



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MISSOURI PACKET

All of our programs are licensed by the Missouri Department of Elementary and Secondary Education Services. This is a set of documents which is required by state law.

INSTRUCTIONS

- 1. Do not send this packet with your registration form.**
- 2. Complete all the forms in this packet.**
- 3. Attach a copy of your child's immunizations.**
- 4. Parent/Guardian is responsible for making all copies.**
- 5. Take a copy to your child's site.**
- 6. Always take a copy any time your child attends a No School Day, Snow Day or Summer Day Camp. A completed copy of this packet must accompany your child at all times. YMCA staff will not transfer this file between sites.**
- 7. Notify your site supervisor of any changes.**

If you have any questions about this packet, please contact your site supervisor or Youth Development Services.

YMCA OF GREATER KANSAS CITY YOUTH DEVELOPMENT SERVICES

3100 Broadway #1020
Kansas City, MO 64111
P816.360.3390 F 816.931.1847
KansasCityYMCA.org

OUR MISSION

The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY



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CONFIDENTIAL INFORMATION FORM

Child's Name _____

Has your child previously been in a child care program? Yes No

Does your child make friends easily? Yes Somewhat No

Please describe your child's personality below:

Does your child require special assistance? Describe.

Please briefly describe your family structure and home environment.
(e.g., divorce, extended family, number of siblings, recent changes in the home)

Does your child take medication on a daily basis? Yes No

If yes, please describe:

Has your child ever been diagnosed with allergies, AD(H)D, Autism, emotional health disorders, or hearing disabilities?
If yes, please describe.

In what areas could we aid in your child's development?

- | | | | |
|---------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Independence | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Temperament |
| <input type="checkbox"/> Patience | <input type="checkbox"/> Sharing | <input type="checkbox"/> Social Habits | <input type="checkbox"/> Academics |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Relaxing | <input type="checkbox"/> Other _____ | |

What are your child's hobbies, interests and extra-curricular activities?

Please list any other information you feel we should know about your child.

State law mandates that any child taking daily medications, regardless of whether it is dispensed at the YMCA, home, or school, have an IBP or IEP on file.

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CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
---	-----------------------

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
----------------------	------------------

ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

<input type="checkbox"/> Yes <input type="checkbox"/> No	CHILD'S RELATION TO CHILD CARE PROVIDER
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ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? Yes No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Check what days your child will attend.	When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning snack Lunch Afternoon snack Supper Evening snack None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with 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 the necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____ (CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE
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CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
SCHOOL-AGE CHILD HEALTH REPORT

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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HEALTH STATEMENT (CHECK ONE)

My child is in good health, is able to participate in group care, has no special health or medical requirements.

My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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AGREEMENT AND DISCLAIMER

Child's Name _____

1. All applicable registration fees, deposits, and/or tuitions must be paid at the time of registration. All fees, deposits, and tuition are non-refundable and non-transferable, including No School Day services.
2. Payments are due every Monday for the following week of care for Y Club and every Friday for the following week of care for Summer Camp. Payments made after closing time of the payment due date will result in a \$20 late fee. Payments more than one week late for Y Club and more than two days for Summer Camp will result in suspension until all tuition and late fees are paid.
3. There are no credits for absences, vacations, or lack of use. Tuition is not prorated for any reason. I understand that my child will be excluded from participation when ill. No refunds will be issued for fees paid. Fees based on enrollment not attendance.
4. All changes to your child's enrollment must be made with one week's notice in writing on the YMCA Change/Drop form. If you choose to withdraw your child from the program, please complete the YMCA Change/Drop form. You may return the form to the Youth Development Services office in person or by fax to 816.931.1847.
5. A late pick up fee of \$1.00 per minute will be assessed to any child picked up after closing time. Fees are payable upon arrival. After 30 minutes past closing time, emergency procedures will be followed.
6. I understand that I must notify the site supervisor or camp director if my child is absent.
7. The YMCA shall provide at least 30 calendar days written notice to the parent or guardian of any basic rate change.
8. I will complete all required forms, including the forms in this packet, prior to my child beginning in the program.
9. I give permission for pictures and/or videos to be taken of my child during YMCA Youth Development Services program activities for promotional purposes.
10. State, county, and local regulatory and protective agencies have, by law, the authority to interview children or staff, and to inspect and audit child, staff, and facility records without prior consent. I understand copies of state and local regulatory mandates are available at the program location for my review.
11. I agree to indemnify and hold harmless the YMCA, its officials, agents, and employees affiliated with the program from and against any and all liability for any injury, which may be suffered by any child or me out of or anyway connected with the participation in the YMCA Youth Development Services programs. I agree to not hold the YMCA responsible for lost or stolen personal items.
12. In the event of an emergency, I give the YMCA permission to take the necessary measures to keep my child free from harm.
13. I agree to have continuing communication with the YMCA in my child's development, behavior, individual needs, attendance, and accounting issues.
14. In order to facilitate participation of those with special assistance reasonable accommodations will be made on an individual basis. I agree to notify YMCA upon registration of any special assistance my child may need so an individual success plan can be developed to support my child.
15. I agree to abide by any reasonable rules, regulations and policies which the YMCA and/or school district may specify.
16. This agreement may be terminated with one day written notice by the YMCA.

I UNDERSTAND AND AGREE TO THE POLICIES ABOVE. I HAVE COMPLETED ALL THE REQUIRED STEPS TO COMPLETE REGISTRATION OF MY CHILD INTO THE YMCA YOUTH DEVELOPMENT SERVICES PROGRAM, FOR THE DAYS AND HOURS INDICATED.

Signature _____

Date _____

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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name _____

I am signing this Agreement because I want my child(ren), as named below, to use the facilities, services, or programs of the Young Men's Christian Association of Greater Kansas City (the "YMCA").

In consideration of the opportunity for my child(ren), named below, to participate in programs or activities of the YMCA, whether on YMCA premises or elsewhere:

I HEREBY RELEASE, WAIVE, AND DISCHARGE, both for myself and my child(ren), any and all claims or demands against, **AND COVENANT NOT TO SUE, the YMCA**, its directors, officers, and employees ("**RELEASEES**") for losses or damages resulting from injury to persons or property damage that arise or result from my child(ren)'s use of facilities, services or programs of the YMCA, unless such losses or damages arise solely from the negligence or willful misconduct of the YMCA.

I fully understand the risks to me or my child(ren) or others and of damage to property mine, my child(ren)'s, or of others-that might result from my child(ren)'s use of the facilities, services, or programs of the YMCA. Nonetheless, **I ASSUME FULL RESPONSIBILITY FOR THAT RISK.** My child(ren) is/are in good health, and I know of no reason why my child(ren) is/are not capable of using the YMCA's facilities, services, or programs.

I ALSO AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the RELEASEES from and against any and all losses, damages, liabilities, or claims, including reasonable attorneys' fees, incurred by **RELEASEES** arising out of or resulting from any claim for injury to persons, damage to property, or other loss, including without limitation claims asserted by other participants in YMCA programs or activities and members of the public, that the **RELEASEES** may incur due to my or my child(ren)'s use of YMCA facilities, services or programs, unless such injuries, damages, or losses result solely from the negligence or willful misconduct of the YMCA.

I/WE INTEND THAT THIS AGREEMENT BE AS BROAD AND INCLUSIVE AS APPLICABLE LAW PERMITS. IF ANY PORTION IS HELD INVALID, I/WE INTEND FOR THE BALANCE TO CONTINUE AND REMAIN IN FULL LEGAL EFFECT.

Printed Name(s) of child(ren) [If none, write "None"] _____

Signature of Member, Program Participant, or Volunteer _____ Date _____ Signature of Member's or Participant's Spouse _____ Date _____

Printed Name of Member, Program Participant, or Volunteer _____ Printed Name of Member's or Participant's Spouse _____

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