

CDC/SGH# or name: CDC-1065

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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**\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.**

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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**The following individual(s) may NOT remove my child from the facility:**

<b>Name(s):</b>
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**Custody papers have been provided and are on file at the facility.** ☐ yes ☐ no

**Telephone Authorization Code (optional):** \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

Is child allergic to food or other substances?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	
Is child usually susceptible to infections and if so, what precautions need to be taken?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, list precautions:	
Is child subject to convulsions and what should be our procedure if one occurs?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, specify procedure:	
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, list precautions:	
Additional comments:	
Other special instructions:	

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



## Prescott YMCA Childcare

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### 2025-2026

Please Print all information.

Preschool \_\_\_ Afterschool \_\_\_ Grade \_\_\_ School Attending \_\_\_\_\_

Child's full legal name \_\_\_\_\_

Age \_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ (M) Cell \_\_\_\_\_ (F) \_\_\_\_\_

Parent 1 email(s) \_\_\_\_\_

Parent 2 email(s) \_\_\_\_\_

Race (for grant purposes) White \_\_\_ Black \_\_\_ American Indian/Alaskan Native \_\_\_

Hawaiian/Pacific Islander \_\_\_ Asian \_\_\_ Two or more races \_\_\_ Hispanic \_\_\_

What is the primary language used in the home regardless of language spoken by student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Place of employment \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Place of employment \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Child lives with (mark all that apply) Mother \_\_\_ Father \_\_\_ Foster parents \_\_\_ Grandparents \_\_\_ Other \_\_\_

Is Parent/Guardian currently in the Military? Yes \_\_\_ No \_\_\_

Do Parents (if apart) have legal joint custody? Yes \_\_\_ No \_\_\_ Custody Documents Yes \_\_\_ No \_\_\_ Provided \_\_\_

Visitation arrangements (if applicable) \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

Family circumstances that the YMCA should be aware of \_\_\_\_\_

Does your child now or in the past have an IEP? Yes \_\_\_ No \_\_\_ If yes, please provide a copy of IEP

If so, please describe services \_\_\_\_\_

Please indicate the last school your child attended \_\_\_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Dates attended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

I have received the PARENT HANDBOOK AND WILL GO OVER IT WITH MY CHILD Yes \_\_\_



## Prescott YMCA Childcare

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### 2025-2026

Please Print all information-

Preschool \_\_\_ Afterschool \_\_\_ Grade \_\_\_ School Attending \_\_\_\_\_

Child's full legal name \_\_\_\_\_

Age \_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ (M) Cell \_\_\_\_\_ (F) \_\_\_\_\_

Parent 1 email(s) \_\_\_\_\_

Parent 2 email(s) \_\_\_\_\_

Race (for grant purposes) White \_\_\_ Black \_\_\_ American Indian/Alaskan Native \_\_\_

Hawaiian/Pacific Islander \_\_\_ Asian \_\_\_ Two or more races \_\_\_ Hispanic \_\_\_

What is the primary language used in the home regardless of language spoken by student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Place of employment \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Place of employment \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Child lives with (mark all that apply) Mother \_\_\_ Father \_\_\_ Foster parents \_\_\_ Grandparents \_\_\_ Other \_\_\_

Is Parent/Guardian currently in the Military? Yes \_\_\_ No \_\_\_

Do Parents (if apart) have legal joint custody? Yes \_\_\_ No \_\_\_ Custody Documents Yes \_\_\_ No \_\_\_ Provided \_\_\_

Visitation arrangements (if applicable) \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

Family circumstances that the YMCA should be aware of \_\_\_\_\_

Does your child now or in the past have an IEP? Yes \_\_\_ No \_\_\_ If yes, please provide a copy of IEP

If so, please describe services \_\_\_\_\_

Please indicate the last school your child attended-

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Dates attended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

I have received the PARENT HANDBOOK AND WILL GO OVER IT WITH MY CHILD Yes \_\_\_\_\_



## 2025 SUMMER DAY CAMP AGREEMENT

CAMPER NAME \_\_\_\_\_

CAMPER T-SHIRT SIZE: YXS YS YM YL YXL AS AM AL AXL

SCHOOL ATTENDING IN THE FALL \_\_\_\_\_

GRADE IN THE FALL \_\_\_\_\_

**Important payment information - \$35.00 annual registration is required for each child at the time of registration. This is a non-refundable, non-transferable deposit that will secure your child's spot. Scholarships do not apply towards registration fees. Fee balances are due NO LATER than the Friday prior to the camp week enrolled.**

CHILD'S APPROXIMATE  
ARRIVAL TIME:

\_\_\_\_\_ AM

CHILD'S APPROXIMATE  
DEPARTURE TIME:

\_\_\_\_\_ PM

**Credit/Debit card or check pymt. is required for all camps. Fees will be due the Friday before each week of camp. A \$25 return fee will be applied to all returned payments. Payments received after Friday will be subject to a \$10 late payment fee.**

**CHECK OFF EACH WEEK YOUR  
CHILD IS PLANNING TO ATTEND  
THE SUMMER DAY CAMP**

**CIRCLE THE DAYS OF THE WEEK YOUR  
CHILD IS PLANNING TO ATTEND**

June 9 – June 13	M T W T H F
June 16 – June 20	M T W T H F
June 23 – June 27	M T W T H F
June 30 – July 3	M T W T H
July 7 – July 11	M T W T H F
July 14 – July 18	M T W T H F
July 21 – July 25	M T W T H F
July 28 – July 30	M T W T H

**\*LATE PICK-UP FEE PER  
CHILD IS \$10 FOR 1-10  
MINUTES LATE.  
\$20 FOR 11-20 MINUTES  
LATE.  
\$30 FOR 21-30 MINUTES  
LATE AND SO FORTH.**

**FEES WILL BE CHARGED  
FOR EACH CHILD PICKED  
UP AFTER THE CLOSE OF  
THE PROGRAM DAY.  
WE CLOSE AT 6:00 PM.**

YMCA FINANCIAL ASSISTANCE is based on total household income. Families unable to qualify for tuition subsidy through the typical third-party systems may apply for YMCA Financial Assistance by first applying to DES. Once the family has received a DES denial or waitlist letter, the letter, along with the household's most recent tax return, and the required scholarship forms may be submitted for YMCA Financial Assistance consideration

**Person(s), other than the parents/guardians, to whom the child may be released to:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PARENT ACKNOWLEDGMENT-**

I, the parent/guardian, have read and provided all the information requested about my child.  
I agree to update emergency contact/parent consent information whenever changes occur.  
I received complete written program information at the time of enrollment.  
I understand that registration and weekly fees are non-refundable and non-transferable.

**SIGNATURE OF PARENT OR GUARDIAN**\_\_\_\_\_

**DATE**\_\_\_\_\_

**SIGNATURE OF STAFF**\_\_\_\_\_

**DATE OF ADMISSION**\_\_\_\_\_ **DATE OF WITHDRAWAL**\_\_\_\_\_



Participant Name \_\_\_\_\_

**Prescott YMCA of Yavapai County**  
**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the Prescott Young Mens Christian Association of Yavapai County ( the "YMCA") 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, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA 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, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, 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 damage, and any claim or demands therefor 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, without respect to location.
2. 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.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees 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 forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Arizona 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 READ THIS RELEASE:**

**I HAVE READ THIS RELEASE:**

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_  
(if participant is legally a minor)

**PHOTO / VIDEO RELEASE**

While participating at the YMCA, the Prescott YMCA has permission to photograph or video me and or my child(ren) for publicity purposes.

Parent / Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



**James Family Prescott YMCA  
Youth Programs  
Parent Statement of Understanding**

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ DOB \_\_\_\_\_

*The following information is important for the safety and protection of your child.*

I understand that YMCA staff/volunteers will respect children's rights not to be touched or looked at in ways that make them feel uncomfortable and will not violate personal boundaries.

I understand that YMCA staff/volunteers are not allowed to babysit or transport youth at any time outside the YMCA.

I understand that YMCA staff/volunteers may not date program participants under the age of 18.

I understand that YMCA staff/volunteers may not have social media contact or text/call youth program participants.

I understand that YMCA staff/volunteers will not share personal information about any YMCA members/program participants.

I understand that youth should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff/volunteers.

I understand that the YMCA is an alcohol, tobacco products, and weapons free campus.

I understand that I am not to leave my child (under 12) at the YMCA unsupervised.

I understand that my child in YMCA licensed child care will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives, must be listed with the YMCA and must be of the age required by state licensing.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff/volunteers may contact the authorities if necessary.

I understand that the YMCA staff/volunteers are mandated reporters and will report any suspicion of sexual abuse, physical abuse, neglect or mental/verbal abuse to the appropriate authorities.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor staff/volunteer interactions with my child and ask my child specific questions about program activities and will report any suspicions/violations to YMCA staff.

\_\_\_\_\_  
Parent/Legal Guardian Name (print)

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(legal signature as it appears on driver's license/ID)

\_\_\_\_\_  
Date

Revised 04/19/18



## James Family Prescott YMCA



### Child Care DES Parent Agreement

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ Age \_\_\_\_\_

Arizona Department of Economic Security Child Care Administration has specific policies and procedures that both the YMCA and the parent need to follow. We want DES to pay for your child and not you, the parent. This necessitates that registered parents understand and support the following expectations and policies regarding DES Child Care. Please sign and date below as documentation you have read and understand this agreement.

I understand that I need to sign a "DES Provider / Parent Agreement for Child Care Charges" and that this is a DES requirement.

I understand that if the YMCA does not receive authorization from DES I will make the full payment for days my child attends.

I understand the licensing regulations require me to sign my child in and out of the program daily in ProCare. I will sign using my legal signature as it appears on my driver's license.

I understand that if I have zero co-pay and do not owe any money for my child's attendance, I still need to register my child by the Friday before my child attends.

I understand that if DES is paying for a full day, my child needs to attend a minimum of 6 hours. If I pick up my child before the 6 hours, I will pay the difference of a half and full day.

I understand that if I go over my authorized number of days during a month, I will be responsible for the full payment of those days.

I understand the DES only covers 2 missed days during a month. If my child misses more than 2 days, DES Child Care will not pay the YMCA and I will be responsible for the full payment.

I understand I must Pre-Pay by the Friday before my child attends. There will be a \$10 late fee per child per week for all payments received after Friday including adding additional days.

NO REFUNDS, TRANSFERS, OR CREDITS.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)    Parent/Legal Guardian Signature    Date  
(Legal signature as it appears on driver's license/ID)



## James Family Prescott YMCA Child Care Parent Agreement

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ Age \_\_\_\_\_

The professional staff of the preschool, school age and camp program sincerely believe that childcare services are a team effort. You, the parents and the staff work together to provide a caring, safe, and fun environment. This necessitates that registered parents understand and support the following expectations and policies. Please sign below as documentation you have read and understand this document.

I understand that I must completely fill out a registration packet and pay a \$35.00 non-refundable annual registration fee as part of the registration process along with a copy of my child's current immunizations before my child attends.

I understand that I need to enroll my child in the YMCA childcare program in the Preschool Building, 8:30 AM – 3:30 PM, Monday – Friday. Once your child is enrolled, payments may be made in person or over the phone in Preschool or the main building. No cash payments taken in Preschool. I understand I must Pre-pay by the Friday before my child attends. There will be a \$10 late fee per child per week for all payments received after Friday including adding additional days. I understand there are No Refunds, Transfers or Credits.

I understand childcare hours of operation are 6:30 AM – 6:00 PM. I understand that if I pick up my child after 6:00 PM, a late pick-up fee per child will be charged as follow:

- \$10 if you arrive between 1-10 min after the end of the program
- \$20 if you arrive between 11-20 min. after the end of the program
- \$30 if you arrive between 21-30 min. after the end of the program
- \$40 if you arrive between 31-40 min. after the end of the program
- \$50 if you arrive between 41-50 min. after the end of the program
- \$60 if you arrive between 51-60 min. after the end of the program

Late pick-up fees must be paid before your child returns to the program. If you are late, we will call your home and your place of employment. If we have not heard from you, all emergency contact numbers provided on your child's emergency information card will be contacted. If emergency contacts are unavailable, Dept. of Child Safety or the local authorities will be called.

I understand that if my child cannot attend the School Age Program on a day, we are expecting them, I will call the Child Care Line (928) 445-7221 ext. 224 and leave a message OR contact the YMCA using ProCare. Either of these needs to be done no later than 2:00 PM. If I do not call in or use ProCare, I will be charged \$10.

I understand that my child may not be able to attend programs if any of the following incidents occur - failure to pay for services, continued late pick-up of children, extreme behavioral issues involving my child, lack of cooperation regarding policies and procedures, or consistent past due balances.

I understand my child will only be released to individuals approved on the "Emergency Information and Immunization Record Card (Blue Card)". If I need someone to pick up my child who is not on the list, I will inform the Director of the individual's name, dates, and times. The individual picking up my child will be asked to provide a photo ID before my child is released to them. I will keep the YMCA updated with changes in my address, phone numbers, or employment for effective contact in the event of an emergency.

I understand that if I permit my child to sign him/herself out of the program, I will provide a notarized permission slip including dates and times.

I understand the licensing regulations require me to sign my child in and out of the program daily. I will print the exact time legibly and sign using my legal signature as it appears on my driver's license, and I will use ink only.

Parent/Legal Guardian Name (PRINT) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(Legal signature as it appears on driver's license ID)



## James Family Prescott YMCA Child Care Child Illness Policy

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ Age \_\_\_\_\_

Our Child Illness Policy is based on the Model Health Care Policies developed by the American Academy of Pediatrics.

Prescott YMCA understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child. Mild illnesses are common among children and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day, but will find it necessary to exclude them from the child care setting for the following reasons (this list covers most common illnesses, but is not inclusive of all reasons for exclusion).

### Child's Exclusion Due to Illness

- COVID-19 symptoms
- Illness that prevents the child from participating comfortably in program activities.
- Illness that results in a greater need for care than our staff can provide without compromising the health and safety of other children.
- Illness that poses a risk of spread of harmful disease to others
- Fever (100° axillary (armpit), 101° orally, 102° aural/ear)\* and behavior change or other signs and symptoms, e.g., sore throat, rash, vomiting, diarrhea, lethargy, irritability, constant crying, difficulty breathing.
- Diarrhea — more watery stools or decreased form of stool that is not associated with change of diet.
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet. Special circumstances that require specific exclusion criteria include the following:
  - Toxin-producing E coli or Shigella infection, until the diarrhea resolves and the test results of 2 stool cultures are negative for these organisms
  - Salmonella serotype Typhi infection, until diarrhea resolves. In children younger than 5 years with Salmonella serotype Typhi, 3 negative stool cultures are required.
  - Vomiting in the previous 24 hours unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.
  - Mouth sores with drooling unless the child's medical provider or local health department authority states that the child is noninfectious.
  - Abdominal pain that continues for more than 2 hours or intermittent abdominal pain associated with fever, dehydration, or other signs of illness.
  - Rash with fever or behavioral changes, until a physician has determined it is not a communicable disease.
  - Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge) until on antibiotics for 24 hours.
  - Impetigo until 24 hours after treatment has been started.
  - Strep throat (or other streptococcal infection) until 24 hours after treatment has been started.
  - Head lice until after treatment and all nits are removed.
  - Rubella, until 6 days after the rash appears.
  - Scabies until 24 hours after treatment has been started.

- Chickenpox, until all lesions have dried or crusted (usually 6 days after onset of rash).
- Pertussis (Whooping cough) until 5 days of appropriate antibiotics.
- Mumps, until 5 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus until 1 week after onset of illness or jaundice or as directed by the health department (if the child's symptoms are mild).
- Tuberculosis, until the child's medical provider or local health department states the child is on appropriate treatment and can return.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

\*Any child with a fever of 104° will be excluded and should receive medical attention as soon as possible. We ask that for your child's comfort and to reduce the risk of contagion, children be picked up within 30 minutes of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms. Children need to remain home for 24 hours without symptoms before returning to the program, i.e., the child needs to remain out of the center for the remainder of the day he/she is sent home and the following day (if a child is sent home Friday, he/she may return Monday), unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash or continuing symptoms, a doctor's note may be required before returning.

We Care Health and Safety\_ Health Care US page 2 of 3 Updated 7/2012

## Required Conditions for a Child to Return to the Center

Children who have been excluded may return when:

- They are free of fever, vomiting, and diarrhea, without medication for 24 hours.
- They have been treated with an antibiotic for a full 24 hours, if antibiotic is prescribed.
- They have been treated for head lice and free of all nits.
- They are able to participate comfortably in all usual program activities, including outdoor time.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless:
  - 1) The child's health-care provider signs a note stating that the child's condition is not contagious, and;
  - 2) The involved areas can be covered by a bandage without seepage or drainage through the bandage.

If a child has been out of the center due to any of the reasons above or any other reason deemed necessary by the child's medical provider, please let the center know. It may be beneficial to share this information with families in the center. If so, your family information will remain confidential; however, this will help staff and families observe the other children for symptoms and could assist their medical provider in making a diagnosis.

If a child is excluded because of a reportable communicable disease, a doctor's note stating that the child is no longer contagious and may return is required.

\_\_\_\_\_  
Parent/Legal Guardian Name (print)

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(legal signature as it appears on driver's license/ID)

\_\_\_\_\_  
Date

Revised 04/04/18

**ABOUT ME QUESTIONNAIRE**

*This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.*

**Instructions:** A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian completing this form:** \_\_\_\_\_

**What is your preferred method of communication? (Email/Phone/Text)** \_\_\_\_\_

**Provider/Center Name:** \_\_\_\_\_

**Has your child previously attended child care?** ☐ Yes ☐ No

**If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)** \_\_\_\_\_

**What did you like most about your child's previous child care setting?**

\_\_\_\_\_  
**What did you like the least?**

\_\_\_\_\_  
**What is important to you about your child's care?**

\_\_\_\_\_  
**Who is important to your child?**

\_\_\_\_\_  
**Does your child prefer to play alone or with other children?** ☐ Alone ☐ Other Children

**Does your child have a favorite toy or comfort object?** ☐ Yes ☐ No

**If yes, what?** \_\_\_\_\_

**What is your child's current sleep schedule?**

\_\_\_\_\_  
**Does your child fall asleep easily?** ☐ Yes ☐ No

**What is your child's mood like upon awakening?**

\_\_\_\_\_  
**What does your child like?**

\_\_\_\_\_  
**What does your child dislike?**

\_\_\_\_\_  
**Special things you say or do to comfort your child are:**

**How do you know when your child is:**

Happy: \_\_\_\_\_

Sad: \_\_\_\_\_

Mad: \_\_\_\_\_

Tired: \_\_\_\_\_

Other: \_\_\_\_\_

**How does your child react when:**

Something unexpected happens:

\_\_\_\_\_

Something happens they don't like:

\_\_\_\_\_

They are scared:

\_\_\_\_\_

Other:

\_\_\_\_\_

**Does your child have any health issues?** ☐ Yes ☐ No

If yes, please explain:

**Has anything happened recently in your child's life that might affect them?** ☐ Yes ☐ No*Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.*

If yes, please explain:

**Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?****Is your child in Foster Care?** ☐ Yes ☐ No

If yes, please list the Case Manager's Name and Contact Information:

\_\_\_\_\_

\_\_\_\_\_ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**James Family Prescott YMCA  
School Age Permission Slip**

**2025-2026 Gymnastics Permission Form-**

My Child \_\_\_\_\_.

Has permission to attend gymnastics class at the YMCA when their group is scheduled, and my child attends the James Family Prescott YMCA childcare program. This form is valid from the date signed until May 31, 2026.

*Dates & times TBD*

By signing this, you are acknowledging that when your child arrives on time at the childcare center the Prescott YMCA's Childcare staff will be escorting my child to the YMCA Gymnastics building located at 701 Division St, Prescott, Az 86301. The phone number at the gymnastics building is (928) 445-7221 ext. 242. **If my child doesn't arrive by the time specified for the field trip, I will need to sign the child in on ProCare and take my child to the gymnastics building.**

**2025-2026 Lindquist Park Permission Form-**

Has permission to visit Lindquist Park at the YMCA during the week that my child attends the James Family Prescott YMCA childcare program. This form is valid from the date signed until May 31, 2026.

*By signing this, you are acknowledging if your child has arrived on time the childcare center the Prescott YMCA's Childcare staff will be escorting my child to Lindquist Park at 750 Whipple St. Prescott, Az 86301*

**2025-2026 YMCA Pool Permission Form-**

Has permission to visit the YMCA Pool during the week that my child attends the James Family Prescott YMCA Childcare program. This form is valid from the date signed until May 31, 2026.

*By signing this, you are acknowledging if your child has arrived on time at the childcare center the Prescott YMCA's Childcare staff will be escorting my child to the YMCA Pool located at 750 Whipple St. Prescott, Az 86301.*

\_\_\_\_\_  
(Print) Parent Legal/Guardian Name

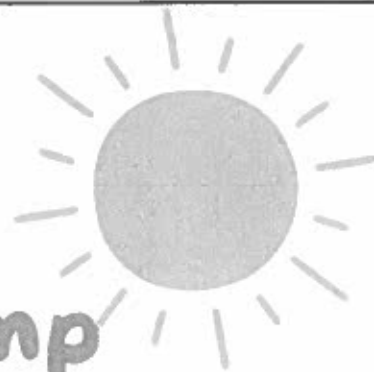
\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

(Legal signature as it appears on driver's license/ID)



# YMCA Summer Camp



week 1

WELCOME TO  
SUMMER CAMP

TUESDAY MAY  
27-MAY 30

week 2



JUNE 2 - JUNE 6

week 3

LET'S GET PHYSICAL!



JUNE 9-JUNE 13

week 4

JURASSIC WEEK



Field Trip  
Friday

JUNE 16-JUNE 20

week 5



JUNE 23-JUNE 27

week 6



JUNE 30- JULY 3  
Closed July 4

week 7

WILD  
WEST

Field Trip  
Friday

JULY 7- JULY 11

week 8

TAKE  
FLIGHT



JULY 14 -JULY 18

week 9

Infinity and  
Beyond!



Character  
Week



JULY 21- JULY 25

Water  
inflatables and  
snow cones on  
FRIDAY

week 10



JULY 28- JULY 30

Summer Camp Begins May 27, 2025 and Ends July 30, 2025.  
Camp hours are between 6:30am - 6:00pm. Programming  
Begins Promptly at 9:00am and campers must be dropped  
off no later than 8:45am for check in.

Campers must bring a minimum of 3 snacks with  
a lunch and a labeled water bottle daily.

**\*Closed-toe shoes are required at all times for  
safety\***