

# Western Family YMCA Before & After School Program Enrollment Form

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Child's Full Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle One: Male or Female Birth date: \_\_\_\_\_ School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Please CIRCLE one: Morning Care Afternoon Care Morning and Afternoon Care Kindergarten Drop-In Care

Optional Care (3 day) Mon Tues Wed Thurs Fri Optional Care (2 day) Mon Tues Wed Thurs Fri

## PARENT/GUARDIAN CONTACT & RELEASE INFORMATION

Primary Parent/Guardian: _____ Cell Phone: (____) _____ Work Phone: (____) _____ Email: _____	Secondary Parent/Guardian: _____ Cell Phone: (____) _____ Work Phone: (____) _____ Email: _____
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Is there a custody or visitation arrangement?  yes  no please explain and attach supporting documentation

## CHILD RELEASE

The following people are authorized to pick up my child from the YMCA program:

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Pick-up Password: _____
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IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

1. _____	_____	(____) _____	(____) _____
First Name	Last Name	Home or Cell Number	Work Number
2. _____	_____	(____) _____	(____) _____
First Name	Last Name	Home or Cell Number	Work Number

## PAYMENT OPTIONS (Please select one)

Statement Billing or EFT

Checking/Saving routing number \_\_\_\_\_ Account # \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card:  Visa  MasterCard  Discover  American Express

## WITHDRAW POLICY

Parents must give written notice to the Program Director 10 business days prior to the withdraw date to cancel a child from the Before and After Care Program for any reason. Unused tuition may be credited to your account with proper notice.

## PERSONAL GROWTH

Is there any information about your child that YMCA staff could benefit from knowing to better serve your child? \_\_\_\_\_

Swimming Ability: 🍏 Afraid of water 🍏 Enjoys water 🍏 Other    Comments: \_\_\_\_\_

## CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Family Insurance: \_\_\_\_\_ Primary Person: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies (food, medicine, bee sting) \_\_\_\_\_

Medication your child takes \_\_\_\_\_

Special information or restrictions we should know about your child: \_\_\_\_\_

## GUARDIAN SIGNED RELEASES

FIELD TRIPS: I hereby give my permission for my child to take field trips with the YMCA.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

SWIMMING: I hereby give my permission for my child to swim with the YMCA under lifeguard supervision.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PHOTO RELEASE: I hereby give my permission for photographs of my child to be used in YMCA publicity.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL RELEASE: I hereby give my permission for the YMCA to administer emergency medical care/first aid.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

SUNSCREEN RELEASE: I hereby give my permission for the YMCA to apply sunscreen, which I provide, to my child.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

TRANSPORTATION RELEASE: I hereby give my permission for my child to be transported in the YMCA bus.

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

VIDEO VIEWING RELEASE: I hereby give my permission for my child to view G rated videos.

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

I, Parent/Guardian \_\_\_\_\_, have read and understand the information in this packet and the parent handbook and will be responsible for the information therein.

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