

Kids Club Child Information

Summer 2017

(Must be filled out completely prior to starting the program)



Child's Name: _____ DATE: _____

Child's Address: _____

Date of Birth: _____ Age: _____ Male/ Female (please circle) **17/18** Grade Level _____

Days Attending: (please circle days you plan on attending) **M T W TH FR**

The Y will only use your email for messages from the director regarding Kids Club or changes in the schedule.

Mother/ Guardian Name (please circle one) _____

Street Address _____

Primary Phone _____ Work Phone _____ Employer _____

Current Email Address: _____ (Please include email to receive important messages)

Birthdate (MUST HAVE for scan card) ____ - ____ - ____ (each family will receive 2 cards. \$5.00 for replacement cards)

Father/ Guardian Name (please circle one) _____

Street Address _____

Primary Phone _____ Work Phone _____ Employer _____

Current Email Address: _____ (Please include email to receive important messages)

Birthdate (**Required**) ____ - ____ - ____

Each family will receive two scan cards to access the building. Replacement cards are \$5.00 each.

TO MEET OUR STATE LICENSING REQUIREMENTS, A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD MUST BE PROVIDED AT TIME OF REGISTRATION IF IT IS NOT CURRENTLY ON FILE.

Medical Information:

My child is free of any communicable disease _____ Yes _____ No

Are there any major surgery or illness that that the director should know about

Any allergies to food/ medicine, etc. _____

Any other information that the director or staff needs to know about the health of your child

_____(initial) In the event my child may require emergency medical, dental and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for treatment to the doctor/ hospital listed below his or her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

_____(initial) *No Medication will be dispensed by a center employee to an enrolled child without prior written consent with the appropriate medication release/ log form except in a medical emergency.* All medication must be in original container. The pharmacy label is acceptable as written instruction for the health care source. Container must contain child's name, prescription number and doctor's name.

ALL MEDICAL INFORMATION MUST BE FILLED OUT PRIOR TO STARTING

Doctor's Name _____ Doctor's Phone _____

Dentist Name _____ Dentist Phone _____

Ins. Co. Name _____ Ins. Policy Number _____

Emergency Contact Information (if parent is unavailable) Provide 2 names with phone numbers

<u>Name</u>	<u>Relationship</u>	<u>Home phone</u>	<u>Cell phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Child pickup information:

I hereby give permission for my child to leave the center with the following person(s) named below. This person must be able to produce a picture I.D. upon request. It is the responsibility of the parent to notify the center, in writing of any changes. *Please advise the people listed below to use the DVERGSTEN doors.*

<u>Name</u>	<u>Relationship</u>	<u>Home phone</u>	<u>Cell phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

If there is a separation, divorce, or custody problems of which we should be aware of, please explain below:

Name of person (s) who may NOT pick up your child

Permission:

- I give my consent to let my child be photographed for the use of the YMCA to be used in newspapers, program flyers or other media. ___Y___N
- I give my consent to let the YMCA staff to apply sunscreen/bug spray to my child ___Y___N
- I give my consent to let my child go on field trips & be transported by bus with Kids Club. ___Y___N
- **I have read the payment policy and understand that I am responsible for the policies stated within the Kids Club parent handbook**
- **The YMCA has the ability to suspend care if childcare bills are Late or Unpaid**
- The YMCA staff has my permission to admit my child to a medical facility for emergency treatment or to give the necessary first aid if I cannot be reached
- Discipline- I have read the Discipline policy and agree to abide by them.

Parent / Guardian signature

Date