



FOR YOUTH DEVELOPMENT\*  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Y CLUB ENROLLMENT & HEALTH FORM 2018-2019 School Year

*This enrollment packet including the immunization records must be completed in full before any child may attend the program.*

Child's Name	Sex	Age	Birthdate (MM/DD/YYYY) / /
Child's Primary Home Address (Street, City, State, Zip)	Home Telephone ( )	Guardian with whom child primarily resides	
School Name	School Hours		
School Address (Street, City, State, Zip)	School Telephone ( )	School Hours	
Parent #1 or Guardian's Name	Home Telephone ( )	Parent #1's driver's license number and last 4 digits of SS# (required)	
Home Address (if different) (Street, City, State, Zip)	Business Address (Street, City, State, Zip)		
Employed by (or School Attended)	Hours of Employment From to	Business Address (Street, City, State, Zip)	
Business Phone with extension ( )	Cell Phone ( )	E-mail Address	
Parent #2 or Guardian's Name	Home Telephone ( )		
Home Address (if different) (Street, City, State, Zip)	Parent #2's driver's license number and last 4 digits of SS# (required)		
Employed by (or School Attended)	Hours of Employment From to	Business Address (Street, City, State, Zip)	
Business Phone with extension ( )	Cell Phone ( )	E-mail Address	
Family Password:			

Check any or all that may apply:

Does your child have a Custodial Agreement/Parenting Plan  
**(Copy of Court Order Custody Papers Must Be Attached)** \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a Behavior Intervention Plan? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a 504 Student Accommodation Form? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

**\*A copy of a current IEP/BIF/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required information processes 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.**

*For Office Use Only*

To be completed by site director

Admission Date (first date attended): \_\_\_\_\_ Days of week enrolled (circle): M T W Th F

Hours per day (check):  \_\_\_\_\_ AM – start of school  dismissal – 6:00 PM

Discharge Date (to remain on-site for one year after discharge) \_\_\_\_\_ Site Director's Initials: \_\_\_\_\_

**HEALTH REPORT AND HISTORY**

Has your child been diagnosed with the following:

ADD \_\_\_\_\_ ID \_\_\_\_\_ Autism \_\_\_\_\_ Down Syndrome \_\_\_\_\_  
ADHD \_\_\_\_\_ ED \_\_\_\_\_ Aspergers \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_  
DD \_\_\_\_\_ ODD \_\_\_\_\_ OCD \_\_\_\_\_ Chronic Health Condition \_\_\_\_\_  
Other \_\_\_\_\_ Not applicable \_\_\_\_\_

**Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Intervention Plan (BIP) and/or 504 Student Accommodation Form. Please contact your Child Care Program Director at the YMCA for these forms and procedures.**

Use the space below to note any habits, language or special conditions that staff should be aware of:

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

List any special medications for chronic problems and/or restrictions for child's care below:

**Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage) and the physicians name.**

**IMMUNIZATION RECORD**

**A copy of your child's current immunization record completed by your physician must be included with these forms. However, our records must be updated annually. The Y Club program does not have access to your child's school records. Therefore, it is the parent's responsibility to obtain a copy of the child's current immunization record prior to the start of the program. Preschool-Age children MUST have a separate form completed by their physician on file.**

**EMERGENCY CARE AND TRANSPORTATION**

I understand that every effort will be made to contact me in the case of illness or accident to my child. At that time I will make arrangements for medical care of my child with the physician or hospital of my choice.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, any medical treatment is necessary, I authorize the Gateway Region YMCA to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this is may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital I prefer my child to be transported to is \_\_\_\_\_, located at \_\_\_\_\_, I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that if 911 is called and my child is sent to the hospital, the Site Director will notify me, the Child Care Program Director and Executive Director.

Insurance Name	Group #	Policy #
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**The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.**

Parent or Legal Guardian Signature:

Date: