

Before & After School Program and UPK Registration

I will be enrolling multiple children.

CHILD INFORMATION

Child Name: _____ Gender: M F Other YMCA Member: Yes No
 Address: _____ City: _____ State: _____ ZIP: _____
 Date of Birth: ____/____/____ Age: _____ Program Start Date: _____ School I.D.#: _____
 How did you learn about the program? In branch YMCA website Internet search Postcard Event School Referred by _____

PARENT/GUARDIAN 1 INFORMATION

Relation to Child: _____
 First Name: _____
 Last Name: _____
 Place of Employment: _____
 Date of Birth: ____/____/____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Email: _____

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____
 First Name: _____
 Last Name: _____
 Place of Employment: _____
 Date of Birth: ____/____/____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Email: _____

Child lives with: Parent/Guardian 1 and Parent/Guardian 2 Parent/Guardian 1 Parent/Guardian 2

*Parents listed are authorized to pick up child.

EMERGENCY CONTACTS/AUTHORIZED PICKUP

*Must list at least one emergency contact in addition to parent/guardian per OCFS regulations. Contacts listed are authorized to pick up child.

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____ H W C Phone: _____ H W C

AUTHORIZED PICKUPS

Name: _____ Relationship: _____ Phone: _____ H W C Phone: _____ H W C

Name: _____ Relationship: _____ Phone: _____ H W C Phone: _____ H W C

Name: _____ Relationship: _____ Phone: _____ H W C Phone: _____ H W C

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. I understand that my child needs to be in the program no later than 9:30am. I will notify staff or call if my child will arrive later than 9:30am. 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.

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

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Turn page to complete Registration and Permissions 

Before & After School Program and UPK Registration

Child Name _____

Registration is as easy as...

1 Select Age Group



2 Choose Program



3 Include Child's Health Form and Physical



4 Complete Enclosed CACFP Form

1 Select Age Group	Universal Pre-Kindergarten 4 year olds	After School Program (Kindergarten – 12 years) Free for Registered Youth
2 Choose Program	<input type="checkbox"/> Full Time 9:00am-3:00pm (5 Days Per Week)	<input type="checkbox"/> End of School Day – 6:00pm

* Rochester City School District students only. Please contact the **Southwest YMCA** at 585-328-9330 or **Monroe YMCA** at 585-271-5320.

PERMISSIONS FOR CARE

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.

Permission for Napping/Resting

I give permission for my child to nap/rest in a crib, on a mat, or on a cot (age appropriate) within the classroom during designated nap time. Infants will be put to sleep on their backs. Children are expected to rest quietly. No child will be forced to sleep or forced to stay awake.

Food

Through a collaboration with Foodlink, we are proud to provide a healthy breakfast, lunch, and snack for all youth in full day programs and a healthy snack for all youth in afterschool programs. To ensure the safety of all youth, no outside food is permitted.

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.

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 _____

HEALTH INFORMATION

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

- Check here if child is taking prescribed or over the counter medication. Please list all medication(s) _____
- I understand that I must complete a child care medication form and it must be signed by child'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 ____ Injury
 ____ Asthma ____ Convulsions
 ____ Special Diet ____ Diabetes
 ____ Behavior Challenges ____ ADD/ADHD
 ____ Hearing ____ Operations
 ____ Vision
 ____ Ear Infections

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: _____

CHILD 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 _____
- Custody orders (attach documentation)** _____
- Family discipline practices _____
- If he/she is upset, try this _____
- Things I would like my child to accomplish at the YMCA _____

SIBLING INFORMATION

Name	Age	Date of Birth	Currently Enrolled in YMCA Programs?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No