

# Maple Street YMCA's School's Out Fun Club 2018-2019

Child's First Name: \_\_\_\_\_ M.I.:\_\_ Last Name: \_\_\_\_\_

Check boxes to the left of the week your child will be attending.

- |  |  |
|--|--|
| <input type="checkbox"/> October 25th  | <input type="checkbox"/> February 18th |
| <input type="checkbox"/> October 26th  | <input type="checkbox"/> March 7th     |
| <input type="checkbox"/> November 21st | <input type="checkbox"/> March 8th     |
| <input type="checkbox"/> December 26th | <input type="checkbox"/> March 11th    |
| <input type="checkbox"/> December 27th | <input type="checkbox"/> March 12th    |
| <input type="checkbox"/> December 28th | <input type="checkbox"/> March 13th    |
| <input type="checkbox"/> December 31st | <input type="checkbox"/> March 14th    |
| <input type="checkbox"/> January 2nd   | <input type="checkbox"/> March 15th    |
| <input type="checkbox"/> January 3th   | <input type="checkbox"/> April 11th    |
| <input type="checkbox"/> January 4th   | <input type="checkbox"/> April 12th    |
| <input type="checkbox"/> January 21st  | <input type="checkbox"/> May 23rd      |
|  | <input type="checkbox"/> May 24th      |

<p><u>Daily Rates:</u> Members: \$30/ day Non-Members: \$40/day  <u>Hours:</u> 7 am- 6pm</p>
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### Swim Permission:

My child has permission to swim during School's Day Out. Yes \_\_\_ No \_\_\_

My child has permission to swim in the deep end. Yes \_\_\_ No \_\_\_

Swimming Ability: Non-swimmer \_\_\_ Fair \_\_\_ Good \_\_\_

\*\*Child must pass a deep water test prior to being allowed to swim in the deep end each day\*\*

### Information/Photo and Video Release:

I give the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education. Yes \_\_\_ No \_\_\_

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

### Payment:

A one-time, \$20 registration fee is due at sign up, and \$5, non-refundable deposits are due at the time of registration for each day.

I understand that if I cancel, I will still be responsible for paying the \$5 deposit fee.

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

### Documents Needed:

Your child's 2018/2019 immunization records and a photograph are needed before allowed in the program.

### What to bring every day:

- Lunch
- Two Snacks
- Swimsuit
- Towel
- Books/Journals



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CHILD INFORMATION & HEALTH FORM

Child: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade going into \_\_\_\_\_

### Family's Annual Income

- Under \$10,000
- \$10,000 - \$19,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000 and over
- Unknown

### Ethnic Background

- Hispanic or Latino
- Not Hispanic
- Unknown

### Race

- Native American
- Asian
- Black
- Pacific Islander
- White
- Other
- Unknown

How did you hear about us? \_\_\_\_\_

Mother's (or Guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's DOB \_\_\_\_\_ (We must have this to register your child)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Father's (or Guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's DOB \_\_\_\_\_ (We must have this to register your child)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:**  
(Please list names in order you would like them to be called)

- A. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_  
B. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_  
C. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_  
D. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**Authorized person(s) to take child from site:**

(You MUST list anyone who may pick up your child, including parents or guardians and emergency contacts)

- A. \_\_\_\_\_ Relation to child \_\_\_\_\_  
B. \_\_\_\_\_ Relation to child \_\_\_\_\_  
C. \_\_\_\_\_ Relation to child \_\_\_\_\_  
D. \_\_\_\_\_ Relation to child \_\_\_\_\_

**Please list any additional names on an additional sheet of paper.**

**Please speak with the Director if there is a person that is NOT authorized to pick-up or see child.**

## GENERAL HEALTH QUESTIONS

Medication, if any: \_\_\_\_\_ Possible side effects: \_\_\_\_\_

Will this medication be taken while he/she is at Schools Out Fun Club Yes  No

Please note, it is the parent's responsibility to supply the staff with the medication paperwork and directions.

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? \_\_\_\_\_

Any special devices used (glasses, hearing aids, crutches, etc.)? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Names and ages of child's brothers and sisters: \_\_\_\_\_

Does your child have any fears we should be aware of? (insects, water, heights, animals, etc.) \_\_\_\_\_

Has any event occurred that could cause an emotional concern that we should be aware of? (Death in the family, divorce, etc.?) \_\_\_\_\_

Any known intolerance to food, insect bites/stings, or other factors that result in medical reaction? Please provide us with clear instructions in the event of an exposure to the factor.

# PAYMENT AGREEMENT

Scheduled Payments: Payments must be scheduled at time of registration. Payments will be withdrawn automatically the day of the SOFC instance. Payments must be made in order to attend.

## DEBIT/CREDIT CARD INFORMATION

Card Type (check one):  Visa  Mastercard  American Express  Discover

Last 4 of credit card \_\_\_\_\_ (Card must be presented at time of registration)  Please use the account the YMCA has on file. Last 4 of credit card \_\_\_\_\_

### Please note:

Returned payments will be assessed a \$10 return payment fee and may be electronically collected. Camp Fees not collected will be referred to an outside collection agency.

**Child Care Subsidy:** Families who receive State Assistance will be responsible for all unpaid fees, copays, or fees if authorization expires. Proof of Authorization must be provided to YMCA before child can be registered for Camp. Copays are due at the beginning of each month.

**Attendance:** I understand I am responsible for payment of all days registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made.

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

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. \_\_\_\_\_ at \_\_\_\_\_  
ADDRESS PHONE

or the nearest hospital for emergency medical treatment of \_\_\_\_\_  
CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICATION PERMISSION AND COMPETENCY

I \_\_\_\_\_ have determined that the YMCA staff is competent to give or apply medication to my child(ren). I understand that YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

Parent Signature: \_\_\_\_\_

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

Please put a recent photo of your child here.

## REQUIRED INFORMATION

ANY KNOWN ALLERGIES? \_\_\_\_\_

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? \_\_\_\_\_

ANY ACTIVITIES YOUR CHILD MAY NOT ENGAGE IN? \_\_\_\_\_

ANYONE UNAUTHORIZED TO PICK UP OR VISIT? \_\_\_\_\_

FIRST AND LAST NAME