



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2015-2016 School's Out Special West Cook YMCA 2015-2016 Registration Form

Child's First Name: _____ Last: _____

Nickname _____ Child's Current age: _____

School _____ Grade for 2015-2016 _____

Please check the appropriate boxes below to register:

Kindergarten through Twelfth grade:

- Member \$55
- Program Member \$75

Child's Name _____

General Information Form

Child's Birthday (MM/DD/YYYY) _____

Home Address _____

City _____ State _____ Zip _____

Mother's/Guardian's Name

(First) _____ (Last) _____

Home Address _____

City _____ State _____ Zip _____

Place of Work _____

Work Address _____

Phone: Work _____ Home _____ Cell _____

Email _____

Father's/Guardian's Name

(First) _____ (Last) _____

Home Address _____

City _____ State _____ Zip _____

Place of Work _____

Work Address _____

Phone: Work _____ Home _____ Cell _____

Email _____

Parents are: Together Separated Divorced
 Deceased - Mother Father Both

Name and ages of other children in the home:

When necessary, who should be the first contacted?

Please give us any other information which would help us to know your child better such as habits, developmental barriers, medical needs, behavioral concerns, fears, or any other factors that would be important to know:

Child's Name _____

Approval for West Cook YMCA Activities

Please check all the appropriate boxes that you are approving or not approving and sign and date at the end of the page.

Water Activity Permission Authorization:

- I give permission for my child to participate in swimming and other water activities offered as part of the YMCA program.
- I DO NOT give permission for my child to participate in water activities.

Transportation Permission Authorization:

- I give permission for my child to be transported on the West Cook YMCA's Mini Bus.
- I DO NOT give permission for my child to be transported on the West Cook YMCA's Mini Bus.

Photo/Video Permission Authorization:

- I give permission for my child to have their picture and/or video taken as part of the West Cook YMCA Program. I understand that the picture or video may be displayed within the facility, in the newspaper, or on other media outlets.
- I DO NOT give permission for my child to have their picture and/or video taken for the purpose of using within the facility, newspapers, or other media outlets.

I give authorization based on the above boxes checked

Sign and Date

Child's Name _____

Health History Form

Child's Physician's Name _____ Phone: _____

Address, City, State, Zip _____

Child's Dentist's Name _____ Phone: _____

Address, City, State, Zip _____

Medications/Dietary Restrictions - _____

If your child needs medication administered to him/her during program hours please see School Age Coordinator to fill out necessary forms. Please list ANY additional information about your child's health history, behavior, and physical, emotional, or mental health about which the YMCA staff should be aware. All information given is confidential and will only be viewed by necessary YMCA staff.

Emergency Medical Authorization

The purpose of this authorization is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under our supervision when parents or guardians cannot be reached.

- I hereby give my consent for the administration of any medical treatment deemed necessary by our family doctor or another licensed physician at the closest hospital facility.
- I DO NOT give my consent for the emergency medical treatment beyond basic first aid for my child. In the event of sudden illness or injury requiring emergency medical treatment, I hereby give the YMCA staff authority to do the following: _____

I approve as checked above and know the responsibility would rely on me for any medical costs that would come up.

Sign and Date

Child's Name _____

West Cook YMCA Pick-up Authorization

All individuals who wish to pick up your child must be listed below. (Excluding parents and guardians listed on the general information sheet.) For the safety of your child, **anyone** picking up your child must have a picture I.D. Anyone without proper authorization will not be allowed to take your child.

Emergency contacts/ Individuals authorized to pick up child on a regular basis (apart from the guardians listed on the general information sheet):

Name _____

Relationship to child _____

Address _____ City _____
State _____ Zip _____

Daytime Phone _____ Evening Phone _____
Cell phone _____

Name _____

Relationship to child _____

Address _____ City _____
State _____ Zip _____

Daytime Phone _____ Evening Phone _____
Cell phone _____

I authorize the following additional people to pick up my child:

Name	City Located	Phone	Conditions for Releasing Child (If any)

If anyone other than those listed will be picking up your child, you must notify camp staff via e-mail. Phone authorization will not be sufficient. Reminder that all need photo I.D. needed for pick up authorization.

Child's Name _____

West Cook YMCA School Age Developmental History

Please list all siblings and their ages and other members of your house hold:

Developmental and Social Experience

How would you describe your child: _____

Does your child have any difficulties with speech or expressing themselves?

How does your child respond to being in large and small groups? _____

Language spoken at home: _____

Does your child have any fears: _____

Swimming and water experience: _____

Previous experience with other children: _____

Reaction to strangers: _____

How do you comfort your child? _____

What is the method of behavior management at home? _____

What would you like your child to gain from this childcare experience?

HEALTH HISTORY

Serious illnesses and/or hospitalizations: _____

Special physical conditions, or disabilities that may require accommodations (please be specific): _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions/intolerances:

Regular medications: _____

EATING HABITS

Dietary Restrictions _____

Special characteristics or routines: _____

Are there any more details or comments about your child we should know?

Parent/Guardian Signature _____ **Date** _____