



YMCA CONNECTIVITY PROGRAM
REGISTRATION FORM
(ONE FORM PER CHILD)

CHILD'S NAME: LAST FIRST M.I. AGE:

D.O.B: MONTH/DAY/YEAR SCHOOL:

PHYSICAL ADDRESS: STREET ADDRESS CITY STATE ZIP CODE

IS CHILD NATIVE HAWAIIAN: Y / N

MOTHER: (PARENT/LEGAL GUARDIAN LAST NAME) FIRST M.I. WORK # CELL#

FATHER: (PARENT/LEGAL GUARDIAN LAST NAME) FIRST M.I. WORK # CELL#

MOTHER'S EMAIL: FATHER'S EMAIL:

FOR STATISTICAL PURPOSE ONLY: 0 - \$24,000 \$25,000 - 36,000 \$37,000 - 50,000 \$51,000 - 74,000 \$75,000 & Above

YOUR HOUSEHOLD INCOME BRACKET DOES NOT DETERMINE AWARDS FOR FINANCIAL ASSISTANCE.

EMERGENCY CONTACT INFORMATION: (IN ADDITION TO PARENTS/ LEGAL GUARDIANS, I AUTHORIZE ONLY THE FOLLOWING PEOPLE TO PICK UP MY CHILD AND/OR IN AN EVENT OF AN EMERGENCY, BE CONTACTED IF THE PARENT/ LEGAL GUARDIAN CAN NOT BE CONTACTED.)

NAME: FULL NAME RELATIONSHIP WORK# CELL#

NAME: FULL NAME RELATIONSHIP WORK# CELL#

YMCA MEMBERSHIP: // WE are Island of Hawai'i YMCA members: Y / N

I / WE need to obtain a YMCA Membership: Y / N

YMCA Membership is a one-time lifetime payment of \$50.00. It is not willable. It is non-refundable

PHOTO / VIDEO RELEASE WAIVER: The Island of Hawaii YMCA has my permission to use my child's photography, video, artwork, profile and/or story and any likeness in any of its publications web pages, and other promotional materials produced, used by, and representing the YMCA. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me or my child for this use. This includes photographs, videos, and artwork during program hours as well as special events, camps, and other YMCA related outings of regular hours.

Yes, I agree with the statement.

No, I do not agree. If you answer NO, please contact the CONNECTIVITY Program Director.

PARENT/GUARDIAN SIGNATURE DATE:

**COVID-19 ANNOUNCEMENT:**

The Island of Hawaii YMCA has taken a stance on ensuring the safety of our members and staff! We have decided to enforce a 20 DAY QUARANTINE for anyone who has traveled interisland, to the Mainland, or out of the Country effective July 8<sup>th</sup>, 2020. If you have family who have traveled interisland, to the Mainland, or out of the Country and you or your child has come in contact or residing in your household; policy still applies. This is a circumstantial policy and will change as changes occur with the COVID pandemic. Mahalo for your consideration and efforts to keep our YMCA ohana safe.

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

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**I acknowledge that the information provided on this childcare application is valid. By signing this application, I agree to the stipulations above.**

\_\_\_\_\_ **PRINT PARENT/GUARDIAN NAME**

\_\_\_\_\_ **PRINT CHILD'S NAME**

\_\_\_\_\_ **PRINT PARENT/GUARDIAN NAME**