

Date registered: _____
Staff registered: _____

**BELVIDERE FAMILY YMCA  
SUMMER CAMP  
ENROLLMENT FORM 2017**

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: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

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

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

Care Needed (please circle): Before After Before & After

Special Instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 ads.

\_\_\_\_\_ NO, I do not give permission for my child's photograph or video to be used in promotional ads.

### 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

### 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 1<sup>st</sup> of every month. 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