



2010 Parent's Night Out Registration Form

Pickens County YMCA ♦ 201 Burns Road – Easley – SC – 29640 ♦ 864.855.9622

PNO Date: April 23 June 25 July 23 October 15 December 4 (Parent's Day Out)

Child's Full Name: _____ Home Phone: _____

Age: _____ Date of Birth: _____ Grade in School: _____ Gender: _____

Address: _____ City/State: _____ Zip: _____

Parent/Guardian Information:

Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contacts (other than parents/guardians):

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Names of Persons Authorized to pick up your Child:

List Anyone Specifically NOT AUTHORIZED to pick up your Child:

Does your child have any **physical conditions or allergies** that we should know about?

Payment is due by 6:00pm of the Parent's Night Out date.
Different fees apply for the Parent's Day Out on December 4, 2010.

Please sign the waiver on the back of this form.

Pickens County YMCA Parent's Night Out Waiver

Waivers/Permissions:

1. I permit my child to participate in activities the YMCA conducts at YMCA facilities and off site.
2. Field Trips: I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride authorized vehicles for the purpose of transportation in connection with the YMCA program.
3. Photography: I hereby give permission to the Pickens County YMCA without limitation or obligation, to use photographs, film footage or recordings which may include my child's image or voice for promotional purposes of YMCA programs.

Program Policies

4. Babysitting Policy: While employed by the YMCA, staff are not allowed to babysit for program participants. The YMCA cannot and does not endorse or recommend former staff members as babysitters to any parent/guardian of a child in any program. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities related to former staff.
5. Indemnity: I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches, and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation/my child's participation in any YMCA activities.
6. I understand that the YMCA is not responsible for any personal items lost, damaged or stolen at our programs.
7. Children age 3 and older need to be toilet trained.

Payment Policies

8. I understand that I may not register my child for a new program until outstanding balances due on past programs are paid.
9. If your child is not going to attend a registered PNO, please notify the child care director of the cancellation, in writing, 7 days prior to the date. Payment is not required for dates not attended.
10. I agree to follow all payment policies, and to pay all payments on or before the payment is due, 5:30pm, the Friday of the PNO. If I do not pay on time, I realize that my children will not be able to attend YMCA programs until the outstanding balance is paid in full. Late pick up fees of \$1.00 per minute will be charged for every minute after 10:00pm.

Medical Treatment Policies

11. I affirm that my child is free from communicable diseases and has not been exposed to such.
12. Accident Insurance: Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs. I understand that no accident or medical insurance is carried on program participants.
13. Medication: The YMCA does not normally administer medication at PNO and will do so only when directed in writing by the child's parent or guardian. The YMCA staff will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is epipen injections.
14. Blood Borne Pathogen Exposure: I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.

I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.

15. Emergency: In the event of an emergency in which the parent or guardian cannot be contacted, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgment to be in the best interests of the child.

Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing or threatening
3. Leaving children unsupervised
4. Use of profanity

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas with group – running away is not acceptable.
6. Participate successfully within the YMCA staff-child ratios specific for each program.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff. Prohibited conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying or intimidation.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

Special Circumstances

While the Pickens County YMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children, the program will not accept children who are, (1) of danger to themselves, (2) of danger to others, (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy child care programs. Any of the above reasons will be grounds for dismissal from the program. A parent/guardian must discuss special conditions or circumstances involving their child with the director. This must be completed prior to the registration so that the administration may make a determination if reasonable accommodations can be made for your child

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.

Parent/Legal Guardian Signature

Date