

## Kirkwood Family YMCA – Spring Break Camp Registration Form 2017

Child's Name		Gender	Age	Weight	Birthdate (MM/DD/YYYY) / /
Child's Primary Home Address (Street, City, State, Zip)		Home Telephone ( )		Guardian with whom child primarily resides	
School Name		Grade		Family Password:	
Mother's or Guardian's Name If shared custody, describe custodial information *		Home Telephone ( )		Mothers Birthdate MM/DD/YYYY / /	
Home Address (if different) (Street, City, State, Zip)		Email			
Employed by (or School Attended)	Hours of Employment From to	Business Address (Street, City, State, Zip)			
Business Phone with extension ( )	Pager ___ Cell Phone ___ ( )	Mother's driver's license number (required)			
Father's or Guardian's Name If shared custody, describe custodial information*		Home Telephone ( )		Fathers Birthdate MM/DD/YYYY / /	
Home Address (if different) (Street, City, State, Zip)		Email			
Employed by (or School Attending)	Hours of Employment From to	Business Address (Street, City, State, Zip)			
Business Phone with extension ( )	Pager ___ Cell Phone ___ ( )	Father's driver's license number (required)			

### EMERGENCY CONTACTS - AUTHORIZED PERSONS TO PICKUP CHILD FROM THE CHILD CARE PROGRAM

List at least two contacts (not including doctors or parents listed above) authorized to be notified if parent cannot be reached due to a medical emergency, or if the child is left at the program beyond program hours. Provide two persons authorized to take child from the program.

Name of Contact/Authorized Pickup	Relationship To Child	Address (Street, City, State, Zip)	Telephone during program hours
1.			
2.			

**ALL INDIVIDUALS PICKING A CHILD UP FROM THE SITE MUST PRESENT A CURRENT FORM OF PHOTO ID.** This will be required until the site staff is familiar with you. However, substitute staff is necessary at times, therefore, we strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program.

### HEALTH REPORT & AUTHORIZATION and COMMENTS ON CHILDS DEVELOPMENT FOR CHILD CARE

Check any or all that may apply: **\*\*If yes, additional forms are required**

- \*Chronic / Severe Health Condition (Asthma, Diabetes, Allergies, etc.)? \_\_\_ Yes \_\_\_ No
  - \*Does your child have an Individual Education Plan (IEP)? \_\_\_ Yes \_\_\_ No
  - \*Does your child have a Behavior Management? \_\_\_ Yes \_\_\_ No
  - \*Does your child have a 504 Student Accommodation Form? \_\_\_ Yes \_\_\_ No
  - \*Do you have a custodial agreement/parenting plan? \_\_\_ Yes \_\_\_ No
- (Copy of Court Order Custody Papers Must Be Attached)**

**Must submit a current IEP/BMP/504 Student Accommodation Plans and DHSS Individual Plan for Specialized Care with this registration form and complete the Inclusion information forms before program participation is authorized. Enrollment will NOT be considered final until all required processed have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program. Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Management Plan (BMP) and/or 504 Student Accommodation Form. Please contact your Child Care Program Director at the YMCA for these forms and procedures.**

List any allergies; special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

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Child's Name:

Continued

I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize the Kirkwood Family YMCA to contact:

Doctor/Clinic Name	Address (street, city, state, zip)	Telephone ( ) ext.
Preferred Hospital – transported to nearest facility. To be determined by Medical personnel	Address (street, city, state, zip)	Telephone ( ) ext.



**Parent Reminders:**

- The Spring Break Camp programs will be located at the Kirkwood YMCA, 325 N. Taylor, 63122.
- Program hours are offered from 7 a.m. – 6 p.m.
- Please send your child with a sack lunch & two healthy snacks (refrigeration will not be provided)
- We will be swimming each day, please provide your child with a swimsuit & towel. Swimming will be from 1:45pm to 3:00pm
- We ask that your child please wear tennis shoes or closed toe shoes each day at camp.
- Our maximum capacity is 36 kids per day.
- Please note the YMCA reserves the right to cancel programs due to low enrollment.
- To complete the registration, please return the completed form to the Kirkwood YMCA, 325 N Taylor, Kirkwood MO 63122

I would like to register my child for the following dates:

Please <input checked="" type="checkbox"/> the dates	Date Program Offered	Cost	Registration due by Friday, March 3, 2017
	Monday, March 13, 2017	Member \$35.00 Non-Member \$45.00	Friday, March 3, 2017
	Tuesday, March 14, 2017	Member \$35.00 Non-Member \$45.00	Friday, March 3, 2017
	Wednesday, March 15, 2017	Member \$35.00 Non-Member \$45.00	Friday, March 3, 2017
	Thursday, March 16, 2017	Member \$35.00 Non-Member \$45.00	Friday, March 3, 2017
	Friday, March 17, 2017	Member \$35.00 Non-Member \$45.00	Friday, March 3, 2017

Payment is due at time of registration. Please indicate preferred method of payment

\_\_\_ Check is enclosed      \_\_\_ Please charge to the credit card indicated here:

Card Type (circle) :    MasterCard    Visa    Discover    American Express

Credit Card # \_\_\_\_\_

Name On Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Issuer: \_\_\_\_\_ CVV: \_\_\_\_\_

☆ Please note: Space is limited. Please Register Early. In order to receive a refund, parents must **cancel a minimum of 1 week** prior to the program. Please contact the Kirkwood Family YMCA, Child Care office or Registrar at 965-9622. No refund will be given for non-attendance.

☆ **Parent (Legal Guardian)**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_