



# 2018-2019 School Aged Child Care Registration Form

**\$20 Registration Fee/Child Before August 15, 2018**

**\$25 Registration Fee/Child After August 15, 2018**

**Non Refundable- Non Transferable**

**For Office Use:** After the initial completion of this form please register the child at the Front desk.

Registered

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

Staff Name: \_\_\_\_\_

## Child Information Record

**Child's First and Last Name:** \_\_\_\_\_ Male\_\_ Female\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member\_\_ Non-Member\_\_

**2<sup>nd</sup> Child's First and Last Name:** \_\_\_\_\_ Male\_\_ Female\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member\_\_ Non-Member\_\_

**3<sup>rd</sup> Child's First and Last Name:** \_\_\_\_\_ Male\_\_ Female\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member\_\_ Non-Member\_\_

### Parent/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Parent/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Emergency Contacts and Information:

### Person(s) who will take responsibility for the child in an emergency when the Parent/Guardian cannot be reached:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Home/Cell Phone: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Person(s) to whom the child or children may be released other than the Parent/Guardian: (If no one, please write none)

#### (Authorization to Pick up)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

### Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to the YMCA program staff to contact:

Doctor \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

And, if necessary, take my child to the clinic(s) or hospital \_\_\_\_\_.

**Health History: Please check all that apply & complete the information below.**

Name of Child(ren): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Asthma    Seizures    Allergies/ Food intolerances (specify below)    Diabetes    Heart Problems (specify below)  
 Physical Limitations or Concerns (specify below)    None

Additional medical information or special requests can be described on next page. If your child has an allergy or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, please list clear instructions on what to do in the event of an exposure to factor. Please attach an additional sheet if necessary.

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1. Does your child have a disability or special need? \_\_\_ No \_\_\_ Yes   Childs Name: \_\_\_\_\_
  2. Does your child have a history of negative behavioral problems, that you are aware of that may require special assistance from staff? \_\_\_ No \_\_\_ Yes   Childs Name: \_\_\_\_\_  
 If "yes" please describe and list any tips that you may have that work best for your child in preventing or handling the negative behavior. Please attach an additional sheet if Necessary.
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**IMMUNIZATION DATES**

My child(ren) have received all appropriate screenings and routine shots that are recommended by the state of Minnesota?    YES    NO   Parent/guardian Initials \_\_\_\_\_

My child is exempt from required immunizations due to medical or religious reasons.    YES    NO

Updated Immunization Dates are on File from past programming and are up to date.    YES    NO  
-if you put yes, please skip down to late pick-up agreement.

Date of last Tetanus: Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last DTP (Diaphtheria, Pertussis, Tetanus): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Polio: Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last MMR (Measles, Mumps, Rubella): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Hep B (Hepatitis B): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Hib (Haemophilus influenza type b): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Varicella (Chickenpox) Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

**Late Pick-Up Agreement:**

I understand that my child will need to be picked up from the YMCA by 6:00pm. If I cannot be there by 6:00pm I understand I must contact the After School Program or Program director. If I fail to pick up my child by 6:00pm, a \$10 late fee for every 10 minutes I'm late will be charged to my account. If we have not heard from you by 6:15pm, we may notify social services and law enforcement.   Parent/Guardian Initials: \_\_\_\_\_

**Important Reminder:**

I have read and understood the goals, policies and procedures outlined in the Program Brochure and Parent Handbook, which contain important and specific information regarding the program, including program hours, dates and fees. These items are available at the Front Desk of the YMCA. Please retain a copy for future reference.   Parent/ Guardian Initials: \_\_\_\_\_

**Payments:**

Payments must be made prior to care for your child. All scheduled care must be paid no later than the previous Friday or care for your child may be denied. If you happen to fall behind by three or more payments at any given time, your child will be denied care until payments are made in full. **Parent/ Guardian Initials:** \_\_\_\_\_

**Permission Form: Please read carefully and select yes or no accordingly.**

Yes  No I understand that the YMCA policy states that staff are not to babysit my children outside the YMCA programs. I agree not to solicit outside child care from the YMCA staff.

Yes  No I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities.

Yes  No I understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.

**\*\* Please Note,** The YMCA of Fergus Falls may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events, grants permission for the YMCA of Fergus Falls to use these photographs and/or video in its marketing and public relations efforts.

As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, or failure to follow general operating procedures of the program. I have been given program information, including information on where to access a copy of the Parent handbook. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

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