

CDC/SGH# or name: 1065

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

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

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

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

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.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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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.

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

Name(s):

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 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

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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:



James Family Prescott YMCA
Child Care
Additional Student / Parent Information

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

Program Attending _____ Date of Birth _____ Age _____

Parent's Name _____

Parent's Phone(s) _____

Email(s) _____

Has your child ever been dismissed from a child care center? _____

If yes, please explain: _____

I understand that Membership and program payments must be current with no balance owed before gaining facility access or signing up for another program.

To provide the best service possible, please list your cell phone number and cell phone carrier so that we can notify you in case of last-minute schedule changes, closures, weather, field trips, etc.

Cell Phone _____

Cell Phone Carrier _____

Cell Phone _____

Cell Phone Carrier _____

I have received a copy of the Child Care Policy Handbook. _____ (initial)

Parent/Legal Guardian Name (print) _____

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

Date _____

Revised 05/19/20



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 programs sincerely believe that child care services are a team effort. You, the parents and we 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 \$30.00 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 child care program in the Preschool Building 7:00am - 6:00pm, 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 \$10.00 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 child care 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 follows:

- \$10 if you arrive between 1-10 minutes after the end of the program
\$20 if you arrive between 11-20 minutes after the end of the program
\$30 if you arrive between 21-30 minutes after the end of the program
\$40 if you arrive between 31-40 minutes after the end of the program
\$50 if you arrive between 41-50 minutes after the end of the program
\$60 if you arrive between 51-60 minutes 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 (DCS) or 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 Assistant Line 445-7221 x224 and leave a message by no later than 2:00pm. If I do not call in, I will be charged \$10.00.

I understand 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. 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)



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



Child's/Children's Name(s) _____

**COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM
("Release")**

The undersigned, in my capacity as parent or legal guardian, hereby acknowledges the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognizes that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the YMCA. As such, and in consideration for child care services to be provided by the Prescott YMCA.

I, as parent and/or legal guardian, have read and fully understand and acknowledge the contents of this Release and agree that I am voluntarily waiving, releasing, indemnifying and discharging the Prescott YMCA of Yavapai County and its officers, directors, employees and volunteers from any and all liability, damages, and each and every action that could arise (collectively, "Claims") by participation in and/or associated with the child care services including, but not limited to exposure or transmission of the COVID-19 virus.

I represent that I have full authority to sign on behalf of the child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

My signature below is confirmation that I have read and fully understand and acknowledge the contents of the Release and agree that I am voluntarily waiving, releasing, indemnifying and discharging Prescott YMCA of Yavapai County and its officers, directors, employees and volunteers from the Claims.

Parent/Guardian Printed Name

Signature

Date



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

- 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.

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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



**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 05/19/20

BEST OF CARE

This confidential form 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.

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. 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? _____

Provider/Center Name: _____

Has your child attended child care in the past? 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?

Other comments

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 upon waking?

Child's Name: _____

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 he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? Yes No

If yes, please explain

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 special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? Yes No

If yes, please explain

Child's Name: _____

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date