



St. Augustine Family YMCA

500 Pope Road, St. Augustine, FL 32080
904.471-9622/ 904.471-2975 fax
firstcoastymca.org/staugustine

Member # _____

Participant Information

Child's Full Name: _____ Gender: _____
 Address: _____ Zip: _____
 D.O.B.: _____ Parent Email: _____
 Legal Custody: Mother Only Webster Ketterlinus Program: AM
 Father Only Hartley Southwoods PM
 Both Parents CHECK LOCATION AM & PM

Parent Information

Mother's Full Name: _____
 Address: _____ Zip: _____
 D.O.B.: _____ Email: _____
 Primary Phone: _____ Secondary or Work Phone: _____
 Father's Full Name: _____
 Address: _____
 D.O.B.: _____
 Primary Phone: _____ Secondary or Work Phone: _____
 Person(s) permitted to remove child: Mother
 Father

Emergency Information

Persons to be contacted in case of illness, accident, or emergency if parents cannot be reached. Those listed are also authorized to remove the child from the facility.

Name: _____ Phone: _____
 Name: _____ Phone: _____

Med. Insurance Co.: _____ Policy #: _____
 Physician: _____ Phone: _____

Medication(s) Taken: _____
 Important Med. Info: _____

Department of Children & Families Requirements

I have received a copy of the HRS brochure "Know Your Child's Day Care Center."

I have received the YMCA Child Care Parent Handbook (which also includes the discipline practices of the facility) and agree to abide by its policies and procedures.

Parent's Signature: _____ Date: _____

Waiver, Release, Identification/ Payment Agreement

It is the YMCA's general policy to allow subsequent changes to a child care participant's enrollment form and other related documents to be made only by the parent, or legal guardian, who originally filled out the enrollment form. This policy is applicable absent any legal document that clearly states either parent (as in divorce situation) may do so.

I understand the registration fee and weekly tuition fees are non-refundable and non-transferable except for verified medical reasons.

I understand payment is due on Monday at the beginning of each week and a \$10.00 late charge will be assessed if payment is not received by Wednesday.

I understand the YMCA of Florida's First Coast is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

I give my permission for my child to be transported by the bus services secured by the YMCA for related program activities.

WAIVER

I understand the YMCA of Florida's First Coast assumes no responsibility for injuries or illness which my child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises or other activities. In consideration of the privilege of participation at the YMCA, I hereby voluntarily release and discharge the YMCA of Florida's First Coast, its agents, servants, and employees from any claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I understand that no accident or medical insurance is provided with these activities.

In the event of an emergency, and my emergency contact person cannot be reached, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

Parent's Signature: _____

Date: _____

Office Use Only

Registration Fee: \$ _____

Date Paid: _____

FA Application: _____

Weekly Rate: \$ _____

Initials: _____

Handbook Rec'd: _____

Amount Paid: \$ _____

M.O.P.: _____

AS400 Input: _____