

CHILD WATCH

PURPOSE

The purpose of the YMCA Child Watch program is to give parents the opportunity to use the YMCA facility and participate in YMCA programs while their young children are being supervised.

GENERAL POLICIES

1. Parents must be in the YMCA while their child is in child watch.
2. Child should not be sick or have any communicable diseases.
3. If child needs a diaper change, parent will be paged.
4. Child is no younger than six weeks and not older than six years.

ACTIVITIES

The youngsters in child watch will participate in crafts, story times, group games and free time play. At various times snack will also be provided.

CHILD WATCH FEES (8/1/2008)

YMCA MEMBER - \$3.00 first child
\$2.00 additional child
NON-MEMBER - \$4.00 first child
\$3.00 additional child
Registration Fee - \$5.00 per family

CHILD WATCH HOURS

Monday-Friday 8:30 AM-11:00 AM
Monday-Thursday 5:00 PM- 8:00 PM

Hours Subject to Change—Please see posted hours!

For more info, call
Deb Plummer at 442-6761

YMCA CHILD WATCH REGISTRATION FORM

1st Child's Name _____ Birth Date / / . Child's Age ____ Sex ____

2nd Child's Name _____ Birth Date / / . Child's Age ____ Sex ____

3rd Child's Name _____ Birth Date / / . Child's Age ____ Sex ____

Parent/Guardian _____ Home Phone _____ Wk Phone _____

Address _____ City _____ Zip _____

HEALTH HISTORY

Please complete. If you have 2 children on the registration please include child's name with any check or explanation.

Health/Accident Insurance Company _____ Policy Number _____
Have or subject to (check if yes):
_____ Asthma _____ Fainting spells _____ Convulsions
_____ Heart Trouble _____ Diabetes _____ Bleeding Disorders
_____ Allergies _____ Special Diet _____ Medications

Explain any and all checks: _____

Have difficulty with (Check if yes): _____ Eyes or Ears _____ Nose or throat _____ Lungs _____

Any condition now requiring regular medication? _____ Name of Medication _____
Any restriction of activity for medical reasons? _____ Explain: _____

PARENT AUTHORIZATION

1. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCA of Clay County liable.

2. I give permission for the YMCA of Clay County to use my child's photo and video image for promotional purposes.

3. I support the YMCA Child Watch philosophy, which is based on RESPECT, RESPONSIBILITY, HONESTY and CARING.

Signature of parent/guardian _____

Date _____

FOR OFFICE USE ONLY

\$5 Registration Fee: _____ Date _____ Receipt # _____ Staff _____

YMCA of Clay County

YCHILD WATCH[™]
We build strong kids, strong families, strong communities.



YMCA OF CLAY COUNTY
225 E. Kruzan
Brazil, IN 47834

CHILD WATCH EXPECTATIONS SURVEY

If you would take a few moments to complete this survey it would be greatly appreciated. The information from this survey will be used to help administer our child watch program and to make any necessary changes and improvements. Your help is greatly appreciated.

Please list the 3 most important things you want for your child while attending the YMCA Child Watch Program.

1. _____
2. _____
3. _____

Please list 3 things you would definitely like to have your child do while attending the YMCA Child Watch Program.

1. _____
2. _____
3. _____

Additional Comments/Suggestions: _____



YMCA MISSION
To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.