



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Afterschool Childcare 2011-2012

### Program Registration

Child's Name \_\_\_\_\_  
(Circle) Male Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Rising Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1st Parent/Guardian \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Home Number (if different): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

2nd Parent/Guardian \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Home Number (if different): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Other persons authorized to pick up your child or call in emergency  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: Anyone NOT listed above will NOT be allowed to pick up your child.**

### Enrollment Agreements

**Enrollment Agreement:** I understand that I am responsible for paying for every week my child is enrolled in the child care program. I must give the site director a two-week written notice if I disenroll my child from the program. I also understand that registration fees and deposits are non-refundable.  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability:** In the event an accident occurs, I am aware that the Y does not provide accident insurance, and I will not hold the Y responsible for any injury.  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release:** I give consent for my child to be transported by Y staff in Y vehicles for pick up (if applicable) and field trips.  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Care Release:** In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Swimming Release:** My child has permission to swim during the Y child care program. I would rate my child's swimming level as follows:  
(circle)  
BEGINNER INTERMEDIATE ADVANCE  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Packet:** I have received a copy of the Child Care Parent Packet which outlines policies, holiday schedule and other aspects of my child's participation in the child care program.  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**PG Movie:** My child has permission to view movies rated PG and deemed appropriate by the Child Care Director.  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:** I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of Y promotional use.  
Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Insurance Information

Is the child covered by family/medical hospital insurance?  
 YES  NO

If yes, indicate carrier plan name:

Group Policy#: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

Allergies: Please list ALL known medication, food, and other allergies. Also, list ALL medications being taken, dosage and ANY dietary restrictions:

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

Family Physician:  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Please list any additional information about your child's health history, behavior and physical, emotional or mental health about which the child care staff should be aware:

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

I agree and understand all enrollment agreements and policies initialed on this document.

Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_