

YMCA CHILD CARE INFORMATION 2011-2012

TO BE COMPLETED BY PARENT/GUARDIAN AND RETURNED TO THE NORWICH FAMILY YMCA PRIOR TO PROGRAM STARTING.

CHILD/FAMILY INFORMATION

YMCA Member Yes No

PLEASE PRINT CLEARLY

Are you applying for Financial Assistance Yes No

Child's Name _____ Male Female Birthdate ___/___/___ Grade _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ School _____ School Phone (____) _____

In case of emergency, which of the parent/guardians listed should we contact first? Mother Father

Mother/Guardian Name _____ Father/Guardian Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home _____ Cell _____ Home _____ Cell _____

Work _____ Work Phone _____ Work _____ Work Phone _____

REGISTRATION INFORMATION Please check all that apply.

BEFORE SCHOOL

Full-time: 5, 4, or 3 Days

Part-time: 2 or 1 Days

Days of Attendance

Mon Tues Wed Thurs Fri

OR

As Needed (occasional attendance)

AFTER SCHOOL

Norwich Family YMCA

Oxford Primary School

Greene School

Full-time: 5, 4, or 3 Days

Part-time: 2 or 1 Days

Days of Attendance

Mon Tues Wed Thurs Fri

OR

As Needed (i.e. occasional attendance, 1/2 days, spring break etc.)

SUMMER PROGRAM

Day Camp at Camp Thompson

Kids Klub

NURSERY & PRE-K

Nursery School: 3 Days a.m. MWF

Preschool: 5 Days p.m. M-F

YPK

JPK (Norwich City Schools)

EMERGENCY INFORMATION (MUST BE SOMEONE OTHER THAN PARENT OR GUARDIAN LISTED ABOVE)

In case of emergency, and the YMCA staff is unable to reach the parent/guardian listed above, the following individual has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of an emergency or dismissal from the YMCA.

Name _____ Relationship to child _____

Home Phone (____) _____ Home Address _____

City _____ State _____ Zip Code _____

Work: _____ Work Phone: _____ Cell Phone: _____

CHILD PICK-UP AUTHORIZATION (The State of New York requires 3 people to be authorized to pick up your child) I give permission for my child to be released from the YMCA program to the people listed below at any time.

I understand YMCA staff may require these people to furnish Photo Identification before releasing my child.

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

Work Phone _____ Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

Relationship _____ Relationship _____ Relationship _____

YMCA CHILD CARE MEDICAL INFORMATION 2011-2012

HEALTH INFORMATION – Indicate “yes” where it applies and explain as necessary.

HEALTH

Asthma _____ Convulsions _____ Emotional/
Diabetes _____ Hearing _____ Psychological _____
Special Diet _____ Vision _____ Learning Disabilities _____
Physical _____ Illness _____ ADD/ADHD _____
Restraints _____ Injury _____ Operations _____
Other _____

ALLERGIES

Hay Fever _____
Poison Ivy _____
Insect _____
Medication _____
Food _____
Other _____

Please explain details of above “yes” answers _____

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? _____

Name of Physician _____ Phone (____) _____
Name of Dentist _____ Phone (____) _____
Name of Specialist _____ Phone(____) _____

Are you covered by any hospitalization/medical care policy? Yes (Please include copy of insurance card) No

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 (Please attach physician’s orders)

Start Date _____ / _____ / _____ End Date _____ / _____ / _____
Medication Name _____ Storage Instructions _____
Dosage _____ Time to Administer _____
Expiration Date _____ / _____ / _____ Directions for Administration _____
Prescriber’s Name _____
Prescriber’s License # _____

Start Date _____ / _____ / _____ End Date _____ / _____ / _____
Medication Name _____ Storage Instructions _____
Dosage _____ Time to Administer _____
Expiration Date _____ / _____ / _____ Directions for Administration _____
Prescriber’s Name _____
Prescriber’s License # _____

Over-The-Counter Medication Information (Please attach physician’s orders)

Start Date _____ / _____ / _____ End Date _____ / _____ / _____
Medication Name _____ Storage Instructions _____
Dosage _____ Time to Administer _____
Expiration Date _____ / _____ / _____ Directions for Administration _____



YMCA

We build strong kids,
strong families, strong communities.

YMCA Childcare Parent/Guardian Agreement:

I understand: **CHECK EACH BOX**

- 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 IS THE ONLY PROGRAM IN WHICH WE ARE AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD.
- 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.
- 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'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 10:45 a.m. Pre-K ends at 2:15 p.m. The After School Program and all other school aged programs end at 5:30 P.M. Emergency childcare for our school aged programs is available Monday-Thursdays from 5:30-6:00 p.m. at a cost of \$3.00 per child. CHILD CARE IS NOT AVAILABLE AFTER 5:30 ON FRIDAYS. After 6:00 p.m. Monday-Thursdays and after 5:30 Fridays we charge \$1 per minute per child. 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 may have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to baby sit 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. Payments not received by the 15th are subject to a \$10.00 late fee. 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 brochures, 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/Guardian Signature

Date

Child's Name



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Child and Parent Contract Agreement

1. Being in a Norwich Family YMCA program is a privilege. Every child is expected to learn and to live by the rules. If a child’s behavior is not appropriate to the YMCA setting, or is destructive to the facility and equipment, or is disrespectful to the staff, the parent may be asked to make other arrangements for his/her child. The YMCA will not ask a parent/guardian to remove a child without first enlisting his/her help with behavioral issues.
2. The methods in which we deal with CHRONIC unacceptable behavior include both suspension and releasing a child from a program. Suspension will mean that a child may not participate in a program for a specified period of time (1 day to 2 weeks). Releasing a child from a program means the child is no longer allowed to participate in the program.
3. The following are examples of behavior that might cause the YMCA staff to suspend or release a child from a program:
 - Physical violence and aggression against staff or other campers
 - Foul and abusive language
 - Vandalism to property and equipment
 - Disregard for program rules and safety
4. Child’s rules to remember:
 - Respect yourself
 - Respect others and their property
 - Be helpful to others in this program
 - Always do your personal best
 - Be a good sport
 - Problems are resolved by talking, not fighting
5. Parent’s Obligations:
 - I agree to pay in advance for each day my child attends the Program.
 - I Understand that if payment for my child’s day at camp has not been made, the YMCA may refuse to let my child stay in the program on that day.

I understand the above rules and will follow them.

Child’s Signature: _____ Date: _____

I understand the financial obligations required to send my child/children to YMCA Child Care Programs and agree to make my payments in a timely manner.

Parent/Guardian Signature: _____ Date: _____