



YMCA AFTER-SCHOOL PROGRAM

Registration Form 2021-2022 All fields must be completed.

School: _____ Grade: _____ Days Attending: _____

Child's Name: _____ D.O.B. _____ Age: _____

Primary Phone: _____ Email: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

EMERGENCY CONTACT INFORMATION

Only list adults authorized to take your child from the center. Minimum of one contact required. New emergency contacts must be added in writing.

Name of person to call if parents cannot be reached: _____ Relationship to child: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
Address		Address		Address	
City	State	Zip	City	State	Zip
Telephone		Telephone		Telephone	

MEDICAL INFORMATION

Child's Physician or emergency treatment facility: _____ Address: _____

City: _____ State: _____ Phone: _____

I, _____ Father/Mother/Guardian (Circle the one that applies) of _____ (Child's Name) do hereby give my consent to the director of the child care facility, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent cannot be reached. Consent is also given for the director or his duly appointed representative to transport the child for emergency medical treatment, if the parents cannot be reached.

Signed: _____ Date: _____

CHILD'S DEVELOPMENTAL NEEDS

Children with special needs are admitted into the program without discrimination, with an Individual Care Plan Counsel between camp executive staff and caregiver. **ICP Counsel must take place prior to registration.**

Does your child have a 504 or IEP at school? (Circle one) YES NO

If the answer is "yes," you must provide a copy to the director prior to your child starting the program.

Does your child receive counseling? (Circle one) YES NO

If "yes," what is the purpose of the counseling? _____

Special food needs/allergies: _____

Medications: _____
Other allergies or Medical Concerns that may require special attention (attach additional pages if necessary):

TRANSPORTATION PERMISSION

I give my consent for my child to take part in field trips or excursions to the YMCA. It is my understanding that my child will be transported to and from the YMCA in a licensed YMCA vehicle

Parent/Guardian Signature: _____ Date: _____

SWIMMING PERMISSION

I give my permission for my child to go swimming at the YMCA, or during a field trip under the supervision of a trained lifeguard.

Parent/Guardian Signature: _____ Date: _____

PRESS RELEASE

I give my permission for my child's picture to be used in any advertising or press releases. Parents will be notified prior to the release.

Parent/Guardian Signature: _____ Date: _____

SUNSCREEN INFORMATION

I am aware that, due to outside activities, and being in the sun, my child may incur a sunburn. I will provide sunscreen for my child when necessary.

Parent/Guardian Signature: _____ Date: _____

NUTRITIONAL INFORMATION

The Department of Human Services requires the Hot Springs YMCA to inform parents that your child's lunch should provide nutritious food from the four basic food groups: dairy, protein, fruits and vegetables, and grains.

Parent/Guardian Signature: _____ Date: _____

RULES AND REASONABLE MODIFICATIONS TO OUR POLICIES, PROCEDURES, AND SERVICES

All children enrolled in our center will be expected to follow the rules established by the staff. The staff is committed to positive reinforcement in their behavior management. Physical discipline is never allowed. Time-outs may be used to allow a child to regain his/her self-control before returning to the group. If a major discipline problem occurs, the childcare staff will contact you. Please cooperate with us by stressing the importance of good behavior patterns with your child. Continued behavior problems may lead to suspension or expulsion from the program.

Every effort will be made to integrate each child into the program. Please let us know if your child is receiving counseling, has a serious behavior problem, or has other special needs. We are willing to work with you to explore reasonable modifications to our policies, practices, or services as required by state or federal law, but we need accurate information on your child's specific needs in order to do so.

Parent/Guardian Signature: _____ Date: _____

YMCA Day Camp/After-school Program is a state-licensed child care facility and as such parents need to be informed that participants are subject to interviews by Child Care Licensing Personnel, DCFS Special Investigators, and Law Enforcement Personnel for investigative purposes and/or for determining compliance with Licensing Requirements. DHS compliance forms for the center are available for review upon request.

Parent/Guardian Signature: _____ Date: _____