

CIRCLE ONE: Before School After School Before & After School

SCHOOL TO BE PICKED UP AT: _____

STARTING DATE: _____

Adventure Club Child Enrollment Form Belvidere Family YMCA

Staff Member

INFORMATION ABOUT YOUR CHILD

Child's Name _____

First Middle Last

Name By Which Your Child Is Called By Most Often _____ Age _____ Grade _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone Number _____ Date of Birth _____

INFORMATION ABOUT GUARDIANS

Mother/Guardian's Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Days and Hours of Employment _____

Email _____

Father/Guardian's Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Days and Hours of Employment _____

Email _____

Parent/Guardian To Be Contacted First in Case of Emergency:

Special Instructions:

****In case of an Emergency, when neither Parent/Guardian can be reached, permission is given to contact and release my child/children to the following individuals:**

Contact #1 Name _____ Number _____
Contact #2 Name _____ Number _____

MEDICATIONS- RULES & REGULATIONS

1. The Belvidere Family YMCA requires a prescription for all medications that are to be administered to your child while enrolled in Y Kids' Care.
2. Over-the-counter products are administered **ONLY** with a note from a physician indicating...
 - a. The dosage amount.
 - b. The frequency of the dosage.
 - c. The duration of the medication.
3. Medications are **ONLY** given from the original prescription container, having the child's name, date, prescription number, doctor's name, and dosage amount printed. **NO EXCEPTIONS!**
4. Medications are to be given at home at least once before it can be given at the Belvidere Family YMCA, in case of an allergic reaction.
5. All medications are administered by the Program Director, Assistant Director, or by a Counselor.
6. Parents must fill out the medication request form before any medications can be given.

Name of Child's Doctor: _____
First Last

Doctor's Phone Number: _____

Name of Child's Dentist: _____
First Last

Dentist's Phone Number: _____

Parent/Guardian Signature Date

ALLERGIES AND MEDICAL CONDITIONS

Child/Children Name(s) _____

Please List Any and All Allergies (Food, Drink, Etc.): _____

Please List Any and All Medical Conditions/Attentions (Optional): _____

Parent/Guardian Signature Date

EMERGENCY MEDICAL CARE RELEASE FORM

I give permission for my child/children _____ 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 and CPR given by Staff or 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: _____

CHILD RELEASE FORM

In the event that I am unable to pick up my child/children personally, I give consent for my child/children _____ to be released **ONLY** to the following individuals who are over the age of 18.

1. Contact #1 Name _____
Relationship _____
Home Address _____
City _____ State _____ ZIP _____
Home Phone Number _____

2. Contact #2 Name _____
Relationship _____
Home Address _____
City _____ State _____ ZIP _____
Home Phone Number _____

3. Contact #3 Name _____
Relationship _____
Home Address _____
City _____ State _____ ZIP _____
Home Phone Number _____

A staff member will ask to see a photo I.D. for verification of the individual before the child/children is/are released to the aforementioned adult. I will inform the Camp Director or Assistant Director if I am unable to pick up my child/children.

Parent/Guardian Signature

Date

BELVIDERE FAMILY YMCA PARENT/GUARDIAN COOPERATION FORM

1. I will call the YMCA when my child/children will not be attending Y Kids' Care.
2. I will call my child's school if they will not be attending Y Kids' Care.
3. I will drop off my child/children no earlier than 5:30AM for Before School Care.
4. I will pick up my child/children at or before 6PM for After School Care.
5. I will be on time with any and all payments for Y Kids' Care. I understand that payment **must** be made the Friday **before** the week of needed care.
6. I will **NOT** send games/toys/blankets with my child/children (unless authorized by YMCA Staff).
7. I will sign my child/children in each morning and out each night.

Parent/Guardian Signature

Date

BELVIDERE FAMILY YMCA HOMEWORK ASSISTANCE FORM

We will make every attempt to complete or at least give your child a jump start on their homework!

I give permission for my child/children _____ to receive assistance from the Y Kids' Care staff with school homework. I understand that this activity will be the first of the activities after snack time.

Parent/Guardian Signature

Date

TRANSPORTATION AUTHORIZATION

I, _____, authorize the Belvidere Family YMCA to transport my child/children, _____, to and from school, to the Belvidere Park, for any field trips, and when deemed necessary for inclement weather.

Parent/Guardian Signature

Date

PHOTO RELEASE FORM

Please be advised that your child may be photographed or videotaped at various camp activities for the Belvidere Family YMCA. If you would like your child to appear in our promotional ads, please sign this form below.

_____ **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.

Parent/Guardian Signature

Date

PAYMENT PROCEDURES

*****Please note that the Y Kids' Care Program is enforcing its payment procedures*****

Effective immediately, you **must** register and make your payment for your child/children on the Friday **before** the week you will need child care. If your child's name is not on our roster, he/she will not be able to attend until registered and paid for in full (ALL FAMILIES).

We also will be requiring a credit card to keep in our files if you are State Funded (CCAP). Should your payment not be made in time, it will automatically be deducted from the card given. If your payment is returned for any reason, a \$30 NSF fee will be applied (for funded parents only, CCAP).

I, _____, understand the Y Kids' Care Program payment procedures (ALL FAMILIES).

Parent/Guardian Signature

Date

PAYMENT PROCEDURE REQUIRED FOR STATE FUNDED FAMILIES

I leave the following credit card information to be used in the event that my payment has not been paid (STATE FUNDED FAMILIES ONLY, REQUIRED).

Circle One: **VISA** **MASTERCARD**

Name As It Appears On Card: _____

Credit Card Number: _____

Security Code (On Back):_____ Billing Zip Code:_____ Exp. Date:_____

****Please note: we do not issue refunds for days cancelled due to weather-related conditions****