



Child's Name: _____

Date of Birth: _____

Parent/guardian: _____

relationship: _____

Home address: _____

Home Phone: _____

cell phone: _____

Employer: _____

work phone: _____

Employer address: _____

Parent/guardian: _____ **Relationship:** _____

Home address: _____

Home Phone: _____

cell phone: _____

Employer: _____

work phone: _____

Employer address: _____

E-Mail address: _____

Parent's marital status: married divorced separated widow single

Are there any court orders relating to the child's custody or release? Yes No

If yes, please provide any additional information/copy of court order.

Guardianship status: guardian foster parent

YMCA member: yes/no _____

DHS approved: yes/no _____

certificate number: _____



**School's Out School Age Child Care
Fall Schedule Request
2023/24**

Child's Name: _____ **date of birth:** _____

School attending in September 2023: _____

Grade entering in September 2023: _____

Site attending in September 2023: _____

Program Schedule Options

After School: School dismissal – 6:00pm

Register for any combination of 2, 3, 4 or 5 days

Please circle your fall schedule request

Monday Tuesday Wednesday Thursday Friday

Please note a \$25.00 nonrefundable registration fee is required when registering.

Parent/Guardian Signature

Date



TUITION SCALE

Chariho School's Out School Age Child Care 2023/2024

Monthly	<u>2 Days</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
Members	\$261	\$336	\$386	\$441
Non-members	\$341	\$445	\$501	\$557

Tuition payments are due on the first of every month.

We offer automated bank draft option for convenient tuition payments.

If you would like to schedule payments, please provide your banking information/credit card information to the YMCA or check below to use your information on file.

- **Please use my credit card/bank account on file for monthly tuition payments_____**
- **CC# _____ exp: __/__/__ code:____**
- **Routing# _____ Account# _____**
- **Payment is due in full regardless of attendance.**

There is a 10% discount for the second child enrolled.



Release Information

It is the policy of the Ocean Community YMCA to release children in our childcare program only to those individuals the parent/guardian has listed below. **Identification is required when picking up a child.** It is also recommended that you let the staff know if someone other than a parent/guardian will be picking up your child. This policy is strictly enforced; your child **will not** be released to anyone other than those listed below, so please include all those individuals that you would like to have authorized to pick up your child. If more room is needed, please use the reverse side of this form.

*** Please Note: The parent/guardian that has filled out this information will be the only person eligible to change, add, or delete names.**

Name: _____
Phone: _____

Name: _____
Phone: _____

Relationship to child: _____

Relationship to child: _____

Name: _____
Phone: _____

Name: _____
Phone: _____

Relationship to child: _____

Relationship to child: _____

You must contact the Director in person or in writing to make any changes to the above information.

Parent/Guardian Signature

Date



**School's Out School Age Child Care
2023-2024**

Emergency Treatment Authorization

I hereby authorize the childcare staff of the Ocean Community YMCA School's Out Child Care Program to administer first aid to my child:

Should an emergency arise at the childcare center or on a field trip, it is understood that a conscientious effort will be made by the childcare staff to contact me at the emergency numbers I have provided below before any medical action is taken.

Parent/Guardian: _____

Home Phone: _____

Day Time Phone: _____

I prefer to have my child taken to the following hospital if the need arises:

_____ Hospital

_____ Insurance company / policy number

Other persons to be contacted in an emergency:

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship to child: _____

Relationship to child: _____

_____ Parent/Guardian Signature

_____ Date



**School's Out School Age Child Care
2023-2024
Health and Immunization Record**

Child's Name: _____ date of birth: _____

Immunizations (date administered)

DTP _____

POLIO _____

MMR _____

HIB _____

HBV _____

OPV/IPV _____

Varicella _____

Tuberculin Skin Test: **Date:** _____ **results:** _____

Lead Screening: **Date:** _____ **results:** _____

Health Examination: **Date:** _____ **results:** _____

Does this child have any conditions or limitations, which the caregiver should be aware of, such as allergies, seizures, etc. (if yes, please specify)

Physician signature



Arcadia

School's Out School Age Child Care 2023-2024

Child Care Agreement

1. I, the undersigned, have read and agree to abide by all the policies stated in the School's Out Program Handbook.
2. I have read and understand the Behavior Policy as written in the School's Out Parent Handbook.
3. I agree to notify the YMCA immediately if any information on this application changes while my child is enrolled in the School's Out Program.
4. I understand that my child may be excused from the program at any time if the program policies are not practiced.

Parent/Guardian Signature

Date

Photo Release

By signing below, I understand that my child's image or voice may be used in YMCA promotional materials including our YMCA website. I understand the programs related risks and hereby give permission for my child to participate in all programs unless otherwise noted on this form.

Parent/Guardian Signature

Date



Household Information

Please list other people living in the household:

Name	Relationship to child	DOB
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Name	Relationship to child	DOB
------	-----------------------	-----

Name	Relationship to child	DOB
------	-----------------------	-----

Name	Relationship to child	DOB
------	-----------------------	-----



General Information

Reason for child needing services (school, work, social, etc.)?

Is your child receiving services under an IEP from the school system? If yes, please provide additional information No Yes

Is your child receiving any special therapies or services (OT, PT, etc) pertaining to a disability? No Yes

Does your child speak more than one language? No Yes
If yes, which language _____

What is the primary language spoken at home? _____

Is your child receiving or has previously received speech services? No Yes



Medical Information

Is your child allergic to any food, medication, plants, insects, liquids, or other substances? No Yes

If yes, please explain and be sure to include the severity of your child's reaction:

Does your child require any medication for an allergic reaction?
What are the possible side effects from this medication? No Yes

Does your child require an epi-pen?
(Epi-pens must be provided to the program director prior to the first day in the program) No Yes

If yes, are they able to self-administer? No Yes

Is your child under any medical care for any illness or communicable disease? No Yes

If yes, please explain:

Is your child taking any medication on a regular basis? No Yes

If yes, please explain the possible side effects from this medication.

Does your child have any special fears?
If yes, how can we help? No Yes

If your child's activities/participation should be restricted in any way, please describe:



Social Information

Please tell us about how your child expresses happiness, sadness, frustration: _____

Please tell us about how your child plays with other children: _____

What are your child's favorite activities?

What holidays does your family celebrate?

Is there any other information that you would like to share to help us better understand your child?

What would you like to gain from this childcare experience?
