

# YMCA CHILD CARE INFORMATION 2010-2011

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

Unadilla Valley Central 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, ½ days, spring break etc.)

### SUMMER PROGRAM

Day Camp at Camp Thompson

KidsKlub

#### 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 2010-2011

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

**HEALTH**

Asthma \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Special Diet \_\_\_\_\_  
 Physical \_\_\_\_\_  
 Medication \_\_\_\_\_  
 Restraints \_\_\_\_\_  
 Convulsions \_\_\_\_\_  
 Hearing \_\_\_\_\_  
 Vision \_\_\_\_\_  
 Illness \_\_\_\_\_  
 Injury \_\_\_\_\_

**ALLERGIES**

Emotional/ \_\_\_\_\_  
 Psychological \_\_\_\_\_  
 Learning Disabilities \_\_\_\_\_  
 ADD/ADHD \_\_\_\_\_  
 Operations \_\_\_\_\_  
 Other \_\_\_\_\_  
 Hay Fever \_\_\_\_\_  
 Poison Ivy \_\_\_\_\_  
 Insect \_\_\_\_\_  
 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? o Yes (Please include copy of insurance card) o No

Is this child currently taking prescribed or over-the-counter medication? o Yes o 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 15<sup>th</sup> of the month for the After & Before School Program and Nursery & Preschool. Payments not received by the 15<sup>th</sup> 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

# YDAY CAMP™

We build strong kids, strong families, strong communities.

## 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: \_\_\_\_\_