

Albert Lea Family YMCA Childcare Programming Form

FOR FRONT DESK STAFF ONLY:

___ Registration Form
___ Immunization Records
___ Agreement for Services
(Parent Handbook)
___ Registration Fee
(Amount on flyer)
___ Registration Fee
Per Additional Child

Staff Initial: _____

Date: _____

PLEASE SELECT WHICH YOUTH PROGRAM REGISTRATION IS FOR:

- Afterschool Program (ASP) & Kids Day Off (KDO)
 ONLY Kids Day Off
 Summer Day Camp
 Other

DAYS OF ATTENDANCE (Please mark all that apply):

- MON TUES WED THURS FRI



CHILD'S INFORMATION

CHILD'S NAME: _____ NICKNAME: _____

BIRTHDATE: _____ AGE: _____ GENDER: MALE FEMALE OTHER

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL: _____ GRADE IN FALL: _____ T-SHIRT SIZE: _____



EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: _____ BIRTHDATE: _____

PLACE OF EMPLOYMENT: _____ WORK NUMBER: _____

EMAIL (Billing Purposes): _____ CELLPHONE NUMBER: _____

FATHER'S NAME: _____ BIRTHDATE: _____

PLACE OF EMPLOYMENT: _____ WORK NUMBER: _____

EMAIL (Billing Purposes): _____ CELLPHONE NUMBER: _____

AUTHORIZED PICK-UPS

Please list below individuals who you give permission to pick up your child on any given day without notification. These contacts will also be notified in the event of illness or injury if parents are unreachable.

NAME #1: _____ RELATIONSHIP: _____

BIRTHDATE: _____ TOWN OF RESIDENCE: _____ PHONE NUMBER: _____

NAME #2: _____ RELATIONSHIP: _____

BIRTHDATE: _____ TOWN OF RESIDENCE: _____ PHONE NUMBER: _____

NAME #3: _____ RELATIONSHIP: _____

BIRTHDATE: _____ TOWN OF RESIDENCE: _____ PHONE NUMBER: _____

Is there anyone who you DO NOT wish to pick up your children under any circumstances? YES NO
(If you have court order prohibiting contact by a parents, include a copy with your paperwork).

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____



HEALTH SUMMARY/ MEDICATION

WHAT IS THE STATUS OF YOUR CHILD'S: VISION? _____
HEARING? _____
SPEECH? _____

DOES YOUR CHILD HAVE ANY MENTAL OR EMOTIONAL DIFFICULTIES? YES NO
If yes, please describe the main issue(s) and any solutions: _____

DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES? YES NO
If yes, please describe: _____

IS YOUR CHILD WELL ENOUGH TO TAKE PART IN ALL ACTIVITIES? YES NO
If no, please explain: _____

IS THERE ANY CONDITION PRESENT THAT MIGHT RESULT IN AN EMERGENCY (I.E. ASTHMA)? YES NO
If yes, please describe: _____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES (MEDICATIONS, FOOD, INSECT STINGS)? YES NO
If yes, additional paperwork is needed. _____

IS A MODIFIED DIET NECESSARY (PER DOCTOR'S NOTE)? YES NO
If yes, additional paperwork is needed. _____

WILL YOUR CHILD NEED MEDICATION DURING THE HOURS OF PROGRAMMING? YES NO
If yes, additional paperwork is needed. _____

****PLEASE NOTE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS MUST BE INCLUDED UPON REGISTRATION FOR ANY PROGRAM****



SWIMMING SAFETY

I consider my child to be a (check one):

- Beginner Swimmer (needs a lifejacket)
- Intermediate Swimmer
- Advanced Swimmer

S/he can (check all that apply):

- Swim underwater
- Swim length of the pool
- Tread water for one minute or more



PERMISSION AUTHORIZATION

Please initial each of the following statements.

I understand and agree,

- _____ 1. To allow First Aid treatment to be administered by the Albert Lea Family YMCA/the YMCA's School-Age Program staff and/or person certified in the appropriate skill.
- _____ 2. To authorize the Albert Lea Family YMCA/the YMCA's School-Age 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.
- _____ 3. To authorize the Albert Lea Family YMCA/the YMCA's School-Age 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.
- _____ 4. To allow School-Age Program Staff to apply sunscreen and bug spray to my child, as needed.
- _____ 5. To give my permission to the Albert Lea Family Y/the YMCA's School-Age 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.

Parent/Guardian Signature: _____ Date: _____



YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Parent/Guardian Signature: _____ Date: _____

Printed name: _____

****PLEASE REMEMBER THE AGREEMENT FOR SERVICES FORM ON THE BACK OF THE PARENT HANDBOOK!****