

YMCA SCHOOL AGE PROGRAM REGISTRATION

Site Requesting: _____

*****Completion of registration form does not guarantee a spot in the program, registration is based on openings.**

*****Program registration fee of \$25 must be paid before the start of the program.**

Child's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Gender: Male Female Date of Birth _____

Center Admittance Date _____

First Parent:

Name _____

Address _____

Home Phone #(____) _____ Social Security # ____ - ____ - ____

Company/Employer Name _____

Address _____

Work Phone _____ Second Work Phone _____

E-mail Address: _____

Second Parent:

Name _____

Address(if different) _____

Home Phone #(____) _____ Social Security # ____ - ____ - ____

Company/Employer Name _____

Address _____

Work Phone _____ Second Work Phone _____

E-mail address: _____

How did you hear about our School Age program? _____

Emergency# (other than parents)

Name _____ Phone(____) _____ Relationship _____

Name _____ Phone(____) _____ Relationship _____

Name _____ Phone(____) _____ Relationship _____

Pickup Authorization (if possible, please let us know when they will be picking up child)

Name _____ Phone(____) _____ Relationship _____

Name _____ Phone(____) _____ Relationship _____

Name _____ Phone(____) _____ Relationship _____

Unauthorized to pick up (you must submit a court order copy to permit a parent from picking up child)

Name _____

Name _____

Name _____

OFFICE USE ONLY: REG. FEE \$ _____ DATE PAID: _____ COMPUTER INPUT

COMPLETED/DATE: _____

I wish to enroll my child in the YMCA School Age program on _____/_____/_____ (Start Date)

The school that my child attends is _____

Teacher's Name _____ Grade _____

My child will attend the YMCA School Age Program as indicated below:

SUMMER SCHOOL AGE PROGRAM

Full Time _____ (5 days per week)
days per week)

Part Time _____ (4 days per week)

Part Time _____ (3

SCHOOL YEAR SCHOOL AGE PROGRAM (No before at Dilworth, Glyndon, Oak Grove, Horace & Harwood)

Before School Only

After School Only

Before & After School

Full Time _____ (5 days per week)
days per week)

Full Time _____ (5 days per week)

Full Time _____ (5

Part Time _____ M T W R F
(Please circle)

Part Time _____ M T W R F
(Please circle)

Part Time _____ M T W R F
(Please circle)

Please indicate the hours and days your child will need care:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

I WILL COMPLETE THE NECESSARY ENROLLMENT FORMS AND RETURN THEM BY THE FIRST DAY OF ENROLLMENT.

PARENT'S STATEMENT ON HEALTH OF CHILD

INSTRUCTIONS: This form must be completed **annually** for any child enrolled in a licensed Child Care facility. A parent or guardian of the child completes this form.

Name of the Child _____ Birth Date _____
Parents or Guardians _____ Phone # _____
Address _____ Phone # _____

Physician _____ Phone # _____
Address _____ Alternate Phone # _____

Dentist _____ Phone # _____
Address _____ Alternate Phone # _____

Hospital _____

Insurance Provider _____ Policy # _____ Phone # _____
Medical Form on File: Yes No Effective Date: _____ Expires: _____

Last visit to the doctor: _____ **Child's Height** _____ **Weight** _____

Does your child have any allergies: Yes No
If yes, please describe _____

Please check any of the following that exist:

Asthma _____	Heart Condition _____	Hearing Impairment _____
Diabetes _____	Seizure Disorder _____	Other Physical Impairment _____
Epilepsy _____	Medication Allergy _____	Frequent Colds _____
Cancer _____	Vision Impairment _____	Frequent Earaches _____
Other _____	Please describe _____	

Is your child under current medical treatment? Yes No
If yes, please describe _____

Are there any medications that your child takes? Yes No
If yes, please describe _____

Has your child had any significant illness within the past year? Yes No
If yes, please describe _____

Describe any limitations your child may have for participation in a school age program:

Has your child received any immunizations within the past year? Yes No
If yes, please describe _____

CERTIFICATION

I certify that the above information is true to the best of my knowledge.

Parent's Signature

Date

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the **YMCA Child Care Services personnel** to secure emergency medical treatment for:

(Name of child)

In case of an emergency, please call the physician listed on the previous passage. If that physician is not available, I hereby give authorization to call any qualified physician, clinic or hospital. I understand that the **YMCA Child Care Services personnel** will contact me before requesting medical treatment, if possible.

Signature of parent or guardian

Date

I give my permission for the **YMCA Child Care Services personnel** to administer Syrup of Ipecac according to the instruction of the local Poison Control Center.

Signature of parent or guardian

Date

ABSENCES, WITHDRAWAL FROM PROGRAM, ADVANCE PAYMENT

Refunds or reductions will not be made on vacation-related absences during the first six months of enrollment. Reductions in fees will not be made during the last two weeks of your child's enrollment in our program unless you have accrued vacation time to use. **A two weeks notice, in writing, is needed for use of applicable vacation time or withdrawal from the program.**

I agree to pay two weeks in advance for child care services rendered.

Signature of parent or guardian

CHILD INFORMATION

Is there any additional information, which will help us to better prepare for your child and to provide a better childcare experience?

FIELD TRIP CONSENT FORM

My child, _____ has permission to go on walks and field trips planned by the School Age staff during my child's attendance at the YMCA School Age Program. I understand that the School Age program will provide additional permission slips for fieldtrips that are out-of-town.

DATE: _____

Signature of Parent or Guardian

PHOTO/VIDEO CONSENT AND RELEASE FORM

From time to time, the YMCA prepares brochures, flyers, ads, videos and catalogs to inform the public of YMCA programs and activities. Child Care Services is often included in such projects. Please take a moment to read and sign one of the statements below. Thank you!

Authorized

Date: _____

I hereby **authorize** the Fargo-Moorhead Family YMCA, its nominees, agents, successors, and assigns to use a photo or video of my child, _____, in YMCA advertising, promotion, trade, publication or any other purpose without limitation.

Parent's signature _____

Parent's address _____

Unauthorized

Date: _____

The Fargo-Moorhead Family YMCA, its nominees, agents, successors, and assigns **may not** use a photo or video of my child, _____, in YMCA advertising, promotion, trade, publications or any other purpose.

Parent's signature _____

Parent's address _____