

# 2023-2024 YMCA SACC Registration



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

Gender:    Male    Female

School: \_\_\_\_\_

Start Date: \_\_\_\_\_

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

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

Grade in September 2023: \_\_\_\_\_

Family's <u>Physical</u> Address: _____ <small>Street City State Zip</small>	Family's <u>Mailing</u> Address: _____ <small>Street City State Zip</small>
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<b>Primary Parent or Guardian:</b> Birthday: _____ Relationship to Child: _____ Home Phone: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Email Address: _____ (Is Responsible for Payment)	<b>Secondary Parent or Guardian:</b> Birthday: _____ Relationship to Child: _____ Home Phone: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Email Address: _____ Does this person reside with the child?    Yes    No
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★ Is there someone who does not have legal access to your child?    Yes    No    (If Yes, you must submit legal documentation)

Please list the name of the person who does not have access to the child: \_\_\_\_\_

\*This program cannot, without a court order, limit the access of a biological/adoptive parent by request of the other, regardless of reason. A legal restraining order must be on file at the administration office and site if biological/adoptive parent is not allowed to pick up the child. Our program will not accept approval by a parent or guardian, written or otherwise, contradicting the legal restraining order.

Authorized Person for Pick Up/Emergency Notification, You must list a minimum of 3 contacts other than listed above.	
1-Name: _____ Phone: _____	Relationship: _____ Street Address: _____
2-Name: _____ Phone: _____	Relationship: _____ Street Address: _____
3-Name: _____ Phone: _____	Relationship: _____ Street 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 our program? If <b>NO</b> , please explain:	Yes	No
2	Does your child have an Individual Education Plan (IEP) or is being evaluated for one? (If YES, provide a copy of the <b>IEP</b> )	Yes	No
3	Does your child have any condition requiring special attention; Sunscreen, Medical, or Routine? (If YES, fill out <u>Child with Special Needs Form</u> ) If <b>YES</b> , please explain: (Sunscreen will need <u>Non-Medication Form</u> )	Yes	No
4	Is your child allergic to bee stings? (If <b>YES</b> , fill out <u>Child with Special Needs Form &amp; Allergy &amp; Anaphylaxis Emergency Plan</u> ) If <b>YES</b> , does your child require medication if stung? (If <b>YES</b> , fill out <u>Medication Consent Form</u> )	Unknown	Yes No
5	Is your child allergic to any foods? (If <b>YES</b> , fill out <u>Child with Special Needs Form &amp; Allergy &amp; Anaphylaxis Emergency Plan</u> ) If <b>YES</b> , please explain:	Yes	No
6	Does your child have other allergies (Medications, Seasonal, etc)? (If <b>YES</b> , fill out <u>Child with Special Needs Form: Must list type of specific type of allergy, symptoms, and response to reaction</u> ) If <b>YES</b> , please list:	Yes	No
7	Does your child have asthma? (If <b>YES</b> , fill out <u>YMCA Asthma Action Form &amp; Child with Special Needs Form</u> ) If <b>YES</b> , does your child require medication? (If <b>YES</b> , fill out <u>Medication Consent Form</u> )	Yes Yes	No No
8	Does your child require medication to be taken at program? (Please remember to include times during full day programs)? (If <b>YES</b> , fill out <u>Medication Consent Form</u> ) If <b>YES</b> , please list:	Yes	No

***-If you answered yes above, 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 and turned in to the office at the time of registration.***

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

	Initial
<b>Field Trip Permission:</b> I give permission for my child to participate in the field trips taken by the YMCA Program. I understand that I will be given prior notice if a trip is planned. (Any venture off of our licensed address is consider a field trip. Example: Walk around the block)	
<b>Transportation Permission:</b> In the event that a child needs to be transported by administrative staff, for reasons of health, behavior, or safety. I give permission for my child to be transported by administrative staff when other transportation is not available. Parent/Guardian, Director, and CEO will be notified.	
<b>Swimming Permission:</b> I give permission for my child to participate in swim while participating at Watertown Family YMCA programs. This permission extends to the pools located in the schools of the Watertown City School District, Watertown City Public Pools, Watertown Family YMCA Downtown Branch, Westcott and Southwick Beaches and Water Safari. School SACC: Swimming may occur on Vacation and Half day programs	
<b>Media Release:</b> 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 videos. The YMCA will also make every attempt to notify me of any such use of the likeness of my child.	
<b>Medical Treatment (mandatory to participate):</b> In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.	
<b>Waiver (mandatory for participation):</b> Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA Licensed 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 herby 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.	
<b>Memorandum of Understanding (mandatory for participation):</b> I understand the Parent Handbook is available online at <a href="http://www.watertownymca.org">www.watertownymca.org</a> under Childcare. I understand my and my child's rights and responsibilities contained within the Parent Handbook, including the discipline policy.	

**Parent/Guardian Signature:**

**Date:**