Y Kids Club Enrollment – 2026/2027 School Year

Pages 1-5 is required per child, per school year.

Child's Name _____School_____

Mailing Address _____

DATE OF BIRTH MONTH / DAY / YEAR			AGE	GRADE (Fall 2026)	BOY	GIRL	IS CHILD A NORFOLK YMCA MEMBER?
							YES ____ NO _____

Mom/ Guardian _____ Dad/ Guardian _____

Does this cell # want to receive weekly texts for deadline reminder (Wed. 6pm)?

☐ Yes ☐ Yes

Cell # _____ ☐ No Cell # _____ ☐ No

Email _____ Email _____

Please indicate that you understand the following by checking each box:

☐ Enrollment Forms per child, per school year (non-refundable/non-transferable; waived for School Out Days only)
- Early Bird Enrollment Fee (through July 26, 2026): $25/child
- Enrollment Fee (beginning July 27, 2026): $35/child

☐ **Weekly registration and payment is due each <u>Wednesday</u> for the upcoming week.** A $10 late fee (1 per family) will apply effective Thursdays.

☐ We have online registration (preferred) and in-house registration. For online, visit www.norfolkymca.org or our Norfolk Family YMCA app. Note: If you receive state assistance, you are not able to register online.

☐ **I understand that past due balances may be automatically drafted if overdue by 45+ days, and we're unable to contact you after several attempts. Please do not let balances build or go unpaid.**

☐ To receive the member rates, the child must be a YMCA member and the account must be in good standing.

☐ If your child will not be attending, please call 402-371-9770 to leave a message with the Welcome Center.

☐ Credit is only given if a doctor's note is presented explaining the reason. Credits are not given for change of schedules if the week has already begun.

☐ If you are late picking up your child (6:00 pm) a fee of $1 per minute applies and you'll be invoiced.

DAILY RATES	Member	*Non-Member
Before Care (6-8 am)	$4.25/day	$6.25/day
After Care (3:15-6 pm)	$9.50/day	$13.50/day
2:00 Dismissal (until 6 pm)	$13.25/day	$18.25/day
11:30 Dismissal (until 6 pm)	$19.75/day	$25.75/day
All Day Care (6 am-6 pm)	$30.00/day	$40.00/day

Rates shown are a flat rate per child, per day.

Please check your personal Health & Accident Insurance as the YMCA does NOT cover these areas. I have read and understand the information provided above, as well as the policies in the YMCA parent handbook included with this packet. I have also taken the time to read and explain the policies to my child who will be attending Y Kids Club this school year.

Parent/Guardian Signature:_____**Date:** _____

NORFOLK FAMILY YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

ATTENTION: This Release and Waiver of Liability and Indemnity Agreement applies to anyone at the YMCA for any purpose - as a participant, a spectator or a visitor to the YMCA.

In consideration for being permitted to utilize the facilities, services, and programs of the Norfolk Family YMCA ("YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, assignees and successors, 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 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 programs 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.

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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, INCLUDING ANY YMCA PART OF THE NATIONWIDE MEMBERSHIP PROGRAM, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "Releases") from all liability to the undersigned, his or her personal representatives, assignees, heirs, and successors for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned*, whether caused by the negligence of the Releasees or otherwise* while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA *whether caused by the negligence of the Releases or otherwise.*
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE *due to negligence of Releases 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.

"I understand, comprehend, and appreciate the foreseeable, unforeseeable, and inherent dangers and risks associated with the use of the Norfolk family YMCA facilities and specifically those risks associated with communicable diseases including SARS-CoV-2/ COVID-19 (the Coronavirus). I fully assume all responsibility for the risks associated with my use of the Norfolk Family YMCA and I hereby release, discharge, and hold harmless the Norfolk Family YMCA, its board members, and employees, from all claims, liability, and causes of action, of whatever form, arising out of or incidental to my use of Norfolk family YMCA facilities."

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 Nebraska and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, 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.

_____	_____	_____
Printed Name	Signature	Date

_____
Child's Full Name

PROCEDURES FOR BEHAVIOR MANAGEMENT
(Signature Required Below)

It is the goal of the NORFOLK FAMILY YMCA to provide a safe and fun program in a secure environment. YMCA staff teach the core values of respect, responsibility, caring, honesty and faith. All children participating in the program are expected to follow the behavior guidelines and act appropriately in a group setting.

BEHAVIOR GUIDELINES:

- We show respect to each other and the environment.
- Everyone is responsible for their own actions.
- We will care for ourselves, others and equipment.
- Honesty will be the basis for all relationships and interactions.
- A positive attitude is necessary for everyone to have fun!

When a child does not follow these behavior guidelines, the following steps will be taken:

1. YMCA staff will redirect the child in more appropriate behavior.
2. The child will be reminded of the appropriate behavior and rules not being followed and a discussion will take place.
3. Parent will be notified if the inappropriate behavior continues.
4. Documentation of the incident will take place by the staff.
5. A conversation will be scheduled with the parent to discuss the appropriate action.
6. A possible follow up or progress check will follow.
7. If the problem still persists, a conversation will be scheduled with the parent, child, program director and staff involved. All written documentation will be available.
8. If at any time the child's behavior threatens the immediate safety of the child, other children, or the YMCA staff, the parent will be notified and arrangements must be made for the child to leave immediately.

NOTE: The YMCA reserves the right to suspend or even dismiss any child from the program that portrays a continuously disruptive or aggressive behavior.

The following behaviors are not acceptable:

- Putting the health or safety of others in danger
- Stealing or damaging YMCA property
- Leaving the program or designated area without permission
- Refusing to follow these behavior guidelines
- Using any form of obscenity, vulgarity or profanity

Children may be suspended 2 times before expulsion is issued. Immediate expulsion will result if a child is found using or in possession of any form of tobacco, alcohol, illegal drugs, firecrackers, firearms or explosives.

PARENT/GUARDIAN SIGNATURE REQUIRED

I have reviewed the procedures for Behavior Management with my child. We understand and agree to all of the terms presented in this document.

Parent/Guardian Signature: _____ **Date:**_____

CHILD HEALTH FORM

Write Clearly!

Child's Name _____ Age _____ DOB ____/____/____ Boy Girl
Last First

Address _____ Grade (2026/2027) _____
Street City School _____

Parent's Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Living Together ☐ Single ☐ Other _____

Mom/Guardian _____ DOB____/____/____ Cell # _____

Employed by _____ Work # _____

Dad/Guardian _____ DOB____/____/____ Cell # _____

Employed by _____ Work # _____

In case of **EMERGENCY** and parents are unreachable. please contact: (Must be local. List names in order.)

1. Name _____ Phone _____ Relation _____
2. Name _____ Phone _____ Relation _____
3. Name _____ Phone _____ Relation _____

Authorized individuals for pick-up. MUST list parents. (Registered Sex Offenders are NOT allowed on property; therefore, cannot pick up/drop off.)

1. _____ 2. _____ 3. _____

Relation _____ Relation _____ Relation _____

4. _____ 5. _____ 6. _____

Relation _____ Relation _____ Relation _____

HEALTH QUESTIONS:			**Details**
YES	NO	**Food Allergies** (be specific)	_____
YES	NO	**Allergies** (Sunscreen, Seasonal, Medications, Bee stings, etc.)	_____
YES	NO	**Medical Conditions** (Asthma, ADHD, Autism, Eczema, etc.)	_____
YES	NO	**Behavior Traits** (runs away, defiant, self-inflected harm, etc.)	_____
YES	NO	**Medication taken on School Out Days at YMCA**	Time & Dosage:_____
YES	NO	**Other at-home Medications**	_____
YES	NO	**Medical History**	_____
YES	NO	**Restrictions to Activities**	_____
YES	NO	**Fears**	_____
YES	NO	**Changes/Events/Issues** (death, divorce, moving, new baby, etc.)	_____

FIELD TRIP PERMISSION

My child has my permission to participate in any field trips with Y Kids Club. This includes both walking and bus transportation.

Parent/Guardian Signature:_____ **Date:** _____

CHILD HEALTH FORM (continued)

Swimming: *(We swim on School Out Days; Middle School may swim more)*

1. Swimming Ability: Non-swimmer to Weak _____ Average _____ Strong _____

2. My child has permission to swim. YES NO
   (Note: Until child passes our Swim Test, they only swim in the small pool, 2.5-3.5 ft depth.)

3. My child has permission to swim in a depth of water over their head. YES NO
   (If Yes, you're allowing them to be in a depth of water that they **can't touch the bottom when standing**.) **If NO, the child will not be allowed to attempt the Swim Test (#4).**

4. My child has permission to take the Deep Water Swim Test. YES NO
   (Front Crawl swim the length of the big pool & tread water 1 minute). If child passes, they can swim in the big pool, 4-12 ft. Note: Non-swimmers/weak are not allowed to take the Swim Test. (___ Already Passed)

Sunscreen:

I give permission for the YMCA to provide sunscreen to my child. YES NO
(If allergic or skin sensitivity, please mark this on previous page as well.)

Immunization Records: State Certification requires Immunization Records be on file before the child can be admitted into the program. Note: We do not need another copy if your child has attended this program in the past and we have the most current records on file already.

☐Copy attached ☐I'll have medical office Fax it (YMCA Fax #402-371-9162) ☐All current & on-file already ☐Refusal documentation

EMERGENCY MEDICAL CARE AUTHORIZATION

I (We) expect to be notified at once in case of accident or illness to my (our) child. I (We) will make arrangements for medical care of my (our) child with the physician or hospital of my (our) own choice. If I (we) cannot be reached to make the necessary arrangements, I (We) hereby authorize the YMCA to

Contact Dr. _____

Address _____ Phone _____

Or the nearest hospital for the emergency care of (child's name) _____

Parent/Guardian Signature _____ Date _____

This is to certify that my child is, to the best of my knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent/Guardian Signature _____ Date _____

WAIVER:

- I understand that the NORFOLK FAMILY YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, equipment usage, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses that may result from my child's participation in these activities. I hereby release and discharge the NORFOLK FAMILY YMCA, its agent, servants and employees from any and all claims for injury, death, loss or damage which he/she may suffer as a result of his/her participation in these activities.
- I understand that the NORFOLK FAMILY YMCA is not responsible for personal property lost or stolen while using the YMCA facilities or visiting YMCA property.
- I give permission to the YMCA to use, without limitation or obligation, photographs, film footage, my child's image or voice for purposes of promoting or interpreting YMCA programs.
- I have received the Department of Health & Human Services (DHHS) Parent Information Brochure for Licensed Child Care, which is attached in the Parent Handbook, page 15.
- I acknowledge the waiver above and accept the conditions set forth because I understand the goals and purposes of the YMCA.

Parent/Guardian Signature: _____ **Date:**_____