

PD/Registrar Use: Start Date _____

Office Use:
Date Rec'd _____
Staff Initials _____



Mililani YMCA BSP Registration Form: 2020-2021 SY

Youth's Information:

Youth's Last Name		Youth's First Name		Gender
Home Address			City	Zipcode
Birthdate (Month, Date, Year)	Current Age	Grade during 2020-2021 SY	School	
For Grant Purposes-Ethnicities (Optional):			Do you have a Y Family Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Medical Conditions/Allergies/Limitations:				
Physician	Phone:	Alt. Phone:	Choice of Hospital	
<p>If in the judgement of the YMCA staff, my youth requires medical care, I authorize and instruct the YMCA to inform me or an authroized person listed. The YMCA may take my youth in for medical treatment to the physician, hospital or clinic I designate, or contact 911 per my request. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to contact 911 and have an ambulance or YMCA transport my youth to the nearest hospital or clinic for medical treatment.</p>				
Name of Medical Insurer:		Card/Policy Number:		
Parent's Full Name Printed:		Parent's Signature:		

Parent's/Guardian's & Family Information:

Mother/ Legal Guardian	Last Name		First Name	
	Home Address (If not the same as child)			
	Primary Number	Secondary Number	Other Number	
	Email			

Father/ Legal Guardian	Last Name		First Name	
	Home Address (If not the same as child)			
	Primary Number	Secondary Number	Other Number	
	Email			

Are the Youth's Parents/Guardians Divorced or Separated?	___ Yes	___ No	If YES, who has Custody?		
Non-Custodial Parent's Full Name:	Primary Number:		Secondary Number:		
Home Address (Street, City, Zipcode)			Email		
Should the Non-Custodial Parent/Guardian (Check all that apply)		<input type="checkbox"/> Be an authorized pick up person	<input type="checkbox"/> Be contacted in case of emergency	<input type="checkbox"/> Receive duplicate mailings	<input type="checkbox"/> Receive invoices
Please specify any related notes regarding relationship with child that will be helpful to staff:					

BSP REGISTRATION FORM: 2020-2021 SY

Youth's Full Name: _____

School: _____

**Additional Authorized Pick Up Persons - Not Including Parents/Guardians Listed on front page.
 Authorization List is the same for ALL YMCA Programs (including A+).
 Changing this list will change the list for ALL programs.**

Use the list currently on our account as my authorization list. Use the list below as my authorization list.

Last Name, First Name	Relation to Youth	Primary Number	Secondary Number

Registration Agreement and Parent's/Legal Guardian's Responsibilities and Billing Procedures

Please initial each of the following to indicate that you have read, understand, and agree.

- _____ 1. My child(ren) is not allowed to come and go freely from BSP.
- _____ 2. I must walk my child(ren) into the café and sign-in my child(ren) each day.
- _____ 3. If a medical emergency arises, the YMCA will first attempt to contact me. If I cannot be reached, the YMCA will attempt to contact any persons authorized by me in case of emergency. If a major illness or injury is involved, my child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf.
- _____ 4. I understand the YMCA will operate from 5:45am to school's first bell. Children will be excused 5 minutes before the first bell. YMCA staff will walk kindergarten children to class. Program will not operate during school vacations, state holidays, Teacher Institute Day and Teacher's Work Days.
- _____ 5. If my child(ren) is/are having problems in the program, a conference will be arranged between myself, the staff and director.
- _____ 6. If my child's behavior is deemed inappropriate, conferences between myself, my child, staff and program director will be conducted and agreed upon behavior agreements will be put in place to best support my child. If my child continues to display inappropriate behavior, the YMCA reserves the right to terminate care of service.
- _____ 7. If weather or other emergency forces the closing of regular school, I understand BSP services will also be closed.
- _____ 8. I am responsible for paying the monthly BSP fee on or before the 1st program day of the month. The monthly fee I pay for my child(ren) is flat rate and is not dependent on the number of days my child(ren) attends program.
- _____ 9. A \$5 late fee shall be imposed per family for each school day a payment is overdue. If monthly fee is not paid within the first 5 program days of the month, my child shall be terminated on the 6th program day. My child may re-enroll if I, the parent/legal guardian pays all outstanding fees.
- _____ 10. I am aware and understand that the YMCA will not issue refunds once program fee is paid for the month and my child(ren) has/have attended program even for one day.
- _____ 11. I must pay a \$25 service charge for any returned checks and declined EFT transactions.
- _____ 12. I understand that in the event I have any questions, comments or concerns regarding a child or children in program or programs services, it is my responsibility to speak to a staff and/or Program Director in charge. At no time may I speak directly to the child(ren) other than my own regarding behavior issues or concerns.

YMCA Photo Release Waiver: Photos, videos, artwork, and profiles help us tell the Y story

I am 18 years of age or older (if not, my parent or legal guardian has also provided their consent by signing below) and grant the YMCA of Honolulu, National Council of Young Men's Christian Associations of the United States of America and its chartered YMCA member associations in the United States ("YMCA") and collaborating third parties permission in perpetuity to use my, and those of my minor children and persons listed on this registration form; image, voice, and personal story in photographs, videos, social media, artwork, profiles and all forms of promotional materials and venues without limitation or obligation to provide compensation for the purposes of promotion or interpreting YMCA programs. I release YMCA and collaborating third parties from any and all claims, causes of action, and liability arising out of any use of my, and those of my minor children and persons listed on this registration form, images, or likeness.

_____ Yes I agree to the above statement _____ No, I do not agree to the above statement

Parent's Full Name Printed: _____ Parent's Signature: _____