

# Childcare Registration Form

## 2016-17 Afterschool Program

### Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Gender: M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Program Start Date: \_\_\_\_\_  
Child Lives With: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

### Parent/Legal Guardian #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### Parent/Legal Guardian #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### Emergency Contact

*Additional person to contact in case of emergency. DO NOT list parent/guardian.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Authorized Pick-Ups

*People authorized to sign my child out of the program*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

## Health Information

- Immunization Record must be on file at the child's school.

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

- Emergency Medical Care: In the event of an emergency and the parent/legal guardian is not available, Your designated physician, hospital or clinic will be contact for emergency management/transportation. (Must provide at least one contact.)

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- Allergies: \_\_\_\_\_

## Behavioral Information

- Behavioral Issues/Special Needs:**

Can your child participate in a 1:15 ratio? (1 staff to 15 children?) Yes \_\_\_ No \_\_\_

Does your child run from adults? Yes \_\_\_ No \_\_\_

Is your child prone to breakdowns or fits? Yes \_\_\_ No \_\_\_

Does your child have a behavioral diagnosis? Yes \_\_\_ No \_\_\_ Please list \_\_\_\_\_

What strategies work best if your child gets upset? \_\_\_\_\_

What are your child's limitations? \_\_\_\_\_

- Additional Information**

In order to best meet your child's needs, we require that you list any other special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries/hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

- Will the child require medication to be administered during the After School Program? Yes \_\_\_ No \_\_\_

- Does the child have an epi-pen for any issues? Yes \_\_\_ No \_\_\_

## Policy Acknowledgements

Initial	<b>Water Activities:</b> (Optional) I give consent for my child to participate in water activities, including by not limited to swimming, wading pools, sprinklers, and splash pools.
Initial	<b>Photo Release:</b> (Optional) I give permission for my child to be photographed or videotaped participating in the program for the Y, or United Way purposes. No names will be released.
Initial	<b>Medical Treatment:</b> (Required) In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.
Initial	<b>Transportation:</b> (Required) I give permission for the YMCA staff to transport my child in program vehicles for the purpose field trips or emergency situations. Additionally, Y childcare staff may not babysit or transport children at anytime outside of the program.
Initial	<b>Policy Agreement:</b> (Required) I acknowledge that I have been made aware of where to access or have received a copy of the San Angelo YMCA Summer Day Camp Parent Handbook. I accept responsibility to read and adhere to all billing procedures and program policies.
Initial	<b>Contact Information:</b> (Required) I agree to immediately notify program staff of any changes or updates to my contact information, including that of my authorized pick up persons.
Initial	<b>Custody:</b> (Required) YMCA staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document and/or any court order provided to us regarding child custody and release.
Initial	<b>Pick UP Policy:</b> (Required) I understand that only the persons listed on the enrollment form may pick up my child. I understand that ANY person picking up my child may be asked to present photo identification at any time. Failure or refusal to show ID will result in termination from the program. I understand that only the primary parent may authorized an unlisted individual to pick up my child.
Initial	<b>Payments:</b> (Required) Payments are due on the Friday before the week of camp. I understand that failure to pay the camp fee will result in my child not being able to attend until my account is paid.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Additional Information & Demographics

While this section is optional, the information collected will help us understand the families who use our program and aid in the program applying for additional funding. Failure to complete this section will not affect the service your child receives. This page will not be attached to your child's enrollment information that is sent to the Summer Day Camp site.

Child Information	
School Child Attends:	Grade for 2015-16: <span style="float: right;">Gender: M <input type="checkbox"/> F <input type="checkbox"/></span>
Age:	Does your child get free or reduced lunch at school? No <input type="checkbox"/> Yes <input type="checkbox"/>
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic, Latino, Latina <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial	
How many years has your child attended the Y Summer Day Camp?	
<input type="checkbox"/> 1st Time <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> 7 years	

Parent/Guardian #1 Information		Parent/Guardian #2 Information	
Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic, Latino, Latina <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial		Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic, Latino, Latina <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial	
Highest Education Level:		Highest Education Level:	

Why did you choose the Y Summer Day Camp program?	
<input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Reputation of the YMCA <input type="checkbox"/> My Kids love it <input type="checkbox"/> Previous experience with the Y	<input type="checkbox"/> Other (explain): <input type="checkbox"/> Referral (explain):