



MARINETTE-MENOMINEE YMCA Youth Enrollment Form

Y-Kids Afterschool Y-Kids Day Camp Y-Kids Break Out

CHILD'S INFORMATION

Child's Name: _____ Date of birth: _____ Age: _____ Sex: M F
Child's Home Address: _____ Apt #: _____ City: _____ Zip: _____
Household phone number: _____ Contact e-mail address: _____
School Attended: _____ City: _____ Grade: _____

NAME OF PARENT OR GUARDIAN

Name: _____ Name: _____
Relation to Child: _____ Relation to Child: _____
Address (if different from child's): _____ Address (if different from child's): _____
City/Zip: _____ City/Zip: _____
E-mail: _____ E-mail: _____
Home Phone Number: _____ Home Phone Number: _____
Office Phone Number: _____ Office Phone Number: _____
Cellular Number: _____ Cellular Number: _____
Employer: _____ Employer: _____
Authorized to pick up child (circle one): Yes No Authorized to pick up child (circle one): Yes No

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

*The YMCA will never release your child to anybody not on this list. It is the parent/guardian's responsibility to contact the school and the YMCA regarding any changes.

Contact 1

Name: _____ Relation to Child: _____
Address: _____ Contact Number 1: _____
City/State/Zip: _____ Contact Number 2: _____

Contact 2

Name: _____ Relation to Child: _____
Address: _____ Contact Number 1: _____
City/State/Zip: _____ Contact Number 2: _____

Contact 3

Name: _____ Relation to Child: _____
Address: _____ Contact Number 1: _____
City/State/Zip: _____ Contact Number 2: _____

*Attach an additional sheet with more contacts if needed.

SPECIAL NEEDS AND ACCOMODATIONS

We believe that each child in our care is a unique individual with special needs. Help us provide the best care for your child by providing us with as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special problems and needs including: allergies, existing illnesses, previous serious illness, and injuries, disabilities, hospitalizations in the past 12 months, long-term, continuous use medication, etc. Please write N/A if none apply to your child.

SPECIAL NEEDS AND ACCOMODATIONS CONTINUED

Please explain if there are certain situations that might cause your child difficulty. How can we best work with you and/or your child to help in these situations? Does your child have any limitations or require any special provisions?

If your child requires any special accomodations, please contact the program coordinator.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

My child **has** a regular physician. Below is the information for my physician, clinic/hospital preferences.

My child **does not** have a regular physician. **We use any doctor on duty at the clinic/hospital below.**

Name of physician: _____ City: _____ Phone Number: _____

Clinic/Hospital Preference: _____ City: _____ Phone Number: _____

Is your child covered by any medical insurance policy? Yes No

Insurance Company: _____ Group Number: _____

Policy Holder's Name: _____ Policy Number: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent or Legal Guardian

Date

PLEASE READ EACH STATEMENT, ANSWER "YES" OR "NO," THEN SIGN AND DATE BELOW

My signature below gives my consent for my child to be transported and supervised by the facility's staff in case of an emergency.

Yes No

My signature below gives my consent for my child to be photographed and/or video taped participating in the program for promotional purposes.

Yes No

My signature below gives my consent to have periodic e-mails sent to me by the YMCA informing me about upcoming programs and/or events that will be of interest to my child.

Yes No

PARENT STATEMENT OF UNDERSTANDING

I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. The YMCA strives to provide a safe and healthy environment for your child.

AGREEMENT TO ADHERE TO PAYMENT POLICIES/PROCEDURES

Payments are due before the child participates in the program unless a previous arrangement with the program director has been made. Payments are non-refundable, but a credit will be issued upon request for use in the same program should an emergency situation and 48 hour notice be given before the program's start. (See the YMCA Program Cancellation Policy)

OFF-SITE AGREEMENT

I understand that the school district is not responsible for incidents/accidents that occur during the program. I also understand that it is my responsibility to communicate to the school which my child attends regarding their coming to the YMCA's afterschool program, in accordance with the school's emergency plan. Youth from other school districts must be dropped off and signed in by a person listed on this form.

I have read all the above guidelines and by signing I agree to abide by all the YMCA policies.

Signature of Parent or Legal Guardian

Date