



Triunfo YMCA
31225 La Baya Drive #106
Westlake Village, CA 91362
(818) 707-YMCA (9622)
Fax: (818) 706-0282
www.trunfoymca.org
Tax ID #95-2305501

Child Care Registration Form 2018-2019

Child's Last Name _____ First Name _____ Date of Birth _____ Age _____

Child's School _____ Grade _____

Enrolling Parent's Name _____ Cell Phone _____ D.O.B _____

Place of Business _____ Business Address _____

Email _____ Work Phone _____ Home Phone _____

Co-Parent's Name _____ Cell Phone _____ D.O.B _____

Place of Business _____ Business Address _____

Email _____ Work Phone _____ Home Phone _____

**We require each parent's Date of Birth to update our digital records. This will not be used without your consent in any way.*

AM Care: Grades K-5: ☐ 6:30-8:15

Kindergarten ONLY: ☐ 12:45-2:15 ☐ 1:00-3:00 ☐ 1:00-4:00 ☐ 1:00-6:00

☐ 2:00-4:00 (WHITE OAK ONLY) ☐ 2:00-6:00 (WHITE OAK ONLY)

Grades 1-5 ONLY: ☐ After School Until 4:00 ☐ After School Until 6:00

PLEASE COMPLETE THE FOLLOWING FOR ALL STUDENTS GRADES K-5

Full or Part Time: ☐ Full-Time (4-5 days per week) ☐ Part-Time (1 to 3 days per week)

Days of Child Care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

YMCA Site Location: ☐ White Oak ☐ Willow ☐ Sumac ☐ Yerba Buena

Select Desired Plan: ☐ A ☐ B (Nonrefundable; Includes Thanksgiving, Winter & Spring Camps)

☐ Holiday Camp(s) ONLY (circle all that apply): Thanksgiving Winter Week 1 Winter Week 2 Spring

Transportation Needed: ☐ Yes ☐ No **Booster Seat Needed:** ☐ Yes ☐ No (Not required for Children 8 years old OR 4'9")

Time your child is dismissed from school: _____

Ongoing Payment Method: ☐ Credit Card Draft ☐ Bank Draft

Major Allergies/Fears:

Enrollment: Start Date: _____ Classroom # _____ Teacher: _____

☐ **Child Picture:** Please provide a recent photo of your child, this is to aid in identification and assist in emergency situations.

☐ **Immunization:** Please provide the most recent immunization records for licensing purposes.

I confirm that I have filled the above information to the best of my knowledge, and will continue to update the Triunfo YMCA to any and all changes necessary.

Parent's Signature _____ **Date** _____

Print Name _____

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR “BOWEL MOVEMENT”*	WORD USED FOR URINATION*
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PARENT’S EVALUATION OF CHILD’S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

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:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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.

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

Acknowledgement Form

PARTICIPATION

I give permission for my child to participate in activities, field trips, overnights, swimming and to be transported according to the program content as authorized by the YMCA; I give my permission for the YMCA to use any photographs of my child for future promotional purposes and waive all royalty considerations. I understand that Community Care Licensing has the right to enter the facility and interview my child at any time. Initials_____

MEDICAL TREATMENT

I give permission for my child to receive emergency medical treatment by a qualified YMCA staff member or medical personnel. I also give permission for my child to be transported by ambulance, YMCA van or car to an emergency center in the event that I cannot be contacted. I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital selected by the YMCA Director when deemed immediately necessary or advisable by the physician to safeguard my child's health. Initials_____

INSURANCE

I acknowledge it is the responsibility of the parent or guardian to provide insurance for their own accident and medical coverage while participating in YMCA activities. The YMCA does not provide any accident or health coverage for its participants. Initials_____

ENRICHMENT CLASS/AFTERSCHOOL ACTIVITY

It is the parents' responsibility to notify the YMCA in writing if your child will be attending any enrichment class or afterschool activities. Please be sure to provide the following information to our YMCA office:

- Days of the week your child will be attending class/activity.
- Time period for the activity (start and end time).
- Time child is expected to arrive at the YMCA program center.
- Type of activity attending and name of class.
- Name of authorized person (school teacher, coach, etc.) to pick up and/or drop off your child.

Please note that your child will need to be walked to the YMCA building when enrichment is done for the day by their enrichment staff and they will need to sign the child in. If the class has a later start time, then right after school they will attend the YMCA and a staff member will sign the child out and notate the enrichment class name, then proceed to walk the child to their destination.

Initials_____

CUSTODIAL PICK UP

Parents who are listed on the registration form have the right to pick up their child, unless a court order document restricts these rights. The enrolling parent may choose to not include the child's other parent on the registration forms, but should also include the official court order. If your child is involved in a shared custody order, we ask you provide a copy of the court order and a joint calendar which indicates when each parent is scheduled to pick-up. Persons authorized to pick-up your child must be identified on the registration form. It is the policy of the YMCA not to release your child to anyone not authorized on record to do so. Additions to your authorization list must be added by you, in writing, to the YMCA office. Initials_____

SIGNING IN/OUT PROCEDURES

Per California law, accurate records must be kept of children attending program each day. The correct time of drop-off or pick-up must be entered by the person signing the child in and out. The time of the pick-up and drop-off is determined by the clock at the site. Late pick-ups will result in late fees, which must be paid immediately at time of pick-up. Parents' full signature is required at the time of drop-off or pick-up; children must be signed out by an adult that is 18 years old or older. Initials_____

PARENT HANDBOOK FOR CHILD CARE

I have received, read and understand the Parent Handbook for Child Care, which includes additional Policies & Procedures.

Initials_____

Please initial your acknowledgment of these Policies.

I have read and understand the above information and will continue to keep the YMCA file updated with any changes to this information.

Parent's Signature _____ Date _____

Print Name _____



Dear Childcare Parents,

As you may be aware, SB 277 was signed into law and affects all Licensed Child Care facilities. This law mandates changes to the Child Care Provider's responsibility to maintain and enforce immunization records for every child in the program.

Before children may be admitted to any California child care facility, state law requires that an immunization record be presented to staff by the parent or guardian. Usually, this is the child's yellow California Immunization Record (yellow card), or personal immunization record given to parents by their doctor or clinic. Records accessed through CAIR or from other states and countries are also acceptable. The immunization record must:

- Identify the student by name and date of birth
- Show the date each required vaccine dose was received
- Have the type of vaccine received
- Include the name of the physician or agency who gave the vaccine.

If a child has a Personal Beliefs Exemption, it may be accepted if it was filed **before** January 1, 2016. It will remain valid until the student enrolls in the next grade span (kindergarten or 7th grade). The PBE must:

- Identify the student by name and date of birth
- Checkmark to indicate either *receipt of information* from practitioner or *religious beliefs* with a signature from the parent/guardian and date of signature
- Checkmark(s) to indicate which vaccines are being exempt
- An accompanying immunization record for any doses received.

If a child has a Medical Exemption (temporary or permanent), it may be accepted if a licensed physician (M.D or D.O) provides a written statement which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated
- Which vaccines are being exempt
- Whether the medical exemption is permanent or temporary
- The expiration date, if the exemption is temporary.

Unfortunately, law SB 277 does not allow for any grace period to obtain the required immunization documentation. This means that until you have provided the required documentation, your child **MAY NOT** attend the Child Care Program.

You may E-mail, present in person, fax or mail the appropriate documentation to the YMCA Office. Please be sure to confirm receipt.

Sincerely,

Triunfo YMCA Office
31225 La Baya Drive, Ste 106
Westlake Village, CA 91362
Fax: 818-706-0282

**MEMBER/CHILDREN
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SOUTHEAST VENTURA COUNTY 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, 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 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 thereof 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 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 CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence 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 releases and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children 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 releasees or otherwise.
3. THE UNDERSIGNED ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence 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 WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Print Name: _____ Signature of Applicant/Parent: _____

Print Name: _____ Signature of other Adult: _____

Print Name: _____ Name of Child in Program: _____

Print Name: _____ Name of Child in Program: _____

Print Name: _____ Name of Child in Program: _____

Sunscreen Permission Form

Dear Parent or Guardian,

Your child is currently enrolled in our child care and/or day camp program, both of which are mainly held outdoors. Since the weather in California is usually sunny, we encourage parents to apply sunscreen to their child(ren) before they attend school or camp for the day. Since sunscreen does lose its effectiveness over a period of time, we would like to make sure sunscreen is reapplied throughout the day as may be needed. California requires written permission from a parent/guardian if sunscreen is applied during our programs.

Our staff will only assist children that need help applying sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs and feet, 15-30 minutes before an outdoor activity occurs.

I understand that sunscreen will be applied to my child before outdoor activities and throughout the day as needed.

Date: _____

Child's Name (Please Print)_____

Parent Name (Please Print)_____

Parent Signature_____

Special Instructions:

_____ I do not want my child to use any sunscreen other than the one she/he brings. Personal sunscreen must be provided in a Ziploc bag with the child's name clearly written on the bag.

_____ My child may use the sunscreen provided by the YMCA.

_____ I understand that if the sunscreen I provided runs out, the staff will apply sunscreen that has been provided by the YMCA.