

# 2021-2022 YMCA DAYCARE REGISTRATION



Acct. # \_\_\_\_\_

Name of Child: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Gender:  Male  Female

Birthdate: \_\_\_\_\_

Current Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Parent or Guardian: \_\_\_\_\_

(Is Responsible for Payment)

Birthdate \_\_\_\_\_

Secondary Parent or Guardian: \_\_\_\_\_

Does this Person reside with the child?  Yes  No

**We may not limit a biological parents access to a child without a Court Order indicating that access to the child is limited.**

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\*Is there someone who does not have legal access to your child? Yes/No. Please list the name of the person who does not have access to the child: \_\_\_\_\_ . (If Yes, you must submit documentation)\*\*\***

## Authorized Person for Pick Up/Emergency Notification

**You must list a minimum of 3 contacts other than listed above.**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete the following questions. Be sure to provide an explanation where needed.			
1	Is your child physically and mentally able to participate in the program?	Yes	No
	If <b>NO</b> , please explain?		
2	Does your child have any condition requiring special attention medical or routine? (If YES, fill out <b>Child with Special Needs Form</b> )	Yes	No
	If <b>YES</b> , please explain?		
3	Does your child have an Individual Education Plan (IEP) or is being evaluated for one? (If YES, you must provide a copy of the IEP)	Yes	No
4.	Has your child had an illness/injury within the last year or an on-going condition which we should be aware of?	Yes	No
	If <b>YES</b> , please explain?		
5.	Is your child allergic to bee stings? (If YES, fill out <b>Child with Special Needs Form</b> )	Unknown	Yes
	If <b>YES</b> , does your child require medication if stung? (If YES, fill out <b>Medication Consent Form</b> )		No
6.	Is your child allergic to any foods? (If YES, fill out <b>Food Allergy Action Form</b> )	Yes	No
	If <b>YES</b> , please explain?		
7.	Is your child allergic to any medications? (If YES, fill out <b>Special Needs Form</b> )	Yes	No
	If <b>YES</b> , please list?		
8.	Does your child have any other allergies (i.e. seasonal, etc.) ? (If YES, fill out <b>Special Needs Form</b> )	Yes	No
	If <b>YES</b> , please list?		
9.	Does your child have asthma? (If YES, fill out <b>Asthma Action Form</b> )	Yes	No
	If <b>YES</b> , does your child require medication? (If YES, fill out <b>Medication Consent Form</b> )		No
10.	Does your child require medication to be taken at the program (Please remember to include times during full day programs)? (If YES, fill out <b>Medication Consent Form</b> )	Yes	No
	If <b>YES</b> , please list?		
<b>If your child requires medication, has asthma, or any special needs all forms must be completed prior to the child attending. A Medication Consent Form must be completed for each medication. The medication must be labeled with the child's name, dosage, and expiration date.</b>			

**Please Read, initial in the box to the right, and sign this form at the bottom of the page:**

**Field Trip Permission:** I give permission for my child to participate in the field trips taken by the YMCA Daycare Program. I understand that I will be given prior notice.

**Media Release:** I give consent for my child to be photographed or videotaped in program activities that may be used in news releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The YMCA will also make every attempt to notify me of any such use of the likeness of my child.

**Medical Treatment (mandatory for participation):** In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.

**Waiver (mandatory for participation):** Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA sites, use of the equipment or facilities and participation in activities, whether on its premises or at another location, and for son/daughter, legal guardian and his/her heirs and assigns hereby waive, release and to hold free from all claims for damages the Watertown Family YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in my son/daughter participating in the programs and activities of the YMCA, and agree that he/she will not participate in any activity that may injure themselves or others.

**Memorandum of Understanding (mandatory for participation):** I have received, read and understand the Parent Handbook. I understand my and my child's rights and responsibilities contained therein, including the discipline policy. I have completed all the enrollment forms and understand their content. I am aware there is financial assistance available.


**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_