

# TEEN PROGRAM REGISTRATION



This form should be completed by a parent or guardian of the teen looking to participate in teen programming through the Maplewood Family YMCA Teen Center.

## TEEN INFORMATION

Teen Name: \_\_\_\_\_ Gender:  M  F  Other YMCA Member:  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School I.D.#: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

### Individual Demographics: Race/Ethnicity

- Asian  Native American or Alaskan Native  Two or more race/ethnicities  
 Black or African American  Native Hawaiian or Other Pacific Islander  Other race/ethnicity (not listed)  
 Hispanic or Latino  White or Caucasian  White or Caucasian

### Does your teen attending this program allow you to:

- Work  
 Attend school/training  
 Take care of another family member

## HOUSEHOLD DEMOGRAPHIC INFORMATION

The following section should be completed in regards to the teen.

Does your teen live in the City of Rochester?  Yes  No Zip Code: \_\_\_\_\_  
If no, what town: \_\_\_\_\_

Does your teen live in Monroe County?  Yes  No  
If no, what county: \_\_\_\_\_

How many people live in your teen's household? \_\_\_\_\_

Is your teen currently experiencing homelessness? \_\_\_\_\_

Total Household Income: \_\_\_\_\_

### Disability:

- Yes  
 No  
 Prefer Not To Say

### Veteran:

- Yes  
 No  
 Prefer Not To Say

### LGBTQIA+

- Yes  
 No  
 Prefer Not To Say

## PARENT/GUARDIAN 1 INFORMATION

Relation to Teen: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

## PARENT/GUARDIAN 2 INFORMATION

Relation to Teen: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

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

\*Parents listed are authorized to pick up the teen from programming.

## EMERGENCY CONTACTS/AUTHORIZED PICKUP

Must list emergency contacts in addition to parent/guardian. Contacts listed are authorized to pick up child. Please indicate if phone number is a home, work, or cell number.

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  H  W  C Phone: \_\_\_\_\_  H  W  C  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### AUTHORIZED PICKUPS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  H  W  C Phone: \_\_\_\_\_  H  W  C  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  H  W  C Phone: \_\_\_\_\_  H  W  C  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_



# TEEN PROGRAM REGISTRATION

## PARENT/GUARDIAN AGREEMENT

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. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- If my child is not receiving transportation, 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.

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

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

## TEEN PROFILE

The following information will help us to better understand your child and his/her needs.

Special Talents \_\_\_\_\_

Hobbies \_\_\_\_\_

Special Interests \_\_\_\_\_

Adult Relations \_\_\_\_\_

Peer Relations \_\_\_\_\_

Fears/Apprehensions \_\_\_\_\_

What helps your child handle transitions? \_\_\_\_\_

Special services received \_\_\_\_\_

External Stress Factors \_\_\_\_\_

How is anger or frustration expressed? \_\_\_\_\_

Previous child care programs and why he/she left? \_\_\_\_\_

Does your teen qualify for free or reduced lunch?  Yes  No

Is your teen eligible for ELL Services?  Yes  No

Does your teen participate in ELL Services?  Yes  No

Does your teen have an IEP, 503 or 504 plan?  Yes  No

Please specify: \_\_\_\_\_

Is your teen able to swim without a life jacket or adult assistance?  Yes  No

### Custody Orders (attach documentation)

Family discipline practices \_\_\_\_\_

If he/she is upset, try this \_\_\_\_\_

Things I would like my teen to accomplish at the YMCA \_\_\_\_\_

## HEALTH INFORMATION

### Medication History (required by New York State Department of Health):

Check here if teen is taking prescribed or over the counter medication. Please list all medications: \_\_\_\_\_

I understand that I must complete a child care medication form and it must be signed by teen's physician for them to participate and for any medication to be administered during the program.

### Health History (check all that are applicable)

- \_\_\_ Physician's Restrictions
- \_\_\_ Asthma
- \_\_\_ Special Diet
- \_\_\_ Behavior Challenges
- \_\_\_ Hearing
- \_\_\_ Vision
- \_\_\_ Ear Infections
- \_\_\_ Injury
- \_\_\_ Convulsions
- \_\_\_ Diabetes
- \_\_\_ ADD/ADHD
- \_\_\_ Operations

### Allergies

- \_\_\_ Nuts/Peanuts
- \_\_\_ Insect Stings
- \_\_\_ Poison Ivy, etc.
- \_\_\_ Hay Fever
- \_\_\_ Medication
- \_\_\_ Foods (supply list)
- \_\_\_ Other (please list below)

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# TEEN PROGRAM REGISTRATION

## PERMISSIONS FOR CARE

Check all that agree and please sign at the bottom.

**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.

**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 diaper cream, lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items.

**Food**

Through a collaboration with Foodlink, we are proud to provide a healthy snack for all youth. To ensure the safety of all youth, no outside food is permitted.

**Outside Play/Walks/Field Trips**

I give permission for my child to attend walking field trips as a part of this YMCA program. As part of the program, scholars participate in field trips off site as well as within walking distance of the neighborhood. I give permission for my child to attend field trips, walks, and outside play. If you only want to agree to certain activities listed, please circle only those activities.

**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.

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

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

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

## WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ understand that YMCA of Greater Rochester activities have inherent risks and I hereby assume all risks and hazards incident to my child's participation in all YMCA of Greater Rochester activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA of Greater Rochester, the organizers, volunteers, supervisor,s officers, directors, participants, coaches, referees, as well as, person or parents transporting participants to and from activities from any claims or injury sustained during my child's participation during YMCA of Greater Rochester activities.

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

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

Dismissal Preference Procedure:

Please check all the method of dismissal you prefer for your teen.

Walk, bike, skateboard, scooter

Pick-up by authorized individual listed on registration



**Adam J. Bello**  
COUNTY EXECUTIVE

This project is supported, in whole or in part, by federal award number SLFRP0206 awarded to Monroe County, New York by the U.S. Department of the Treasury.