Y CLUB AFTERSCHOOL REGISTRATION FORM 2015-2016

PLEASE PRINT LEGIBLY: (This form must be completely filled out. Empty spaces will VOID registration)

CHILD'S NAME: ____AGE:_______ SEX:_____

SCHOOL SITE(circle): Kirksville Primary Kirksville Ray Miller La Plata Elementary GRADE:_________________

HOME ADDRESS:_________________________CITY:____________________ZIP:_________

DATE OF BIRTH:________________________ FAMILY EMAIL____

MOTHER/GUARDIAN:____EMPLOYER:_________________________________

HOME PHONE #:_________________WORK PHONE #________________CELL PHONE#________________

FATHER/GUARDIAN:____EMPLOYER:_________________________________

HOME PHONE #___________________WORK PHONE #_______________CELL PHONE#_________________

EMERGENCY CONTACTS

* <u>Must be other than parent/guardian</u>
* <u>Must be at least 21 years of age</u>
*<u>Must be aware of the emergency contact status</u>
* <u>Must be available during camp hours</u>

NAME____RELATIONSHIP TO CHILD__________________________

HOME PHONE #________________WORK PHONE #__________________CELL PHONE #______________________

NAME_______________________________________RELATIONSHIP TO CHILD____________________________

HOME PHONE #_______________WORK PHONE #____________________CELL PHONE #_____________________

ADDITIONAL PICK UP AUTHORIZATIONS (MUST BE AT LEAST 16 YEARS OLD WITH PHOTO ID):

1. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________
2. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________
3. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________
4. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________
5. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________
6. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________
7. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________
8. NAME______________________________ PHONE #________________ RELATIONSHIP TO CHILD________________

ABILITIES AND ACCOMODATIONS

So that we may better serve and understand your child, please describe any accommodations (medical, physical, fears, or behavioral needs) and/or other information that will assist staff to help your child get the most out of camp. (Please note: our staff can not be responsible for personal care e.g. toileting, feeding tubes, etc...)

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Does your child have an IEP with the school district? Yes No

**If Yes, please explain above

(Due to staffing and scheduling, children requiring an inclusion counselor may be placed on a waiting list until accommodations are available.)

HEALTH HISTORY/MEDICAL INFORMATION:

Physician: ________________________Phone: ______________ Address__________________________________

Has your child ever been diagnosed with any of the following? (check all that apply)

	ADD		Epilepsy		Behavioral Disorder
	ADHD		Visual Impairment		Frequent Headaches
	Autism		Hearing Impairment		Other Heart Conditions
	Cerebral Palsy		Learning Disability		Food Allergies
	Down Syndrome		Diabetes		Medication Allergies
	Mental Impairment		Asthma		Other Allergies
	Hyperactivity		High Blood Pressure		
	Seizure Disorder		Heart Murmur		

If you check the above, please explain:

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____

Are immunizations current? Yes No

Does your child follow a special diet? Yes No

If yes, please explain:____

Other Medical Information that the YMCA should know:____

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***The YMCA does not administer any medications. All information on this form will be confidential and only used to the child's benefit.

PERMISSION TO TREAT - INFORMED CONSENT - By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the YMCA staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the YMCA to transport, hospitalize, secure proper treatment for and to order injections, x-rays, routine test, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

Initials__________________

LATE FEE POLICY - I understand that my child's afterschool payment is due on the 1st of every month and I am allowed a grace period until the 5th. If my afterschool payment is not paid by the 5th of every month, there will be a $10 late fee added to my family's account.

Initials__________________

PICK-UP POLICY - I understand that anyone on my authorized pick up list must show photo identification to pick up my child. I can also only add people to that list by writing their name on list in person at the Y.

Initials__________________

DISCIPLINE POLICY - I will review and reinforce the child conduct and other afterschool policies with my child prior to the start of afterschool. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Children not following the conduct policy may be suspended or expelled from afterschool.

Initials__________________

PHOTOGRAPHY POLICY - I give the Y permission to use any and all photographs taken of my child in activities in the Y publicity. The Adair County Family YMCA values the privacy of its members. No photos or video of any type are to be made of any child or staff person without the consent of the Y Staff.

Initials__________________

I have read all of the above information and I am fully aware of all of the terms and principles contained herin. All questions have been answered to my satisfaction. I agree that certain activities at the Y have risks which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Y and Y staff members from any claims or demands arising out of any such injuries and losses.

Parent Signature____Date___________________________