Registration Packet
CULVER-PALMS FAMILY YMCA

Welcome to the YMCA!

The YMCA is a charitable 501(c)(3) non-profit community organization. We’re here for Youth Development, Healthy Living and Social Responsibility. Our Strength is in Community.
ALLOW US TO REINTRODUCE OURSELVES!

Our Cause Defines Us
We know that lasting personal and social change comes about when we all work together. That’s why, at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

Our Strength is in Community
- The Y is a nonprofit like no other. That’s because in 10,000 neighborhoods across the nation, we have the presence and partnerships to not just promise, but deliver, positive change.
- The Y is community centered. For nearly 160 years, we’ve been listening and responding to our communities.
- The Y brings people together. We connect people of all ages and backgrounds to bridge the gaps in community needs.
- The Y nurtures potential. We believe that everyone should have the opportunity to learn, grow and thrive.
- The Y has local presence and global reach. We mobilize local communities to effect lasting, meaningful change.

Our Impact is Felt Every Day
With a mission to put Christian principles into practice through programs that build a healthy spirit, mind and body for all, our impact is felt when an individual makes a healthy choice, when a mentor inspires a child and when a community comes together for the common good.

The YMCA in the United States
Today, the Y engages more than 10,000 neighborhoods across the U.S. As the nation’s leading nonprofit committed to helping people and communities to learn, grow and thrive, our contributions are both far-reaching and intimate—from influencing our nation’s culture during times of profound social change to the individual support we provide an adult learning to read.
By nurturing the potential of every child and teen, improving the nation’s health and well-being, and supporting and serving our neighbors, the Y ensures that everyone has the opportunity to become healthier, more confident, connected and secure.

Opportunities for All
The Y is for everyone. Our programs, services and initiatives: enable kids to realize their potential, prepare teens for college, offer ways for families to have fun together, empower people to be healthier in spirit, mind and body, prepare people for employment, welcome and embrace newcomers and help foster a nationwide service ethic. And that’s just the beginning.

Parents, did you know that funds raised through our Community Support Campaign helps us to provide up to 35% scholarships and assistance for families who are not able to afford to come to the Y? Would you like to donate to our Community Support Campaign to keep program fees affordable to all and to provide these valuable scholarships?
The Y and the community are grateful for your generosity. The Y is a 501(c)(3) charitable non-profit. Tax ID: 95-1644052

- Yes, I would like to make a one-time donation. You will receive an invoice in September 2012 or you can contact the Child Care office at 213-639-7608 to make your donation immediately.

  ___$10 ___$25 ___$50 ___$100 ___ Other (please specify amount :$________________)

- Yes, I would like to make a donation and pay it in monthly installments. You will receive your first monthly invoice in September 2012 or you can contact the Child Care office at 213-639-7608 to start making your donation immediately.

  I would like to donation $_______ per month for _______ months (6 months maximum), beginning _______ (which month?), for a total donation of $________ (total)

  For example: I would like to donation $20 per month for 5 months, beginning October 2012 for a total of $100.
CULVER-PALMS FAMILY YMCA
IDENTIFICATION AND EMERGENCY INFORMATION

**BASIC INFORMATION**

<table>
<thead>
<tr>
<th>CHILD'S NAME (last Name, First Name)</th>
<th>SEX</th>
<th>BIRTHDATE (MONTH/DATE/YEAR)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS (INCLUDE CITY AND ZIP CODE)</th>
<th>TELEPHONE</th>
</tr>
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<tr>
<th>NAME OF SCHOOL CHILD IS ATTENDING IN THE FALL 2012:</th>
<th>GRADE ENTERING IN FALL 2012:</th>
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<table>
<thead>
<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt; Adult’s Name</th>
<th>HOME PHONE</th>
<th>MOBILE NUMBER</th>
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<table>
<thead>
<tr>
<th>HOME ADDRESS (If Different From Child)</th>
<th>WORK NUMBER</th>
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| E-MAIL ADDRESS: | |
|-----------------| |

<table>
<thead>
<tr>
<th>Employer Name / Address</th>
<th>Drivers License # (ID Purposes)</th>
<th>State of Issue</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Adult’s Name</th>
<th>HOME PHONE</th>
<th>MOBILE NUMBER</th>
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<table>
<thead>
<tr>
<th>HOME ADDRESS (If Different From Child)</th>
<th>WORK NUMBER</th>
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<th>Drivers License # (ID Purposes)</th>
<th>State of Issue</th>
</tr>
</thead>
</table>

**SIGN IN / OUT – EMERGENCY CONTACT INFORMATION**

**SIGN IN AND OUT AUTHORIZATION:** The following individuals have my unrestricted permission to sign the above named child out from the YMCA program and should be contacted in an emergency when I cannot be reached. Please notify day camp director in advance in writing if an individual not listed will be picking up your child. (minimum of two names required)

**ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY**

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE# 1</th>
<th>PHONE #2</th>
<th>Relationship to child</th>
<th>Pick-Up</th>
<th>Emergency</th>
</tr>
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Restricted PICK-UP : The Following individuals are RESTRICTED from signing out my child due to a court-issued restraining order (A certified copy of the official documentation must be kept in the child's YMCA file)

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
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</table>

**CCIS/Cal-Works families MUST provide:**

| Case #: | |
|---------| |

<table>
<thead>
<tr>
<th>Name of Case Manager:</th>
<th>Telephone number:</th>
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<table>
<thead>
<tr>
<th>Parent /Guardian Signature:</th>
<th>Date</th>
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</thead>
</table>
# CULVER-PALMS FAMILY YMCA
## CHILD’S PRE-ADMISSION HEALTH HISTORY

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Sex: M F</th>
<th>BIRTHDATE</th>
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<table>
<thead>
<tr>
<th>Father’s Name</th>
<th>Does father live in Home with child?</th>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Does mother live in Home with child?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Legal Guardian’s Name</th>
<th>Relationship to child (grandparent, stepparent, etc.)</th>
</tr>
</thead>
</table>

### Medical Information
- Is or was your child under regular supervision of physician? [ ] Yes [ ] No
- If Yes, Name of Physician: [ ]
- Date of Last Exam / Physical: [ ]
- Does your child take Prescribed Medications? [ ] Yes [ ] No
  - If yes, what kind? / Side Effects: [ ]
- Medical Information
  - Is or was your child under regular supervision of physician? [ ] Yes [ ] No
  - If Yes, Name of Physician: [ ]
  - Date of Last Exam / Physical: [ ]
  - Does your child take Prescribed Medications? [ ] Yes [ ] No
  - If yes, what kind? / Side Effects: [ ]

### Child’s Medical History (Does you child have any of the following)

<table>
<thead>
<tr>
<th>Diabetes Yes</th>
<th>No</th>
<th>Epilepsy Yes</th>
<th>No</th>
<th>Hay Fever Yes</th>
<th>No</th>
<th>Ashthma Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Child’s Immunization History (please have a copy on file at school) Please mark yes for all immunizations that are current

<table>
<thead>
<tr>
<th>Chicken Pox Yes</th>
<th>No</th>
<th>Rheumatic Fever Yes</th>
<th>No</th>
<th>Whooping Cough Yes</th>
<th>No</th>
<th>Mumps Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Poliomyelitis Yes</th>
<th>No</th>
<th>10-Day Measels (Rubeola) Yes</th>
<th>No</th>
<th>3-Day Measels (Rubella) Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
</table>

Please Specify Any Other Serious or Severe Illnesses or Accidents:

- Does child have frequent colds? [ ] Yes [ ] No
  - How many in the last year? [ ]

List ALLERGIES staff should be aware of (Food, medications, environemental, etc.)

- Describe the ALLERGIC REACTION:
  - Does child have allergic reaction to sunscreen? [ ] Yes [ ] No
    - If yes, what kind? [ ]
  - Does child have any special device(s)? [ ] Yes [ ] No
    - If yes, what kind? [ ]
  - Does child have any special device(s) at home? [ ] Yes [ ] No
    - If yes, what kind? [ ]
  - Does your child have any special needs? [ ] Yes [ ] No
    - If yes, please explain? [ ]

### Emergency Medical Information (This information is required)

<table>
<thead>
<tr>
<th>PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN ADDRESS</td>
</tr>
<tr>
<td>DENTIST ADDRESS</td>
</tr>
</tbody>
</table>

**Child’s Health Statement:** I, the undersigned, understand that at a YMCA day camp program, physical activity is a regular part of the program. To the best of my knowledge, my child is an excellent physical health and the needs no restrictions (except what is listed below under “special consideration”) from strenuous activity. IF I have any questions regarding my child’s health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child’s activities.

**Parent/Guardian Signature:** [ ]

**DATE:** [ ]
CULVER-PALMS FAMILY YMCA
EMERGENCY TREATMENT AUTHORIZATION

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Sex: M F</th>
<th>BIRTHDATE</th>
</tr>
</thead>
</table>

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the YMCA Program. I hereby grant permission for my child to leave the YMCA Program premises under the supervision of a staff member for neighborhood walks or field trips in authorized vehicles. I hereby grant permission for my child to be included in evaluation and pictures connected with YMCA Program.

The undersigned, as the parent(s) or legal guardian(s) of the above-named person, (the “minor”) authorize YMCA of Metropolitan Los Angeles and its employees, directors and adult volunteers (collectively “YMCA”) to consent to any x-ray, anesthetic, dental or surgical diagnosis and treatment care (collectively “dental care”) to be rendered to the minor by a dentist licensed under the law of the State or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

The undersigned understand and agree that YMCA shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to indemnity, defend and hold YMCA harmless from any claim made by or on behalf of minor’s heirs or parents or guardian arising out of any medical care or dental care provided.

NOTE: The YMCA requests that if the minor is in the custody of both parents or more than one legal guardian, both or all sign this authorization. The YMCA understands that the minor is in the custody only of the person(s) who have signed this authorization.

If for religious reasons you cannot sign this, the branch must be contacted for a legal waiver, which must be signed for attendance

SPECIAL HEALTH CONSIDERATION /ALLERGIES:

____________________________________________________________________________________________________

Parent/Guardian Signature: ________________________________ DATE: __________

Parent/Guardian Signature: ________________________________ DATE: __________

SUNSCREEN UTILIZATION PERMISSION FORM

Section 101226(e) (4), Health-Related Services, requires CCCs to obtain written approval or instructions from parents prior to administering Non-prescription medication to children in care. Sunscreen is considered a non-prescription medication. As the parent or guardian of the above child, I give permission for the staff at the YMCA programs, to provide a sunscreen product of SPF 30 or higher, especially during the months of April-September. I understand the YMCA staff will not be applying the sunscreen on my child.

☐ Approve of the YMCA to provide my child with sunscreen of SPF 30 or higher
☐ Please do not provide my child with sunscreen, I will provide my child with specific type of sunscreen

The YMCA has sunscreen on site for children whose legal parents and/or guardian have approved. Although the YMCA has an on-site supply for days when you may forget, you are required to supply your own sunscreen for your child. Please label the bottle with your child’s name.

Parent/Guardian Signature: ________________________________ DATE: __________
YMCA of METROPOLITAN LOS ANGELES
PHOTO & VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA OF METROPOLITAN LOS ANGELES, I hereby give my permission and consent, now and for all time, to YMCA OF METROPOLITAN LOS ANGELES, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA OF METROPOLITAN LOS ANGELES and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF METROPOLITAN LOS ANGELES, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:
- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA OF METROPOLITAN LOS ANGELES, I authorize, according to this Release, shall belong to YMCA OF METROPOLITAN LOS ANGELES, YMCA of the USA and third parties collaborating with YMCA OF METROPOLITAN LOS ANGELES and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF METROPOLITAN LOS ANGELES;

- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF METROPOLITAN LOS ANGELES will not be subject to any obligation of confidentiality and may be shared with and used by YMCA OF METROPOLITAN LOS ANGELES, YMCA of the USA and third parties collaborating with YMCA OF METROPOLITAN LOS ANGELES and/or YMCA of the USA;

- YMCA OF METROPOLITAN LOS ANGELES, YMCA of the USA and third parties collaborating with YMCA OF METROPOLITAN LOS ANGELES and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF METROPOLITAN LOS ANGELES; and

- YMCA OF METROPOLITAN LOS ANGELES, YMCA of the USA and third parties collaborating with YMCA OF METROPOLITAN LOS ANGELES and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF METROPOLITAN LOS ANGELES for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge [INSERT YOUR YMCA NAME HERE], YMCA of the USA and third parties collaborating with YMCA OF METROPOLITAN LOS ANGELES and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF METROPOLITAN LOS ANGELES as described herein.

Signature: ____________________________ Printed Name: ____________________________
Age: _______ Address: ____________________________

I am the Mother/Father/Legal Guardian of ____________________________ (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: ____________________________
Date: ____________________________
CULVER-PALMS FAMILY YMCA
ACCEPTANCE OF POLICIES AND PROCEDURES

By signing below, I acknowledge that I have received a copy of the 2012 Summer Day Camp Parent Handbook (also referred to as the Parent Manual or Summer Manual), which includes the policies and procedures for all Summer Day Camp programs: summer day camp, summer child care, specialty and sports camps, middle school day camps/Good Times Camp, the Counselor-In-Training Program and other summer day camp programs. I acknowledge that I have read and understood the information in the Handbook.

By signing below, I acknowledge that I understand the financial policy of the YMCA, including the YMCA’s refund policy, credit policy and transfer policy. I also acknowledge that I understand the extended care policy and late-pick-up policy. I understand that these policies and procedures will be enforced at all summer day camp programs sponsored by the Culver-Palms Family YMCA.

By signing below, I acknowledge that I fully understand the refund policy for Summer Day Camp programs, and I acknowledge that the refund policy for Summer Day Camp programs may be different than the refund policy for other programs offered at the Culver-Palms Family YMCA. I understand that the YMCA will not issue camp refunds, credits or transfers for missed days of program, under any circumstances. I understand that the YMCA does not prorate for missed days of camp, under any circumstances. I also understand that if my child(ren) are dismissed from YMCA programs due to behavior issues, I will not receive a refund, credit or transfer of any kind for camp payments already made to the YMCA.

By signing below, I acknowledge that I fully understand that deposits made towards camps are nonrefundable, nontransferable, and cannot be exchanged for YMCA credit. I fully understand that all payments made towards the YMCA are nonrefundable and may not be exchanged for YMCA credit. Furthermore, I understand that all transfer request must be submitted two weeks prior to the week of camp I am transferring from and that transfer request are subject to the rules, policies and procedure set forth by the YMCA. Furthermore, I also understand that deposits paid for the YMCA will only hold my child’s space until the payment due date. If I do not pay my final balance by the payment due date, my camp deposit will be forfeited and I may lose my space at camp. I understand that in order to be reinstated into camp, I would have to register again and make a full-payment, if open spaces are available. Finally, I also understand that it is my (the parent/guardian’s) responsibility to preplan my schedule, and the YMCA will not issue refunds or credits due to schedule conflicts.

By signing below, I acknowledge that I have read and understood the above statements. By signing below, I acknowledge that I have received, read and understood the 2012 Summer Day Camp Parent Handbook. If this statement is true, please confirm by signing below:

<table>
<thead>
<tr>
<th>Parent/Guardian Signature:</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Parent Name (Please print)</td>
<td></td>
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<tr>
<td>Name of Child being enrolled in YMCA program</td>
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</tbody>
</table>
YMCA OF METROPOLITAN LOS ANGELES
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as “the undersigned”) 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 and/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 program 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 by the undersigned and such children.

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 ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as “releasees”) from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, 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 foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California 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.

THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES.

I HAVE READ THIS RELEASE

Date: ____________________________________________

Printed Name

Signature of Applicant/Guardian

Name(s) of Child(ren) in Program and/or YMCA Facility

Revised 5/22/08
Your Y is here for our COMMUNITY!
Looking for a great after-school program? Well, look no further! The Y may be the answer for you! The Culver-Palms Y has two great after-school programs!

BEFORE SCHOOL AND AFTER SCHOOL CARE
PALMS ELEMENTARY SCHOOL
Grades K – 5th
3520 Motor Avenue, Los Angeles CA, 90034
Did you know that we also offer before and after-school care at Palms Elementary School, in addition to summer camp? Our before-school and after-school programs encourage families to plan an active role in the quality experiences that the YMCA provides for your children!

Our Curriculum provides:
- Staff-led homework time and educational support
- Weekly educational, recreational and arts enrichment
- Activities that encourage the families to spend time together and build stronger relationships
- Collaboration with community organizations to provide other enrichment experiences for your child.

Enjoy the benefits of:
- Safe, quality licensed child care
- Morning care beginning at 7:00 am and after-school care ending at 6:00 pm
- Year Around Child Care and Holiday Care
- Variety of payment plans for everyone’s budget
- Financial assistance available for qualified families

AFTER SCHOOL RECREATION AND ENRICHMENT
CPY HOMEWORK CLUB
Grades 6th – 8th (Middle School)
Located at our Culver-Palms Family YMCA Branch!
Does your middle schooler need a positive environment after-school? Give our Middle School Homework Club a try! Your child will learn leadership and character development though community service, team building, sports, mentoring, social groups and more. Afternoons are filled with fitness activities, swimming, enrichment, homework assistance, computer time, outdoor activities, creative outlets and more!

Are our before and after school programs too far for you? Does your child’s school lack high quality before and/or after school program? Would you like a YMCA before and/or after school program at your school?

TELL US MORE!

What School Does Your Child Attend: ________________________________________________________________

What current programs are being offered: ____________________________________________________________

Principals Name:_________________________ Principals E-mail: _____________________________________________

Principal or School’s Contact phone number: __________________________________________________________

Contact information for school’s PTA/Booster Club: ____________________________________________________

Tell us why your school needs a YMCA Before and/or After School Program: ________________________________

_________________________________________________________________________________________________
This notice is ONLY for campers attending PALMS ELEMENTARY SCHOOL YMCA

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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:

California Department of Social Services

NAME
Los Angeles Northwest Community Care Licensing Regional Office

ADDRESS
6167 Bristol Parkway, Suite 400, MS: 29013

CITY
Culver City

ZIP CODE
90230

AREA CODE/TELEPHONE NUMBER
310-337-4333

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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:

YMCA of Metro LA, Palms Elementary School YMCA
3520 Motor Avenue, Los Angeles CA, 90034

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

DATE

UC 615A (8/08)
This notice is **ONLY** for campers attending **PALMS ELEMENTARY SCHOOL YMCA**

PLEASE SIGN BELOW

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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.

**Licensor Office Name:** Los Angeles Northwest Community Care Licensing Regional Office

**Licensor Office Address:** 6167 Bristol Parkway, Suite 400, Culver City CA, 90230

**Licensor Office Telephone #:** 310-337-4333

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

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**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.

YMCA of Metro LA, Palms Elementary School

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