



YMCA of Metropolitan Columbus

Short Term Child Watch Program Parent Agreement

1. There is no fee for the short term child watch program. The maximum amount of hours a child can be in the short term child watch program is two (2) hours per day with ten (10) hours maximum per week.
2. There is no late pick up fee. However, after three (3) consecutively late pick-ups, your child will be terminated from the short term child watch program.
3. The YMCA reserves the right to terminate a child if he/she disobeys or disrespects the Child Watch Guidelines or others participating in the program.
4. In the event of an emergency and services cannot be provided, the short term child watch program staff member will post a sign on the door or contact membership services to inform parents.

My pickup time is either 2 hours after signing in or prior to department closing (**Mon. – Fri. 2:00pm / Mon. – Thur. 7:45pm / Sat. 1:30pm**). After three (3) late pickups, I do understand that my child will be terminated from the short term child watch program.

I do understand that the YMCA of Metropolitan Columbus Short Term Child Watch Program is not a licensed childcare program by *Bright from the Start Early Care and Learning Department* but is an exempt childcare program by the department.

I have read and understand all the above listed in the agreement. I agree and I will abide by the Short Term Child Watch Program Parent Agreement.

Parent/Guardian

Date

Program Director / YMCA Staff member

Date



United Way of the
Chattahoochee Valley



John P. Thayer YMCA

ACKNOWLEDGEMENT OF CHILD WATCH POLICIES & PROCEDURES

By signing below, I acknowledge that I have received, read, and understand the **Child Watch Guidelines**, and that I understand and will follow the policies and procedures of the John P. Thayer YMCA Child Watch facility. Should I have any questions or concerns, I will communicate with the child watch staff. I understand that the staff makes every effort to ensure that my child/children are in a safe and fun environment, but additionally it is important that participants and parents follow all rules and procedures in order for the program to be a successful experience for all. **I also understand that if I do not follow all rules and guidelines that I will not be able to participate in the child watch program.**

Parent/Guardian signature	Date

CHECK LIST

- Policies & Procedures signature (cover sheet)*
- Child/Parent Contact information (Page 1)*
- Emergency & Health Information (Page 2)*
- Parent Authorization boxes checked and signature (Page 2)*
- Short Term Child Watch Program signature (colored Page)*



**United Way of the
Chattahoochee Valley**



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INDIVIDUAL CHILD INFORMATION

**One form per child is required.*

Child

•First Name: _____ •Middle Initial: _____ •Last Name: _____

Nickname: _____ •Birth Date: _____ •Sex: _____ •Age: _____

•With whom does the child live: Both parents Mother Father Guardian Other

Parent/Guardian

•Mother's First Name: _____ •Last Name: _____ YMCA Barcode #: _____

•Father's First Name: _____ •Last Name: _____ YMCA Barcode #: _____

Address: _____ City: _____ State: _____ Zip: _____

County: Muscogee Harris Lee Russell Chattahoochee Other

Mother's Phone Number: (____) _____ - _____ Cell Home Work

Father's Phone Number: (____) _____ - _____ Cell Home Work

Email Address _____

United Way required information

Yearly Household Income: 0-\$13,999 \$14k-\$24,999 \$25k-\$39,999 \$40k-\$54,999 \$55k-\$74,999 \$75k-above

Total number of persons in household: _____

Ethnic Identity (Please check one)

Asian/Pacific Islander African Amer./Black Alaskan Native Hispanic Native Amer. Caucasian/White Other

AUTHORIZED PICK-UP & DROP-OFF PERSONS

(All additional people listed must be at least 18, have proof of identification, and are required to have the child's tag number upon pick-up.)

1. Name: _____ Relationship to child: _____

Phone Number: (____) _____ - _____ Cell Home Work

2. Name: _____ Relationship to child: _____

Phone Number: (____) _____ - _____ Cell Home Work

**** UNAUTHORIZED PICK-UP ****

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

EMERGENCY & HEALTH INFORMATION

If the Parent/Guardian cannot be reached, we will attempt to reach:

Name: _____ Relationship to child: _____

Phone Number: (____) _____ - _____ Cell Home Work

● Does he/she have any developmental, mental, or physical disabilities?

Yes No If yes, give details for accommodations:

● Does he/she have any behavioral problems? (biting, hitting, scratching etc.)

Yes No If yes, how do you deal with those problems at home?

● Activity restrictions?

Yes No If yes, give details for accommodations

● List any allergies:

Yes No If yes, please list

● Are immunizations current?

Yes No

PARENT AUTHORIZATION

- *By signing below, you are stating that you have legal guardianship of the child listed. For liability purposes, the John P. Thayer YMCA Child Watch Program cannot allow children of non-members to participate in the program.*
- *I give permission to the John P. Thayer Child Watch staff to administer first aid and in the event of an emergency, to secure any emergency treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before any serious action is taken. I understand and accept that this expense is my responsibility. I also understand that it is my responsibility to carry primary accident insurance. This information is correct to the best of my knowledge and the youth herein described has permission to attend John P. Thayer YMCA Child Watch Program.*

Signature: _____ <div style="text-align: center; margin-top: 5px;">Parent/Guardian</div>	Date: _____
Registered By: _____ <div style="text-align: center; margin-top: 5px;">Program Director/YMCA Staff Member</div>	Date: _____