



# Summer Quest 2023

## REGISTRATION FORM

RochesterYMCA.org | 585-263-4283

# Summer Quest 2023 Registration and Health Form

Located at 444 East Main Street

Child's Name \_\_\_\_\_

## HEALTH INFORMATION

### Immunization History

(required by Office of Children and Family Services):

☐ I certify that all of my child's immunizations are up to date.

### Health History

\_\_\_\_ Hay Fever      \_\_\_\_ Convulsions  
\_\_\_\_ Asthma      \_\_\_\_ Diabetes  
\_\_\_\_ Special Diet      \_\_\_\_ Chicken Pox  
\_\_\_\_ Hearing      \_\_\_\_ Mumps  
\_\_\_\_ Vision      \_\_\_\_ Medication (Name and Dose) \_\_\_\_\_  
\_\_\_\_ Ear Infections      \_\_\_\_\_  
\_\_\_\_ Rheumatic Fever      \_\_\_\_\_

### Allergies

\_\_\_\_ Nuts/Peanuts  
\_\_\_\_ Insect Stings  
\_\_\_\_ Poison Ivy, etc.  
\_\_\_\_ Penicillin  
\_\_\_\_ Other Drugs  
\_\_\_\_ Foods (supply list)  
\_\_\_\_ Latex

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Recent surgery (type and date): \_\_\_\_\_

## RECOMMENDATIONS AND RESTRICTIONS

Are there any medical or developmental conditions requiring attention or accommodation? \_\_\_\_\_

Serious injury (type and date): \_\_\_\_\_ Chronic or recurring illness: \_\_\_\_\_

Other conditions or details of above: \_\_\_\_\_

Will your child need any medication? ☐ No ☐ Yes If yes, list name(s) and dosage(s)\*\* \_\_\_\_\_

Have any significant events occurred in your family within the last few years? \_\_\_\_\_

Does your child have any serious fears? If so, please explain. \_\_\_\_\_

Are there any other concerns your child may have at Quest? \_\_\_\_\_

\*\*Note on medication: All prescriptions and over-the-counter medications must be in original bottle and have complete instructions from the doctor with a signed copy of the medication authorization form.

## PERMISSIONS FOR CARE Please sign at the bottom and initial each line.

### Photos/Video

I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs. \_\_\_\_\_

### Swimming

I give permission for my child to participate in water activities and/or swim lessons under the direct supervision of YMCA staff. \_\_\_\_\_

### Assessments

I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical boundaries developmentally if appropriate for particular programs. \_\_\_\_\_

### Over-the-Counter-Topicals (OTC)

I give permission for my child to have YMCA staff apply home-supplied topical items (or a generic version if it happens to be on hand) such as bug repellent, lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items. \_\_\_\_\_

### Outside Play/Walks/Field Trips

I give permission for my child to take walks around the grounds with designated staff members and also participate in field trips away from the facility under the direct supervision of YMCA staff. \_\_\_\_\_

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian 1 Signature

Parent/Guardian 1 Name (please print)

Date

Parent/Guardian 2 Signature

Parent/Guardian 2 Name (please print)

Date



# Summer Quest 2023 Registration and Health Form

Located at 444 East Main Street

How did you hear about Summer Quest 2023? ☐ Postcard ☐ Website ☐ Email ☐ Phone ☐ Friend ☐ Other

SESSIONS											
Grades K – 1	6 am–6 pm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Grades 2 – 3	6 am–6 pm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Grades 4 – 6	6 am–6 pm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**\$290: YMCA Family Members | \$310: YMCA Youth Members | \$370: Non-Members**



1 June 26–30	MARIO'S CAMP ADVENTURE
2 July 3–7	MISSION IMPOSSIBLE
3 July 10–14	WILD WEST
4 July 17–21	WITCHCRAFT & WIZARDRY
5 July 24–28	COLOR WARS
6 July 31–Aug 4	OPERATION: EARTH
7 August 7–11	YEAR 3000
8 August 14–18	ONCE UPON A TIME
9 August 21–25	RUMBLE IN THE JUNGLE
10 August 28–Sept 1	SHIPWRECKED

## PAYMENT OPTIONS

A one-time registration fee of \$1.00 per child, and full payment of all additional services is due with registration. **All deposits and registration fees are non-refundable.**

### Select Payment Option:

- ☐ **Easy Payment Option (EFT):** I hereby authorize the YMCA of Greater Rochester to debit the account listed below for summer program fees on the Monday, **two weeks** prior to each registered session.
- ☐ **Payment in Full:** Enclosed is full payment for all registered Summer Quest sessions.

### Select Payment Form:

- ☐ **Current Credit/Debit Card** saved on YMCA Account
- ☐ **New Credit/Debit Card.** I will call Summer Quest to set up a new secure payment.
- ☐ **Current Checking Account** saved on YMCA Account
- ☐ **New Checking Account.** I will call Summer Quest to set up a new secure payment.

**The Easy Payment Option (EFT)** is the preferred billing method for YMCA Programs. Simply provide a credit or debit card and tuition will be automatically paid two weeks prior to the session beginning. If you prefer not to participate in the EFT payment option please contact a billing registration specialist to discuss a statement billing plan. Please call Carlson Child care with questions 585-263-4283.

- ☐ I need a Flex Receipt for Child Care Reimbursement.
- ☐ My completed Experience Scholarship Application is attached.
- ☐ I plan to receive DSS funding.

# Summer Quest 2023 Registration

Complete one registration form per child.

## CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ M ☐ F

Race/Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other \_\_\_\_\_ YMCA Member: ☐ Yes ☐ No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ English Language Learner: ☐ Yes ☐ No

Free or Reduced Lunch: ☐ Yes ☐ No

PARENT/GUARDIAN 1 INFORMATION

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Income: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Income: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with: (please check) ☐ Parent/Guardian 1 and Parent/Guardian 2 ☐ Parent/Guardian 1 ☐ Parent/Guardian 2

## PERSONS AUTHORIZED TO PICK UP CHILD AND EMERGENCY CONTACTS

Parent/Guardian 1: ☐ Yes ☐ No      Parent/Guardian 2: ☐ Yes ☐ No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## ADDITIONAL INFORMATION

- I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation, and the services provided by the facility and the Office of Children and Family Services regulations under which it operates.
- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
  - In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, or order injection, anesthesia, or surgery for my child.
  - I am responsible for the cost of all medical treatment and care.
  - I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every six months.
  - The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
  - I must notify the YMCA staff immediately of any changes on this form.
  - The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. I understand that my child needs to be in the program no later than 9:30 am. I will notify staff or call if my child will arrive later than 9:30 am. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
  - It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
  - Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
  - YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.
  - The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

The YMCA is required to report membership and program participation information to the United Way and various government agencies in support of annual allocation, grant, and community service requests. This information is not reported on an individual basis and is used for statistical purposes only. Please check the correct answer for both A and B:

A. Racial Status:

☐ White

☐ Black or African American

☐ Hispanic/Latino

☐ Middle Eastern or North African

☐ Two+ Races or Ethnicities

☐ Other

B. Annual Household Income:

☐ Less than \$15,000

☐ \$15,000-\$24,999

☐ \$25,000-\$44,999

☐ \$45,000-\$74,999

☐ \$75,000 or over