



2024–2025 SCHOOL YEAR

MILTON-FREEWATER REGISTRATION

CHILD'S LAST NAME, FIRST INITIAL

START DATE

Young Ages: **TODDLER CARE** or **PRESCHOOL** with **EXTENDED CARE** "Little Pioneers" Afterschool / ODC
Half-Day | Full-Day Yes | No

School Ages: **BEFORE SCHOOL** and / or **AFTERSCHOOL**
Mon-Fri | Friday-Only

Please print clearly. Complete all blanks on this form. If there is a blank that is not applicable, write N/A in that blank. Incomplete forms cannot be accepted and we are unable to accept children into programs until all paperwork has been submitted. Print completed registration form, sign all applicable pages, and bring to the Walla Walla YMCA or our Freewater School office to complete registration. If you have any questions about completing this form, please contact the Y.

1 | CHILD'S INFORMATION

Full Legal Name Preferred Name/Nickname

Home Address (physical and mailing, if different) City State

ZIP Phone School

Grade Entering Age Date of Birth Other Schools/Programs Concurrently Attending

Gender Email

2 | PARENTS/GUARDIANS

In an emergency, contacts will be called in the order listed below.

Parent/Guardian Name Best Daytime Emergency Phone DOB Relationship to Child

Home Address City State ZIP

Personal Email and Alternate Contact Methods Employer Name Employer Phone

Employer Address City State ZIP

Parent/Guardian Name Best Daytime Emergency Phone DOB Relationship to Child

Home Address City State ZIP

Personal Email and Alternate Contact Methods Employer Name Employer Phone

Employer Address City State ZIP

3 | EMERGENCY MEDICAL CONTACTS Please list two ADDITIONAL contacts in the event a parent/guardian cannot be reached.

Emergency Contact Name 1		Best Daytime Emergency Phone	
Address		City	State
ZIP	Relationship to Child	Email and Alternate Phone(s) or Contact Methods	
Emergency Contact Name 2		Best Daytime Emergency Phone	
Address		City	State
ZIP	Relationship to Child	Email and Alternate Phone(s) or Contact Methods	

4 | AUTHORIZED PERSONS

Please list who you authorize to pick up your child in the event you cannot (in addition to the Parents/Guardians and Emergency Contacts listed above). Max of eight persons total.

Authorized Person Name	Phone
Authorized Person Name	Phone
Authorized Person Name	Phone
Authorized Person Name	Phone
Authorized Person Name	Phone
Authorized Person Name	Phone
Authorized Person Name	Phone
Authorized Person Name	Phone

Persons NOT Authorized for Pickup (appropriate legal paperwork must be on file with the YMCA for the custodial parent to list another parent):

5 | MEDICAL INFORMATION

Child's Doctor

Doctor Phone

Doctor Address

City

State

ZIP

Medical Insurance Provider

Policy Number

Date of most recent Physical Exam

Medical Facility Preference for Emergency Treatment

Please describe any history of developmental or health problems that could affect the child's participation in Y programs. If none, indicate N/A.

Does your child have any allergies and/or intolerances to food, medication, or other substances? List any symptoms and actions to be taken.

6 | ADDITIONAL INFORMATION

I **[GIVE]** **[DECLINE]** permission for my child to participate in food-related activities and special occasions wherein food is consumed.

My child **[DOES]** **[DOES NOT]** have a food allergy or dietary restriction and **[MAY]** **[MAY NOT]** participate in activities.

If my child **DOES** have a food allergy or dietary restriction and **MAY** participate in activities, they **MAY NOT** eat or handle the following items:

Please list any Schools and Child Care Centers your child has previously attended.

Parent/Guardian Signature

Date

7 | PARENT STATEMENT OF UNDERSTANDING

The following is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in each morning and sign my child out before leaving for the day.
 - Sign-in/Sign-out sheets are available as you arrive at the program area. See other pick-up provisions in Parent Handbook.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
 - Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.
 - If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.

I have read and understand the statements above regarding YMCA policies and procedures.

Date

I have received a copy of the YMCA Parent Handbook which includes the bus policy.

Date

I have provided a copy of either my child's physical or immunization records.

Date

8 | STATEMENT OF AUTHORIZATION

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities.
3. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
4. In the case that your child or anyone in the immediate household of the child develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.
5. My signature authorizes the management and staff of the Walla Walla YMCA to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, including transportation by ambulance, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.
6. The parent/guardian authorizes the application of sunscreen for his or her child by YMCA staff.

Assess your child's swimming abilities: (select one)

NON-SWIMMER
NO SWIM EXPERIENCE

BEGINNER
LIMITED INSTRUCTION

INTERMEDIATE
AVERAGE SWIM ABILITY

ADVANCED
SKILLED SWIMMER

Please note any known adverse reactions to any sunscreen brands/active ingredients:

By signing, I am authorizing all of the above.

Date

For office use only:

DATE VIEWED

VIEWED BY

DATE

DATE OF BIRTH

DATE CHILD ENTERED CARE

DATE CHILD WITHDREW FROM CARE

9 | BEHAVIOR AGREEMENT

At the YMCA we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience with the YMCA this year. Thank you!

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks. (i.e. "Shut up," "Stupid," "Dumb," etc...)
- Before leaving the room, I will ask a staff member for permission.
- I will respect other's feelings by having a positive attitude when talking to them and not talking to others.



Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3-incident system, except hitting/fighting. Hitting/fighting will be an immediate 1-day suspension from the program.

Parent/Guardian Signature

Date

Child Signature

Date

10 | PAYMENT AUTHORIZATION

Please fill out details for your desired method of payment.

CREDIT CARD

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all service provided in that given month. I authorize the YMCA to charge my credit card for program payments. I understand that I must provide written notice of cancellation.

If at any time there is to be a change, deletion, or cancellation of my child's enrollment, it is to be submitted in writing to the YMCA branch where purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Select one: AMEX MASTERCARD VISA DISCOVER

NAME AS IT APPEARS ON CARD

CREDIT CARD NUMBER

EXP DATE

BILLING ADDRESS OF CARDHOLDER

CITY

STATE

ZIP

BANK DRAFT

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all services provided in that given month I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for program payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge.

If at any time there is to be a change, deletion, or cancellation of my child's enrollment, it is to be submitted in writing to the YMCA branch where purchased two weeks prior to the date of my draft in order to discontinue the debit. A voided check is required with all electronic funds transfer (EFT) applications.

NAME OF BANK

ACCOUNT NUMBER

TRANSIT/ROUTING NUMBER

Please Print Name

Signature of Card/Account Holder

Date



WALLA WALLA YMCA ("YMCA") PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian
of Participant(s) under the Age of 18

Date

Name(s) and Age(s) of Participant(s) under the
Age of 18, If Any



YOUR CHILD/FAMILY INFORMATION

Child's Full Name: Please write down any names your child goes by.		Child's DOB: Age when child is entering Y Program:		Name of any past preschool/daycare:	
Child's Race & Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American Hispanic or Latino? Y N			Child's Gender:	Please list any behavioral or developmental matters staff should be aware of:	
Anything we should know about your child: <small>(likes/dislikes; food, behavioral, developmental, health, linguistics, cultural, social or other information that you can share; parents together/separated etc.) Please feel free to attach a letter or note with additional information. The more we know about your child and their environment the more likely your child will succeed in our YMCA program.</small>				ALLERGIES: <small>PLEASE NOTE — If your child has an allergy that requires a specific diet, or takes medication, parent/guardian must also complete a medical authorization form and/or an individual care plan. Please ask YMCA administration about this.</small>	
What is normal bedtime, waking time, nap time and duration?			Are there any special problems or fears that we should know about?		
If your child is upset at home or having a hard time, what do you do to calm him/her down?			What would you like your child to gain from the program experience? (social, academic, routines)		
Family Information — Please fill out to best of your ability.					Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Other: _____
Father: _____		Present Occupation: _____		Lives with Child? Y N	
Mother: _____		Present Occupation: _____		Lives with Child? Y N	
Name: _____		Relation: _____		Lives with Child? Y N	
Name: _____		Relation: _____		Lives with Child? Y N	
Name: _____		Relation: _____		Lives with Child? Y N	
Any family willing to volunteer time? Share a hobby or profession, read a book, etc!					



PARENT/GUARDIAN AGREEMENT

By signing this form, you agree to comply with the Walla Walla YMCA Learning Center, guidelines and information as provided in the Center Handbook and Parent Packet.

Please return this agreement to the Director of Child Development.

Childs Name:

Full Name:

Signed (both parents/guardians must sign):

Parent/Guardian-Sign & Date:

Parent/Guardian-Sign & Date:



TOOTHBRUSHING

WA state requires full day childcare programs to offer toothbrushing.

If your child brushes their teeth, we will provide a small paper cup with water and a toothbrush, no toothpaste will be provided. They will clean their teeth after lunch, before going out to recess.

If your child does not brush their teeth, then after lunch they will go straight out to recess.

TOOTHBRUSHING

Please circle an option below and then sign:

1. I would like my child to brush their teeth at Preschool.
2. I would not like my child to brush their teeth at Preschool.

Parent/Guardian Full Name:
Parent/Guardian Signature:
Today's Date:

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the Walla Walla YMCA (the "YMCA") and/or for my children listed below to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, including virtual online programming, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies, including the US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) for slowing the transmission of communicable infectious diseases, including but not limited to COVID-19, and, including, without limitation, implementing signage and sanitation protocols and procedures within the YMCA's premises.

The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA.

The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to communicable infectious diseases, including but not limited to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO AN INFECTIOUS DISEASE AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Primary Adult Name	Signature	Date
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Secondary Adult Name	Signature	Date
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Name(s) of minor child(ren) I am responsible for:

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