

Child's Name: _____ Date of Birth: _____ Age: _____

Grade (entering 9/18): _____ Gender: _____ T-Shirt Size (camp only) _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NORWICH FAMILY YMCA CHILD CARE AND YOUTH PROGRAM REGISTRATION FORM 2018-2019

REGISTRATION INFORMATION

- Please complete this form accurately as we utilize this form to bill and invoice for our programs.
- This form is to be completed by a parent/guardian and returned to the YMCA prior to attending the specified YMCA program.
- If there are any changes in attendance (changing days, programs, etc.) please contact the Program Director so that we may modify your child's registration.

PLEASE CHECK ALL THAT APPLY:

EARLY MORNING PROGRAM:
(Norwich location only)

Days of Attendance: Mon Tues Wed Thurs Fri
 As needed (occasional attendance)
 Full-time: 5, 4, or 3 Days Part-time: 2 or 1 Days

AFTER SCHOOL PROGRAM:

Days of Attendance: Mon Tues Wed Thurs Fri
 As needed (occasional attendance)
 Full-time: 5, 4, or 3 Days Part-time: 2 or 1 Days

LOCATIONS:

Norwich Family YMCA
 Oxford Primary School
 Greene Central School

FUN CLUBS/SCHOOL HOLIDAYS:

As needed (occasional attendance)

EARLY RELEASE DAYS:

As needed (occasional attendance)

NURSERY & PRESCHOOL:

Nursery School: 3 days a.m. MWF
 2 days a.m. T&TH
 Preschool: 5 days p.m. M-F
 YPK
 UPK (Norwich City Schools)

SUMMER PROGRAMS:

Day Camp at Camp Thompson (Ages 5 to 12)
 Summer Kids Club at the Y (Ages 3 to 5)

ANTICIPATED START DATE: _____

Staff: _____ Date: _____
Registration Paid: Y N



CHILD'S INFORMATION

Child's Name: _____ Gender: _____ Birthdate: __/__/__
Grade (entering 9/18) _____ School: _____ School Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____

PARENT/GUARDIAN 1 INFORMATION

Relation to Child: _____
Full Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
Email: _____

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____
Full Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
Email: _____

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following to be contacted and act on my behalf:

Name: _____ Relationship: _____ Phone: _____
Address: _____ Alternate Phone: _____
Name: _____ Relationship: _____ Phone: _____
Address: _____ Alternate Phone: _____
Name: _____ Relationship: _____ Phone: _____
Address: _____ Alternate Phone: _____

*Any addition of authorized pick up personnel must be in writing to the YMCA

Persons not authorized to pick up my child: _____ Relationship: _____

HEALTH INFORMATION:

YOU MUST ATTACH A COPY OF IMMUNIZATION RECORD AND INSURANCE CARDS

____ I give permission for my child to apply sunscreen

____ I give permission for my child to apply bug spray

Parent's Name: _____ Signature: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Specialist Name: _____ Phone: _____



PLEASE FILL OUT THIS SECTION COMPLETELY-INDICIATE "YES" WHERE IT APPLIES

HEALTH

Asthma____
Diabetes____
Special Diet____
Physical____
Restraints____
Other____

Convulsions____
Hearing____
Vision____
Illness____
Injury____

Emotional/
Psychological____
Learning Disabilities____
ADD/ADHD____
Operations____

ALLERGIES

Hay Fever____
Poison Ivy____
Insect____
Medication____
Food____
Other____

Please explain any above "YES" answers as necessary _____

Has your child had any operations or serious injuries? _____

Has your child had any chronic or reoccurring illnesses? _____

Is there anything else you feel we need to know in order to meet your child's needs? _____

*Depending on your child's needs, a meeting with the Program Director may be required prior to attending

MEDICATION INFORMATION (Please attach physician's orders)

Is this child currently taking prescribed or over-the-counter medication? Yes No
If yes, complete the Prescription and/or Over-The-Counter Medication Information below.

PRESCRIPTION MEDICATION INFORMATION

Start Date: _____ End Date: _____

Medication Name: _____ Storage Instructions: _____

Dosage: _____ Time to Administer: _____

Expiration Date: _____ Directions for Administration: _____

Prescriber's Name: _____

Prescribers License: _____

OVER-THE-COUNTER MEDICATION INFORMATION

Start Date: _____ End Date: _____

Medication Name: _____ Storage Instructions: _____

Dosage: _____ Time to Administer: _____

Expiration Date: _____ Directions for Administration: _____

Prescriber's Name: _____

Prescribers License: _____

PLEASE NOTE: DAY CAMP and NORWICH YMCA Program Site are the only programs that the YMCA is allowed to ADMINISTER any medication to a child. As such, I authorize the YMCA staff to administer the medication listed below to my child. I understand that Over-the-Counter medication must be in the original container.



PARENTAL STATEMENT OF UNDERSTANDING

- I understand that if there are any changes in attendance, changing or adding new programs, it is my responsibility to contact the appropriate YMCA staff to make the necessary changes for billing, and program participation.
- I must notify the YMCA staff immediately of any changes on any enrollment and medical forms.
- It is my responsibility to notify the YMCA staff if my child will be absent from the program at least two hours in advance or I will be charged for the day.
- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize secure proper treatment for, order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of medical treatment and care.
- Medication may only be administered with specific written instructions (Child Care Medical Form), a physicians note, and must be in original container. NOTE: DAY CAMP and Norwich YMCA ASP Site are THE ONLY PROGRAMS IN WHICH WE ARE AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD. All staff administering medication is MAT certified.
- The information provided on all enrollment and medical forms is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- The YMCA's responsibility for my child begins when the child has reached the program and is checked in with a YMCA staff member.
- It is my responsibility to arrange for my child to be picked up from the YMCA by the scheduled end time of the program. Nursery School ends at 10:30AM. Preschool ends at 3PM. The After School Program and all other school aged programs end at 5:30PM. If two hours have passed from the program closing time and all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to babysit or transport children at anytime outside of the YMCA program.
- The YMCA is mandated by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- Program payments are due at the time of registration for Kids Club and Day Camp. Payment is due no later than the 15th of the month for the After & Before School Program and Nursery & Preschool. There will be a \$20.00 fee for any returned checks.

Please check each additional box you agree with:

- My child may participate in field trip excursions away from the facility and under the direct supervision of YMCA staff.
- My child may participate in water activities as scheduled and under direct supervision of YMCA staff
- My child's swimming ability is: Afraid of Water Some Lessons Confident in deep water
- The YMCA has my permission to use photographs of my child in promotional materials such as social media, ads or newspaper releases. I will not be informed or reimbursed for such photographs.

My signature acknowledges my understanding of and agreement to the above information.

Parent's Signature: _____ Date: _____

Child's Name: _____