

# 2024 Summer SACC Registration



Name of Child: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: Male Female  
 Start Date: \_\_\_\_\_  
 Grade in September 2024: \_\_\_\_\_

|   |  |
|---|--|
| Family's <u>Physical</u> Address: _____<br><small>Street City State Zip</small> | Family's <u>Mailing</u> Address: _____<br><small>Street City State Zip</small> |
|---|--|

|   |  |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
|---|--|-------------------------------------|------------------------------|------------------------------|-------------------|-------------------|-------------------|-------------------|-----------------|-----------------|-------------------|-------------------|----------------------|----------------------|---|-----------------|--|------------|-----------|------------------------------|------------------------------|--|--|-------------------|-------------------|--|--|-------------------|-------------------|--|--|-----------------|-----------------|--|--|-------------------|-------------------|--|--|----------------------|----------------------|--|--|
| <b>Primary Parent or Guardian:</b>  | <b>Secondary Parent or Guardian:</b>           |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><b>Birthday</b></td> <td style="padding: 5px;"><i>(Is Responsible for Payment)</i></td> </tr> <tr> <td style="padding: 5px;">Relationship to Child: _____</td> <td style="padding: 5px;">Relationship to Child: _____</td> </tr> <tr> <td style="padding: 5px;">Home Phone: _____</td> <td style="padding: 5px;">Home Phone: _____</td> </tr> <tr> <td style="padding: 5px;">Cell Phone: _____</td> <td style="padding: 5px;">Cell Phone: _____</td> </tr> <tr> <td style="padding: 5px;">Employer: _____</td> <td style="padding: 5px;">Employer: _____</td> </tr> <tr> <td style="padding: 5px;">Work Phone: _____</td> <td style="padding: 5px;">Work Phone: _____</td> </tr> <tr> <td style="padding: 5px;">Email Address: _____</td> <td style="padding: 5px;">Email Address: _____</td> </tr> </table> | <b>Birthday</b>                                | <i>(Is Responsible for Payment)</i> | Relationship to Child: _____ | Relationship to Child: _____ | Home Phone: _____ | Home Phone: _____ | Cell Phone: _____ | Cell Phone: _____ | Employer: _____ | Employer: _____ | Work Phone: _____ | Work Phone: _____ | Email Address: _____ | Email Address: _____ | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><b>Birthday</b></td> <td style="padding: 5px;"><i>Does this person reside with the child?</i></td> <td style="padding: 5px;"><b>Yes</b></td> <td style="padding: 5px;"><b>No</b></td> </tr> <tr> <td style="padding: 5px;">Relationship to Child: _____</td> <td colspan="3" style="padding: 5px;">Relationship to Child: _____</td> </tr> <tr> <td style="padding: 5px;">Home Phone: _____</td> <td colspan="3" style="padding: 5px;">Home Phone: _____</td> </tr> <tr> <td style="padding: 5px;">Cell Phone: _____</td> <td colspan="3" style="padding: 5px;">Cell Phone: _____</td> </tr> <tr> <td style="padding: 5px;">Employer: _____</td> <td colspan="3" style="padding: 5px;">Employer: _____</td> </tr> <tr> <td style="padding: 5px;">Work Phone: _____</td> <td colspan="3" style="padding: 5px;">Work Phone: _____</td> </tr> <tr> <td style="padding: 5px;">Email Address: _____</td> <td colspan="3" style="padding: 5px;">Email Address: _____</td> </tr> </table> | <b>Birthday</b> | <i>Does this person reside with the child?</i> | <b>Yes</b> | <b>No</b> | Relationship to Child: _____ | Relationship to Child: _____ |  |  | Home Phone: _____ | Home Phone: _____ |  |  | Cell Phone: _____ | Cell Phone: _____ |  |  | Employer: _____ | Employer: _____ |  |  | Work Phone: _____ | Work Phone: _____ |  |  | Email Address: _____ | Email Address: _____ |  |  |
| <b>Birthday</b>   | <i>(Is Responsible for Payment)</i>            |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Relationship to Child: _____  | Relationship to Child: _____                   |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Home Phone: _____   | Home Phone: _____                              |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Cell Phone: _____   | Cell Phone: _____                              |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Employer: _____   | Employer: _____                                |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Work Phone: _____   | Work Phone: _____                              |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Email Address: _____  | Email Address: _____                           |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| <b>Birthday</b>   | <i>Does this person reside with the child?</i> | <b>Yes</b>                          | <b>No</b>                    |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Relationship to Child: _____  | Relationship to Child: _____                   |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Home Phone: _____   | Home Phone: _____                              |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Cell Phone: _____   | Cell Phone: _____                              |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Employer: _____   | Employer: _____                                |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Work Phone: _____   | Work Phone: _____                              |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |
| Email Address: _____  | Email Address: _____                           |                                     |                              |                              |                   |                   |                   |                   |                 |                 |                   |                   |                      |                      |   |                 |  |            |           |                              |                              |  |  |                   |                   |  |  |                   |                   |  |  |                 |                 |  |  |                   |                   |  |  |                      |                      |  |  |

★ 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 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.

|   |                       |
|---|-----------------------|
| <b>Authorized Person for Pick Up/Emergency Notification, You must list a minimum of 3 contacts other than listed above.</b> |                       |
| 1-Name: _____   | Relationship: _____   |
| Phone: _____  | Street Address: _____ |
| 2-Name: _____   | Relationship: _____   |
| Phone: _____  | Street Address: _____ |
| 3-Name: _____   | Relationship: _____   |
| Phone: _____  | 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?<br>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 IEP)   | 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> )<br>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; Food Allergy &amp; Anaphylaxis Emergency Care Plan</u> )<br>If <b>YES</b> , does your child require medication if stung? (If <b>YES</b> , fill out <u>Medication Consent Form</u> ) | Unknown    | Yes<br>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 Care Plan</u> )<br>If <b>YES</b> , please explain:   | Yes        | No        |
| 6 | Does your child have other allergies (Meds, 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> )<br>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> )<br>If <b>YES</b> , does your child require medication? (If <b>YES</b> , fill out <u>Medication Consent Form</u> )  | Yes<br>Yes | No<br>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> )<br>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 School Age Child Care 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 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 SACC 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.  |         |
| <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 videotapes. The YMCA will also make every attempt to notify me of any such use of the likeness of my child.  |         |
| <b>Medical Treatment (mandatory for participation):</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 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. |         |
| <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 the Childcare. I understand my and my child's rights and responsibilities contained within the Parent Handbook, including the discipline policy.   |         |

**Parent/Guardian Signature:**

**Date:**