

# ALBERT LEA FAMILY YMCA SCHOOL'S OUT/ KID'S DAY OFF PROGRAM ENROLLMENT PACKET

**\*THIS PORTION **MUST** BE TURNED IN BEFORE  
YOUR CHILD STARTS THE PROGRAM\***

FOR FRONT DESK STAFF ONLY:

PAID:

\_\_\_\_\_ \$40.00 Registration Fee

\_\_\_\_\_ \$5.00 Registration Fee Per Additional Child

Cash: \_\_\_\_\_

Check (#): \_\_\_\_\_

Swipe (Auth. #): \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Please print. Complete one (1) form per registered child.

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please indicate roughly which days of the week your child will attend the YMCA's Summer Day Camp.

Mondays

\_\_\_\_\_

Tuesdays

\_\_\_\_\_

Wednesdays

\_\_\_\_\_

Thursdays

\_\_\_\_\_

Fridays

\_\_\_\_\_

Parent/ Guardian Information

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

\*Insert picture here\* - Staff use only

Emergency Contact Information

Name of Contact #1: \_\_\_\_\_ Name of Contact #2: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name of Persons **Authorized** to Remove Child from Program (Pick-up)

\*NOTE: Copy of Photo ID will be needed of all Authorized Persons\*

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

4. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Persons **NOT Authorized** to Remove Child from Program (Pick-up)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

4. \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical/Dental Information

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_

Health Care Summary

\*NOTE: The YMCA's School Age Childcare Programs involve both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. Snacks will be are served. Please fill out the bottom and tell us if your child has physical and/ or dietary restrictions. Child must be fully potty trained to be approved of enrollment.\*

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

Allergies (including allergies to medication): \_\_\_\_\_

Is a modified diet necessary (per a doctor's note)? \_\_\_\_\_

Is any condition present that might result in an emergency? (I.E. Asthma)  
\_\_\_\_\_

What is the status of the child's: Vision? \_\_\_\_\_  
Hearing? \_\_\_\_\_  
Speech? \_\_\_\_\_

IEP/Behavioral Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If so, are there any techniques you would like us to continue with your child during the program?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you would like us to know about your child so we may fully understand the specific cares they will need?

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Immunizations

	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	4 <sup>th</sup> dose	5 <sup>th</sup> dose
Type of Vaccine	Mo./Year	Mo./Year	Mo./Year	Mo./Year	Mo./Year
DTP (Diphtheria, Tetanus, & Pertussis)	_____	_____	_____	_____	_____
POLIO	_____	_____	_____	_____	_____
MEASLES	_____	_____	_____	_____	_____
RUBELLA	_____	_____	_____	_____	_____
MUMPS	_____	_____	_____	_____	_____

Tuberculin Test Date: \_\_\_\_\_ Results: \_\_\_\_\_

Are IMMUNIZATIONS up to date? \_\_\_\_\_ Plan to update? \_\_\_\_\_

Other information helpful to the program: \_\_\_\_\_

**\*NOTE: A COPY OF YOUR CHILD'S IMMUNIZATION AND MEDICAL RECORDS IS NEEDED BEFORE THEIR FIRST DAY OF THE PROGRAM\***

Albert Lea Family YMCA's Fax Number: (507) 373-1053

Medication Physician Order & Parent Authorization Form

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First MI

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician's Order

I hereby request and authorize you to give:

	Medication	Dosage	Time	Duration
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Diagnosis/medical reason for medication: \_\_\_\_\_

Other Medications this child is taking: \_\_\_\_\_

Other recommendations/UNUSUAL side effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clinic Name & Address: \_\_\_\_\_ FAX #: \_\_\_\_\_

Parent/Guardian Authorization

- I request that the above medication be given after school hours as ordered by this child's physician.
- I release the Family Y personnel from any liability in relation to this request when the medication is given as ordered.
- We will notify the Family Y of any change in the medication (dosage change; medication is discontinued before the time stated in the physician's order). I give permission for the school nurse to have communication with YMCA staff about the action and side effects of this medication.
- I give permission for the Y Site Coordinator to consult with the above named child's physician regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.
- I give permission for the assigned Y staff to administer the medication on a field trip, as necessary, following school procedure.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## Permission Authorization

Please read carefully and sign:

- I hereby agree to allow First Aid treatment to be administered by the Albert Lea Family YMCA/the YMCA's School's Out Program staff and/or person certified in the appropriate skill.
- I authorize the Albert Lea Family YMCA/the YMCA's School's Out Program staff, to obtain emergency medical and/or dental care or treatment for my child in the event of a medical emergency. Attempts to reach a parent or another individual listed as a contact person on the Admission will be made if time and circumstances allow.
- I authorize the Albert Lea Family YMCA/the YMCA's School's Out Program staff to administer syrup of ipecac or take other action in case of emergency as directed by and with the approval of the Poison Control Center.
- I hereby agree to allow School's Out/ Summer Day Camp Staff to apply sunscreen and bug spray to my child, as needed.
- I hereby give my permission to the Albert Lea Family Y/the YMCA's School's Out Program, for my child to participate in supervised play and attend excursions that may be considered part of the child care program. I understand that I will be notified if this will require me to pick up my child from a different location.

Name of Child: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 9/11

## Albert Lea Family YMCA Photo and Video/ Audio Recording Release

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the YMCA, I hereby give my permission and consent, now and for all time, to the Albert Lea Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Albert Lea Family YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the YMCA, I authorize, according to this Release, shall belong to the Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA;
- The Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Albert Lea Family YMCA; and
- The Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights worldwide and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA as described herein.

Child's (18+) Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

I am the Parent/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Albert Lea Family Y  
Agreement for Services

I have read and understand the policies and procedures for the Albert Lea Family YMCA's School's Out/ Kid's Day Off Program. I understand the procedures have been developed to comply with State of Minnesota requirements and provide for the overall welfare of the children enrolled. I have discussed any questions regarding these procedures and mutual responsibilities with the YMCA's School's Out Program Youth Program Coordinator and agree to comply with the fee agreement and all NSF or past due account policies. In consideration for services provided I agree to pay all charges including any interest, collection fees or attorney costs in the event that the account becomes delinquent. I will provide the necessary information or required forms and inform the Youth Program Specialist of any changes in address, telephone, health or family situation.

I understand a \$40.00 non-refundable registration fee is charged upon registration, with an added \$5.00 per additional child.

I hereby agree to pay the Albert Lea Family Y the agreed upon fee for my child's participation in the YMCA's School's Out Program. **\*\*Please note if fee has already been paid\*\***

I understand that I will only be billed for the days that my child attends the YMCA's School's Out Program. Statements will be set out each week for the previous week. Payments must be received at the YMCA by 6:00 on the following Friday. Payments are required to be made weekly unless arranged in advance with the YMCA business office.

I hereby understand and acknowledge the Past Due Payment and NSF Protocols.

**Past Due Payments Protocol**

- 30 days past due: 3% interest added to amount owed.
- 45 days past due: additional 3% interest will be added and total will be turned over to collections. Fees double when turned over to the Credit Bureau.

**NSF Protocol**

- Immediately upon notification from bank: NSF letter sent with \$30 penalty fee and 3% interest added.
- 6 days past notification: additional 3% interest will be added.
- 30 days past notification: additional 3% interest will be added.
- 45 days past notification: additional 3% interest will be added and total will be turned over to collections. Fees double when turned over to the Credit Bureau.

Name of Child: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_