Childcare for Healthcare Workers and First Responders

In response to COVID-19, the YMCA is here to help by providing a safe place for children of healthcare workers and first responders.

Between the hours of 7 am and 6 pm, drop off your children at one of the YMCA locations listed below. Breakfast and lunch will be provided. Bring two snacks from home for each child. Drop off and pick up will be curbside only with proper ID. Call your location to make a reservation – space is limited.

COST: $20 per child (special rate/COVID-19)

Bounds Family YMCA
8051 Whispering Pines Road
Daphne, AL 36526
(251) 380.0250

North Mobile Family YMCA
401 Shelton Beach Road.
Saraland, AL 36571

Hearin-Chandler Family YMCA
951 Downtowner Blvd.
Mobile, AL 36609
(251) 380.0250

John McClure Snook Family YMCA
2560 S. Pine Street
Foley, AL 36575
(251) 970.3003

YMCA OF SOUTH ALABAMA
Our Mission: To put Christian principles of faith, hope and love into practice through programs that build a healthy spirit, body and mind for all.
HEALTH CARE/FIRST RESPONDERS CHILD CARE REGISTRATION FORM

Participant #1 ______________________ D/O/B ___ / ___ / ___
YMCA Member: ______ Yes ______ No______ Gender ______ Age ______ Grade ______

Participant #2 ______________________ D/O/B ___ / ___ / ___
YMCA Member: ______ Yes ______ No______ Gender ______ Age ______ Grade ______

Participant #3 ______________________ D/O/B ___ / ___ / ___
YMCA Member: ______ Yes ______ No______ Gender ______ Age ______ Grade ______

Address ________________________ City _______ Zip ______

Parent/Guardian ____________________ Parent/Guardian ____________________
Parent D/O/B ____________________ Parent D/O/B ____________________
Parent Cell/Work __________________ Parent Cell/Work __________________
Parent E-mail ____________________ Parent E-mail ____________________

Authorized Persons To Pick Up:

List any allergies, injuries, restrictions, special needs child may have:

Cardholder’s Name:

Program Amount: $

Check #: □ $5.00 □ $10.00 □ $20.00 □ Other

One Time Draft: □ Visa □ Master Card

□ Discover □ American Express

□ Draft Account on File □ Flyer □ Facebook □ Banner □ Other

Account/Card Number Exp. Date (MMYYYY) CVV#

I authorize payment from the specified account in the amount specified above. I accept sole responsibility for notifying the YMCA of South Alabama if my address changes. Returned Payments - Credit/Debit card returns will be assessed a $30 fee by the YMCA. All other payments returned as non-sufficient funds will be automatically forwarded the eCash Flow System (ECS) for collections. ECS will make two attempts to collect the funds from your account. A $30 fee will be assessed by ECS upon the successful collection of the YMCA’s funds from your account. Acceptance/Release - I (we) acknowledge the conditions of membership/participation as stated below, for myself and on behalf of any minors listed, I (we) hereby release the YMCA of South Alabama, its agents, volunteers and employees from any and all claims for injury, illness, death, loss or damage that are not directly resulting from the YMCA’s negligence which may result from participation. Conditions of Membership / Participation - I understand that the YMCA does not provide any accident or health insurance for its members and/or participants and I assume responsibility for any injury or illness resulting from participation in aerobics and other exercise, weight training, sports, use of pools, spas, saunas, steam rooms and fitness equipment. I understand that my image may be captured while on YMCA premises and used for promotion or interpreting YMCA programs. The YMCA of South Alabama reserves the right to suspend or cancel a membership/participation when a person’s behavior or language is judged to be in conflict with the welfare of other members, program participants or staff, or in conflict with the YMCA values.

Authorized Signature: Date:

FOR OFFICE USE ONLY
Member ID: Staff: Date: F/A: