARINGHOUSE (ACH) DRAFTS

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Name(s) of child/children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of bank \_\_\_\_\_

Name(s) on bank account \_\_\_\_\_

I have given authority to the above bank to honor all preauthorized ACH drafts on my account for childcare payment and/or contribution payments as indicated above. It is understood that your sending of a preauthorized ACH draft as a payment, as it becomes due, shall constitute valid notice of such payment due on this account. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, it is understood that the payment is to be made of the amount of said payment and any applicable service fees. It is understood that the Joplin Family YMCA reserves the right to increase childcare rates with proper notification. This is an ongoing account with no contract. It is understood that to terminate said childcare payments or change bank information, I will give the Joplin Family YMCA written notification at least 30 days prior to my draft date.

**(ATTACH A VOIDED CHECK OR BLANK DEPOSIT SLIP TO THE BOTTOM OF THIS FORM.)**

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Weekly draft amount \$ \_\_\_\_\_

First draft date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check one  Checking  Savings

The Joplin Family YMCA will assess a \$25.00 service fee for any drafts returned from the above bank. Upon notice of return, the responsible party has seven days to pay the balance of the draft and service fee, or the childcare service will be suspended.

Bank customer/Responsible party signature \_\_\_\_\_

Date \_\_\_\_\_

ATTACH A VOIDED CHECK HERE