

Parent Agreement Form

1. In case of a medical emergency, I will be called. If circumstances require, the Rescue Squad will be notified. The YMCA staff will respond as necessary until the squad arrives. In the event that hospitalization is required, I give my consent for treatment by a qualified physician. I agree to assume financial responsibility for such treatment.
2. I hereby assign and grant to the Lakeland Hills Family YMCA (and/or its clients) all rights of every kind and character whatsoever to copyright and/or use, reuse, publish photographs or the name and/or likeness of me in which may be included, in whole or part, of composite or reproduction thereof in color or otherwise, still or moving, without restriction as to changes or alterations, for any commercial print, social media or advertising purpose whatsoever, with no time restriction.
3. In the event of any type of emergency or injury we will contact the parents immediately. We will always attempt to contact you on the phone number that you provided. We may also contact you via email and when possible during an emergency we may contact you via an automated text message.
4. Parents of participants in our programs are permitted to take photographs and video of their child. However, these photos and videos are to be used for personal use only. It is against our center policy for you to post photos or videos of any child other than your own on any type of social media or advertising media.
5. **FULL DAY PARENTS:** I understand that, in order to enter the Early Learning Center doors, I must use my swipe access card. To keep the children and staff safe, I will not hold the door open for anyone. If I forget my swipe card, I know to check in at the front desk to be announced into the center.
6. **HALF DAY PARENTS:** Car tags must be present in the front windshield of your car during drop off/pick up. If you do not have a car tag you must park and walk up to the front patio with your ID. **NO EXCEPTIONS!**
8. I understand that only an authorized person(s), listed on the Medical Consent Form, will be allowed to pick-up my child and he/she must show proper ID. Changes over the phone will not be accepted.
7. I understand that swim lessons for children who are 3 years old and fully potty trained are part of the curriculum. I understand that in order for my child to take swim classes, he/she must be fully toilet trained (accident free for 2 full weeks or, if an accident occurs, we begin the 2-week mark again) and at least 3 years old. There are no exceptions to this rule. If your child does not begin swimming upon enrollment, proper notification must be given to the teacher when the child is ready to begin (either the child is turning 3 or the child has become potty trained).

8. I give permission for my child to utilize the outdoor playground and the outdoor grounds for curriculum development as the daily schedule allows.
9. In the event of an emergency evacuation, my child will be removed from the YMCA grounds and I will be notified.
10. I agree that the session date(s) I have registered for are accurate.
11. I realize that the \$100.00 deposit per session is non-refundable & non-transferable. No exceptions!
12. I am responsible for the balance by May 1st
13. I realize that all changes must be in writing to april@lhymca.com
14. I understand that the balance of camp fees (minus \$100 deposits) are refundable only if cancellation is made in writing before May 1st.
15. I will fill out a Food Allergy Action Plan or Medical Info Action Plan, if my child has food allergies or medical concerns. I will also contact the Director prior to camp. Food Allergy and Medical Action Plans are due by April 15th. I will provide the YMCA with a labeled EPI PEN if my child has an allergy. I understand that my child will not be able to attend camp until the EPI PEN is received.
16. A copy of The Information to Parent's Statement from the State Licensing Department of New Jersey, the center discipline policy and the New Jersey Expulsion policy is available on the website. I understand that I am responsible for reading it.
17. There are no payment credits issued for sickness, vacation days, holidays, and inclement weather.
18. Please arrive by the established ending time of your program to avoid a late fee of \$1.00 per minute. You will be required to pay this fee upon arrival by cash, check or credit card. **Three late pick-ups may result in termination of service.**

Signature: _____ Date: _____