

SUMMER DAY CAMP/YCARE REGISTRATION FORM

EMAIL: DannD@TwinTiersYMCA.org -or- HeatherC@TwinTiersYMCA.org TEL: 716.373.2400

PARTICIPANT INFORMATION

Participant's Full Name: Preferred Name:		Date of Birth:	Gender:
Participant's Home Address:			
Home Phone:		Language(s) Spoken at Home:	

HOUSEHOLD/FAMILY INFORMATION

Parent/Guardian #1:	Relationship to Participant: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	Date of Birth:
Address of Person Enrolling Participant (<i>if different than participant</i>):		
Phone Number(s) of Person Enrolling student:	Email:	

Parent/Guardian #2:	Relationship to Participant: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	Date of Birth:
Address of Person Enrolling Participant (<i>if different than participant</i>):		
Phone Number(s):	Email:	

EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION

Emergency Contact Names	Authorized to Pick Up	Relationship	Phone Number
Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Secondary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

My child MAY NOT be picked by the following individuals:

Name:	Relationship to Participant:
Name:	Relationship to Participant:
Name:	Relationship to Participant:

Release of Participant During Medical Emergencies

If I am not available during an emergency, my child may be released to one of the following individuals:

Name:	Phone:	Relationship to Participant:
Name:	Phone:	Relationship to Participant:

Student's Health Information

All information is confidential and is used by the program staff to ensure the safety of students. Medical paperwork is required for children on medication and will need to be filled out and signed by a doctor before your child can attend.

Does your child have any of the following?

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list what child is allergic to: If yes, does your child need/use an EpiPen? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child use an inhaler or other medicine for his/her asthma? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child need medication or blood glucose monitoring? <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, does your child have a prescription for glucagon? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child need medication for preventing or treating seizures? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Vision Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, and your child needs aids at school other than wearing glasses or contacts, please describe:
Hearing Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, and your child needs aids at school other than wearing a hearing aid, please describe:
Physical Limitations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child able to participate in physical education class at school with no limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list his/her activity limitations:

Other Medication(s)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes, please list:
---------------------	---	----------------------

Does your child have special diet needs, other health needs, or behavioral/emotional needs?
If yes, please describe:

**Please note medications taken or administered at the program will need written parent/guardian consent and health care provider order. Please check with the program director/site coordinator for details.*

The YMCA is unable to administer any medications except, emergency inhalers, emergency Epi-pens and benadryl if given as a preventative medication with the epi-pen. We are only able to administer these medications when we are provided with the proper paperwork filled out by the parent/guardian and the child's doctor.

Liability Agreements

I give my child permission to enroll and participate in the YCamp/YCare? Yes No

I understand that following agreements and consents **are not pre-conditions for approval** to participate in the program. Yes No

The Olean Family YMCA recommends that all youth have an examination by a licensed physician before attending any YMCA program. This is to ensure the health and safety of the child as it would be dangerous to partake in a strenuous activity and also to protect other participants from communicable disease. Yes No

I hereby give my permission for my child to participate in all YMCA programs, and, to the best of my knowledge my child has no physical conditions which would make it difficult for them to participate in program activities. In consideration of admittance, I authorize the Olean Family YMCA to act on my behalf if I cannot be reached during a medical emergency and to use their best judgment. I also authorize EMT's, Doctors, Nurses, and Hospital Staff to medically treat my child until I can be contacted. Yes No

I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the YMCA Program. I also grant the Wellsville YMCA program the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release the Olean YMCA program and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. Yes No

I consent for my child to take part in walking field trips, away from the program site, under supervision. Yes No

I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips. Yes No

I understand that my child is responsible for their own behavior, clothes and belongings. Yes No

I provided information on my child's special needs to the program to assist in the safety of my child. Yes No

I agree to review and update this information whenever a change occurs and at least once every year. Yes No

I agree to communicate with the YMCA staff regarding any questions or concerns in a timely manner and that I am to have a current telephone number listed with the YMCA staff and that I am responsible for answering and returning phone calls to the YMCA in a timely manner. Yes No

I have received and read the YMCA School Age Child Care Handbook and I agree to abide by all YMCA Policies. Yes No

I grant permission for my child to participate in swimming activities at the YMCA pool and I understand that for them to do so my child must have appropriate swim attire. Yes No

If at any time I change my mind about my child's participation (any or all aspects), I will contact the site supervisor. Yes No

I authorize staff to administer the following, if I personally provide it: Sunscreen Yes No Bug Spray Yes No

Enrollment Agreement (Please initial each clause)

_____ I reviewed the registration form and understand the payments and when my account will be charged. I understand that if my account is more than two (2) weeks past due, my child's enrollment for ycamp/ycare will be terminated.

_____ I understand that my rate cannot be prorated for non-attendance such as illness or vacation.

_____ I understand that if I get DSS, I am to pay my family share on a weekly basis and to make sure that all forms of payment are available to the Wellsville Family YMCA.

_____ I understand that only those on the authorized lists can pick-up my child from school/program without my permission.

_____ I reviewed, thoroughly read, understood and signed the behavioral policy in case an issue should arise.

BEHAVIOR POLICY

When an issue with behavior happens, depending on the severity of the infraction, a write-up will be issued by the staff in charge of that group, the lead site staff, or closest director, will make the decision on the amount of time the child needs to be excused from the program.

If the incident is severe, a director will make the decision to remove the child from the program and will not be able to return to a YMCA of the Twin Tiers licensed program until the following school year.

DISCIPLINE & DISCHARGE

ALL CHILDREN ARE ENTITLED TO A SAFE AND HARMONIOUS ENVIRONMENT. THE SAFETY RULES AND STRUCTURES OF THE PROGRAM ARE IN PLACE TO PROVIDE A SAFE AND CONSISTENT PROGRAM.

WE BELIEVE THAT GUIDANCE IS SOMETHING THAT SHOULD BE POSITIVE AND APPROACHED IN A FAIR AND CARING MANNER, CONSISTENT WITH THE DEVELOPMENTAL NEEDS OF INDIVIDUAL CHILDREN. CLEAR BEHAVIOR LIMITS ARE SET AND MODELED AND REASONABLE GUIDELINES ARE EXPLAINED.

PARTICIPANT AGREEMENT & CODE OF CONDUCT

THE YMCA OF THE TWIN TIERS IS A YOUTH-SERVING COMMUNITY-BASED MEMBERSHIP ORGANIZATION DEDICATED TO PROVIDING PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. PARTICIPATION IN THE ORGANIZATION'S PROGRAMS IS SUBJECT TO THE OBSERVANCE OF THE ORGANIZATION'S RULES AND PROCEDURES. SEVERE BEHAVIOR THAT COULD CAUSE INJURY TO THEMSELVES AND/OR OTHERS OF ANY FORM IS STRICTLY PROHIBITED. ANY PROGRAM MEMBER WHO VIOLATES THIS CODE IS SUBJECT TO DISCIPLINE UP TO AND INCLUDING REMOVAL FROM THE PROGRAM.

By signing below, I certify that all information (above) is true and correct to the best of my knowledge.

Name of Parent/Person in Relation/Guardian:

Signature of Parent/Person in Relation/Guardian

Date Signed

Child's Name: _____