

2017-2018 After-School Program

Child's Information

Name		Program Start Date
Gender	Age	Date of Birth
Address		City/State/Zip
Child Lives With	Grade	School

Parent/Legal Guardian

Name		Relationship to Child
Place of Work		Work #
Email Address		
Cell #	*The cell number provided will receive text alerts regarding AFTER-SCHOOL, CAMPS, KNO, AND ACCOUNTS.	

Parent/Legal Guardian

Name		Relationship to Child
Address		City/State/Zip
Place of Work		Work #
I would like this person to receive text alerts regarding:	AFTER-SCHOOL, CAMPS, & KNO <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNTS <input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contact - *DO NOT list parent/guardian*

Name		Relationship to Child
Address		City/State/Zip
Place of Work		Work #
I would like this person to receive text alerts regarding:	AFTER-SCHOOL, CAMPS, & KNO <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNTS <input type="checkbox"/> YES <input type="checkbox"/> NO

Authorized Pick Up

Name		Relationship to Child
Work #	Cell #	
I would like this person to receive text alerts regarding:	AFTER-SCHOOL, CAMPS, & KNO <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNTS <input type="checkbox"/> YES <input type="checkbox"/> NO

Authorized Pick Up

Name		Relationship to Child
Work #	Cell #	
I would like this person to receive text alerts regarding:	AFTER-SCHOOL, CAMPS, & KNO <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNTS <input type="checkbox"/> YES <input type="checkbox"/> NO

Authorized Pick Up

Name		Relationship to Child
Work #	Cell #	
I would like this person to receive text alerts regarding:	AFTER-SCHOOL, CAMPS, & KNO <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNTS <input type="checkbox"/> YES <input type="checkbox"/> NO

Health Information

Does your child have any food allergies? Yes No		<i>If yes, the food allergy plan must be submitted prior to the child beginning camp</i>
List food allergies		
Does your child have any non-food allergies? Yes No		List non-food allergies
Does your child take medication daily? Yes No		List medication
Will your need medication administered while in our care? Yes No		<i>If yes, a medication authorization form and the medication must be provided prior to the child beginning camp. Please refer to the parent handbook for medicaiton policies.</i>
Child's Immunization Record must be on file at his/her school. (mandatory)		
School Name	School Address	School Phone
Please list any serious illnesses, injuries or hopsitalizations in the past 12 months.		
Emergency Medical Care: In the event of an emergency your designated hospital/emergency clinic will be the contact for emergecny mangagement/transportation. (mandatory)		
Hospital or Emergency Clinic	Address	Phone

Behavioral Information

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		Is your child aggressive/violent with peers or adults? 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?		

Policy Agreement

Program Policies: By enrolling my child in the program, I understand and agree to follow all policies outlined in the parent handbook.

Water Activities: I understand my child will participate in water activities, including swimming. Life jackets will be provided for children who need them.

Photo Release: I understand my child may be photographed or videotaped while participating in the program. Photos or videos may be used for YMCA or United Way purposes. No names will be released.

Medical Treatment: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize program staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearst hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

Transportation: I give permission for the program to transport my child in the organization's owned or hired vehicles for the purpose of field trips or emergency situations.

Parent Signature	Date
------------------	------

Front Desk Initials:	Administrative Assistant Initials:	Team Leader Initials:
----------------------	------------------------------------	-----------------------

Demographics

17-18 After-School Program

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 funding support. Failure to complete this section will not affect the service your child receives. This page will be separated from your child's enrollment form for confidentiality.

Child Information			
Gender	Age	How many years has your child attended our after-school program?	
School child attends		Grade for 2017-2018 school year	Does your child receive free/reduced lunch at school?
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial

Parent/Guardian #1			
Gender	Age	Highest education level	
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial

Parent/Guardian #2			
Gender	Age	Highest education level	
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial