



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **MISSOURI PACKET**

All of our programs are licensed by the Missouri Department of Health and Senior 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**

8205 West 108th Terrace, Suite 120  
Overland Park KS 66210  
P 913.345.9622 F 913.345.0524

**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:

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Does your child require special assistance? Describe.

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

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

If yes, please describe:

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

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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?

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

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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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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE  
**CHILD CARE ENROLLMENT FORM**

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

**IDENTIFYING INFORMATION**

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

**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 NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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

**RELATED CHILD**

YES     NO    HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

<b>CACFP REQUIREMENT</b>	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
	MONDAY	AM PM	AM PM	
	TUESDAY	AM PM	AM PM	
	WEDNESDAY	AM PM	AM PM	
	THURSDAY	AM PM	AM PM	
	FRIDAY	AM PM	AM PM	
	SATURDAY	AM PM	AM PM	
	SUNDAY	AM PM	AM PM	

<b>CACFP REQUIREMENT</b>	<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>				
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE 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 NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE  <div style="text-align: center;">_____</div> DAY CARE PROVIDER OR HOME PROVIDER  TO CONTACT THE FOLLOWING:				
<b>PHYSICIAN OR CLINIC</b>				
NAME			TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>				
NAME			TELEPHONE NUMBER	
<b>ACKNOWLEDGEMENTS</b>				
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 HOMES 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 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 ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE	
<b>CACFP REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD**

**IDENTIFYING INFORMATION**

CHILD'S NAME

BIRTHDATE

**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.

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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. Payments made after closing time on the payment due date will have a \$20 late fee. Payments more than one week late 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), if any, as named below, and me to use the facilities, services, or programs of the Young Men's Christian Association of Greater Kansas City (the "YMCA") or because I want the opportunity to provide services to or for the YMCA as a volunteer. If my spouse has also signed, all references to "I," "me," "my," or other uses of the first person include and apply to my spouse to the same extent as to me, and my spouse intends and desires to be fully bound by this Agreement.

In consideration for being permitted to utilize the facilities, services, or programs of the YMCA, or provide services to or for the YMCA as a volunteer, 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, I, for myself, my child(ren) named below, and any personal representatives, heirs, and next of kin, hereby acknowledge, agree and represent that I have or, immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. I warrant 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 I find and accept same as being safe and reasonably suited for the purpose of such observation, use, or participation.

In further consideration of the opportunity for myself or my child(ren), if any, named below, to participate in programs or activities of the YMCA, or for me to provide services to or for the YMCA as a volunteer, 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 injury to or death of me or my child(ren), damage to my or my child(ren)'s property, or loss of companionship or affection, whether caused by the negligence of **RELEASEES** or otherwise, that arises or results from my or my child(ren)'s use of facilities, services or programs of the YMCA or my volunteer service to or for the YMCA including, but not limited to, 1) an act or omission by **RELEASEES**, negligent or otherwise; 2) malfunction or break in equipment or facilities; 3) maintenance of any equipment or facilities, 4) instruction or supervision by **RELEASEES**.
- I fully understand the risk of injury to or death of me or my child(ren) or that of others and of damage to property—mine, my child(ren)'s, or others—that might result from my or my child(ren)'s use of the facilities, services, or programs of the YMCA or my volunteer services to or for the YMCA. Nonetheless, **I ASSUME FULL RESPONSIBILITY FOR THAT RISK**, whether due to negligence of **RELEASEES** or otherwise. My child(ren) and I are in good health, and I know of no reason why my child(ren) or I are not capable of using the YMCA's facilities, services, or programs or I am not capable of providing volunteer services to or for the YMCA.
- **I ALSO AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS** the **RELEASEES** from and against any claim for injury to or death of 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, or my volunteer service to or for the YMCA, regardless of whether such claims result from the negligence of the **RELEASEES** or otherwise. This indemnity shall survive my and my child(ren)'s use of any or all YMCA facilities, services or programs and the completion of any volunteer services I may provide 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.**

**I/WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, HAVE SIGNED IT VOLUNTARILY, AND FULLY UNDERSTAND ITS MEANING. THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL I/WE DELIVER A WRITTEN CANCELLATION TO THE YMCA.**

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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