



**APPLICATION
FOR
2009-2010**

**SOUTH BAY FAMILY YMCA
1201 Paseo Magda, Chula Vista, CA 91910 619-421-8805**

YMCA CHILD CARE
A Place to Be, Belong, Become.

**Application must be completed by Parent or Legal Guardian.
One form per participant. Please Print.**

OTIZ-SUF-10

Child's First Name/Nombre del Niño		Last Name/APELLIDO		Sex/Sexo <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date/Fecha de Nacimiento:	
Address/Domicilio				City/Ciudad		State CA	Zip/Zona Postal
Home Phone/Tel. Casa		School/Escuela		Grade in 2009-2010/Grado:			

OTIZ-DRACG

Father's Name/Nombre de Padre		Last 4 digits of Social Security #/ Los últimos 4 números de Seguro Social		Home Phone/Tel. Casa	
Employer/ Trabajo		Work Address/Domicilio		Work Phone/Tel. Trabajo:	
				Cell/Tel. Celular: E-mail:	

OTIZ-MEM-10

Mother's Name/Nombre de Madre		Last 4 digits of Social Security #/ Los últimos 4 números de Seguro Social		Home Phone/Tel. Casa	
Employer/ Trabajo		Work Address / Domicilio		Work Phone/Tel. Trabajo:	
				Cell/ Tel. Celular: E-Mail:	

Family Doctor's Name/Nombre de Doctor		Address/Domicilio		Phone/Tel.	
Medical Ins. Carrier/Compania de Seguros				Policy #/Numero de polozia	
Dentist/Dentista		Address/Domicilio		Phone/Tel.	

Additional Participant Information/ Información Adicional sobre Participante

Does participant take any medication on a daily basis/El participante toma medicamento diario? _____

Please explain what type of medication and the reason/Por favor explique el tipo de medicamento y la razón: _____

Is participant allergic to any plants, food, etc./El participante tiene alguna alergia ha alguna planta, comida, etc.? _____

Does participant have any physical restrictions that may effect activity/Tiene el participante alguna restricción físicamente que limite su actividad? _____

Does participant have any chronic medical problems/Tiene el participante algún problema medico que sea crónico? _____

Additional information you feel we may need to know about the participant/Alguna información adicional sobre el participante que crea usted que necesitamos saber? _____

Additional Emergency Contact numbers/ Numeros Adicionales en Caso de Emergencia

	Relationship/ Relacion	First & Last Name/ Nombre	Day Phone/Mobil/ Telefono
1			
2			
3			

**BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)
COMUNICADO DE SUCURSALES - REGLAS / RENUNCIA PARA LOS JÓVENES
(MENORES) DE LA YMCA**

Name of Minor/Nombre del menor _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. / Yo, el padre/persona responsable de la custodia legal/guardián del menor mencionado anteriormente, doy permiso para que el menor participe en todos los programas de la YMCA. El menor está física y mentalmente preparado para participar en todas las actividades descritas en el anuncio de este programa.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby: / En consideración de haber permitido al menor mencionado el entrar a cualquier sucursal de la YMCA del Condado de San Diego ("YMCA") para observación, uso de las instalaciones y/o del equipo o participar en cualquier programa, Yo en mi nombre (como padre, guardián, ayudante de entrenador, espectador o participante) declaro que:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document. /

1. Reconozco que (i) he leído este documento, (ii) he inspeccionado las instalaciones y el equipo de la YMCA, (iii) los acepto como seguros y razonablemente adecuados para los propósitos con que fueron hechos, y (iv) voluntariamente firmo este documento.

2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. / 2. Libero a la YMCA, sus directores, oficiales, empleados y voluntarios (colectivamente "liberados") de toda responsabilidad para mí por cualquier pérdida o daño a la propiedad o lesión o muerte a mi persona cuando sea causado por los "liberados" y esté cerca o en cualquier sucursal de la YMCA.

3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of the Releasees or otherwise. / 3. Convengo en no demandar a los "liberados" por cualquier pérdida, responsabilidad, daño o muerte descrita anteriormente e indemnizaré sin daño a los "liberados" y cada uno de ellos de cualquier pérdida, responsabilidad, daño o costo en el que ellos pudieran incurrir debido a mi presencia dentro, sobre o cerca de la sucursal de la YMCA; ya sea causado por negligencia de los "liberados" o de otra manera.

4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. / 4. Asumo toda la responsabilidad por cualquier riesgo, herida, muerte o daño a la propiedad debido a la negligencia de los "liberados" o de otra manera.

5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. / 5. Autorizo a la YMCA como agente del suscrito, y doy mi consentimiento con respecto al menor mencionado para que sea examinado con Rayos X, sea tratado en forma médica, dental o anestésicamente, sea valorado en diagnóstico quirúrgico, así como que sea atendido con cuidados hospitalarios en caso de ser necesario, que le den atención médica bajo el cuidado y la supervisión de cualquier médico o cirujano con licencia bajo el amparo del Acto de Práctica Médica de California (California Medical Practice Act) del personal de cualquier hospital en el que sea diagnosticado o tratado, ya sea en el consultorio del médico o en el hospital. Entiendo que la YMCA no es responsable por los costos derivados de atención médica.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect. / Comprendo que este documento es tan amplio e incluye todo lo que permiten las leyes del Estado de California; si cualquier parte fuera considerada inválida, estoy de acuerdo que el resto continúe con todo su efecto y fuerza legal.

Date/ Fecha: _____ Signature of Parent or Guardian/ Firma del padre-guardian: _____

Print Name/Nombre por escrito: _____

**YMCA OF SAN DIEGO COUNTY
PHOTOGRAPHIC CONSENT FORM/ FORMA DE CONSENTIMIENTO DE FOTOGRAFIA**

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likenesses of any of my children, specifically _____, in the YMCA's general publicity and campaign materials.

Yo, _____ doy permiso a la YMCA del Condado de San Diego (YMCA) que usen mi fotografía ó semejante, ó foto de mi(s) hijo(s) ó otra igualdad, específicamente _____, en la publicidad general y materiales de la campaña de la YMCA.

Signatura/Firma Date/Fecha

Address/Dirección

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES— Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing
 Licensing Office Address: 7575 Metropolitan Dr. #110 San Diego 92108
 Licensing Office Telephone #: 619-767-7700

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (12/06)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (12/06)

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

7575 Metropolitan Drive Suite 110

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

619-767-2200

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

South Bay Family YMCA

(PRINT THE ADDRESS OF THE FACILITY)

1201 Paseo Magda Chula Vista, CA 91910

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)