



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019 Y-Kids Before and After School Program

West Cook YMCA Registration Form

Child's First Name: _____ Last: _____

Nickname: _____ Birthday: ____/____/____ Current Age: _____

Home Address _____

City _____ State _____ Zip _____

School: _____ Grade for 2018-2019: _____

PLEASE CHECK THE APPROPRIATE BOXES BELOW TO REGISTER:

Members \$330 per Month

Program Members \$440 per Month

PLEASE CHECK THE APPROPRIATE AGE GROUP BELOW TO REGISTER:

Kindergarten

3rd Grade

6th Grade

1st Grade

4th Grade

7th Grade

2nd Grade

5th Grade

8th Grade

TRANSPORTATION:

I do **NOT** need YMCA transportation. I will be responsible for getting my child to Y-Kids each day. I will inform YMCA Staff if my child will walk to Y-Kids each day.

I **DO** need YMCA transportation. The YMCA will provide transportation from my child's school each day. **\$65 per month***

Child's Name _____

GENERAL INFORMATION FORM

Parent/Guardian 1 Name

First: _____ Last: _____

Home Address _____

City _____ State _____ Zip _____

Place of Work: _____

Work Address: _____

Phone: Cell _____ Work _____

Email: _____

Parent/Guardian 2 Name

First: _____ Last: _____

Home Address _____

City _____ State _____ Zip _____

Place of Work: _____

Work Address: _____

Phone: Cell _____ Work _____

Email: _____

Family Dynamics (please share if you believe details would help your child while in our care)

Name and ages of other children in the home:

Child's Name _____

When necessary, which parent/guardian should be contacted first?

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:

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 bottom 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 or rented transportation.

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

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, **everyone** picking up your child must have a picture I.D. Anyone without proper authorization will not be allowed to take your child. If you do not wish to authorize additional pick-up individuals, please write 'NONE' on the first line.

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: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship to child: _____

Address, City, State, Zip: _____

Primary Phone: _____ Secondary 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 Youth Development staff via e-mail. Phone authorization will not be sufficient. Please remember that a photo I.D. is 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 household:

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?

What is the primary language spoken at home? _____

Does your child have any fears? _____

Does your child have swimming and water experience?

How does your child respond to new environments/new peers/new adults?

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?

Child's Name _____

HEALTH HISTORY

Serious illnesses and/or hospitalizations:

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

Allergies (i.e. asthma, 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?

Child's Name _____

YMCA ACTIVITY PERMISSION FORM

(Optional-only if participating in other Y programs)

I/We give permission for a member of the Y-Kids staff to sign out my child and transport them to the following programs at the West Cook YMCA building:

Program Name	Location	Day	Time	Session Dates

Please check the following:

My child **will not** return to the Y-Kids program after their activity. I understand that I will be responsible for their pick up

My child **will return** to the Y-Kids program. A member of the Y-Kids staff has permission to sign my child back into the afterschool program at _____ am/pm.

I understand that I must inform the YMCA of any changes to this schedule. I further understand that I must fill out a new permission slip for each activity or session a program is offered. YMCA staff will not escort my child to their activity without a signed form on file.

I understand that the scheduled transportation times/days are to be determined and I am responsible for checking with Youth Development staff to ensure transportation availability.

Parent/guardian Signature _____

Date _____

Child's Name _____

MEDICAL DISTRIBUTION PERMISSION FORM

(Only for students who will take medication during program or needs medicine, including an inhaler or Epi-pen, to be kept on-site.)

I give the West Cook YMCA permission to administer the following medication to my child.

- Medication must be in its **original, labeled** container. No medication will be accepted if not the original container.
- The child's name must be on the medication container.
- The date on the prescription must be current (within 1 month for antibiotics; and within 1 year for other medications).
- The medication's name, dose and frequency of administration on the label must be consistent with parental instructions.

Child's Name _____ Age _____ Gender _____

Reason for medication _____

Date to start medication _____ Date to stop _____

Days to be given Mon Tues Wed Thurs Fri As Needed Only

Prescribing Physician's Name: _____ Phone: _____

Address, City, State, Zip: _____

Prescription number _____ Name of Medication _____

Directions for administering (dosage, time of day, times per day, etc.)

Other _____

Date	Time	Dosage	Staff Initials

Guardian's Name: _____ Signature: _____ Date: _____

Child's Name _____

**WEST COOK YMCA Y-KIDS HANDBOOK AND POLICIES
ACKNOWLEDGEMENT**

The West Cook YMCA understands that effective communication is a key component in helping to provide you and your family with quality programs. In an effort to help serve you better, please take some time to read and understand the 2018-2019 Y-Kids Family Handbook. If you have any questions or concerns, please contact Rebecca Boblett, School Age Coordinator at 708-427-8268.

Please print:

I, _____, parent/guardian of

_____ acknowledge that I have received a copy of the West Cook YMCA's 2018-2019 Y-Kids Family Handbook, and I am responsible for complying with all of the policies and procedures stated within.

Parent/Guardian Signature: _____ Date: _____