

Date registered: _____
Staff registered: _____

**BELVIDERE FAMILY YMCA
Y KIDS' BEFORE AND AFTER SCHOOL
ENROLLMENT FORM 2017-2018**
PLEASE FILL OUT A PACKET EACH SCHOOL YEAR TO
ENSURE UPDATED AND ACCURATE INFORMATION

Today's Date: _____

Child's name: _____
 Name child is called: _____ Birth Date: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____

Mother/Guardian Name: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Employer: _____
 Business Phone: _____ Cell Phone: _____

Father/Guardian Name: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Employer: _____
 Business Phone: _____ Cell Phone: _____

Parent/Guardian to be contacted first in case of emergency: _____

School: _____

Care Needed (please circle): Before After Before & After (No before care offered at Manchester)

In case of an emergency, when neither parent/guardian can be reached, permission is given to contact and release my child to the following individuals:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Name of Child's Doctor: _____
 Doctor's Phone #: _____
 Address: _____
 Name of Child's Dentist: _____
 Dentist's Phone #: _____
 Address: _____

YMCA EMERGENCY MEDICAL CARE/MEDICINE

I give permission for my child _____ to receive emergency medical treatment. I understand that the Belvidere Family YMCA will provide medical treatment in an emergency situation. This may include, but is not limited to: first aid given by Y staff, care by a physician, paramedic or local hospital. I understand that I will be responsible for any fees incurred in emergency care.

Parent/Guardian Signature

Date

ALLERGIES / MEDICAL CONDITIONS

Child's Name: _____

Please list any allergies (food, drink, environmental):

Please list any other medical conditions/medications:

Parent/Guardian Signature

Date

PRESCRIPTION MEDICATION RELEASE FORM

I, _____, give permission for the Y staff to dispense my child's, _____, prescription medication to him/her as suggested by medical staff. **I will provide a doctor's note and proper guidelines regarding the medication.**

Parent/Guardian Signature

Date

YMCA CHILD RELEASE FORM

In the event I am unable to pick up my child personally, I give my consent for my child _____ to be released ONLY to the following individuals:

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: _____

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: _____

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: _____

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: _____

A staff member will ask to see a photo I.D. for verification of the individual before the child is released to the above named adult.

Parent/Guardian Signature

Date

PHOTO RELEASE AUTHORIZATION

Please be advised that your child may be photographed or videotaped at various child care activities for the Belvidere YMCA. Please initial below to either give permission or decline the option for possible promotional photos.

_____ YES, I give permission for my child's photograph or video to be used in promotional materials and on social media.

_____ NO, I do not give permission for my child's photograph or video to be used in promotional materials and on social media.

YMCA TRANSPORTATION AUTHORIZATION

I, _____, authorize the Belvidere Family YMCA (or its contracted provider i.e. First Student or North Boone School District) to transport my child _____ to and from school.

Parent/Guardian Signature

Date

REGISTERING FOR CHILD CARE

You must register your child prior to the week of care. All drop-in care must be registered 24 hours in advance. Registration may be completed at each site, online or at the Belvidere Family YMCA. If you fail to register your child, the YMCA will be unable to continue child care.

CHILD CARE ASSISTANCE COPAY FORM (if applicable)

All Child Care Assistance Program copays, assigned through YWCA or DCFS, will be **automatically deducted** from your debit/credit card on the 1st of every month or following business day if the 1st falls on a weekend. This is a mandatory policy enforced at the Belvidere Family YMCA.

I, _____, understand the Belvidere Family YMCA's payment procedure and leave the following credit card information to be used for my monthly Child Care Assistance Program copay amount. If your credit/debit card gets declined in the process of collecting your copay, you will automatically be charged a \$30.00 non-sufficient funds fee. The amount must be paid in full before the YMCA will provide continued care for your child/children.

Parent/Guardian Signature

Date

VISA MASTERCARD DISCOVER (Circle One)

Name as it appears on card: _____

Credit Card #: _____ -- _____ -- _____ -- _____

Security Code (3 digits on back of card): _____

Billing Zip Code: _____ Exp. Date: _____

HANDBOOK ACKNOWLEDGMENT

I acknowledge that I have been provided with my own copy of the Belvidere Family YMCA's Y Kids' child care handbook. I understand and will abide by the policies and procedures of Y Kids' child care.

Parent/Guardian Signature

Date