



## Chariho School's Out Registration Packet 2024/2025

**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: \_\_\_\_\_



**Fall Schedule Request  
2024/2025**

**Child's Name:** \_\_\_\_\_ **date of birth:** \_\_\_\_\_

School attending in September 2023/4 \_\_\_\_\_

Grade entering in September 2024: \_\_\_\_\_

Site attending in September 2024: \_\_\_\_\_

**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

2024/2025

Monthly	2 Days	3 Day	4 Days	5 Days
<b>Members</b>	<b>\$271</b>	<b>\$349</b>	<b>\$401</b>	<b>\$458</b>
<b>Non-members</b>	<b>\$354</b>	<b>\$463</b>	<b>\$521</b>	<b>\$579</b>

**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  
2024/2025  
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 child care 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 would 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  
2024/2025  
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

\_\_\_\_\_  
Date



**Arcadia  
School's Out School Age Child Care  
2024/2025**

**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.

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Parent/Guardian Signature

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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.

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Parent/Guardian Signature

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Date



## **Household Information**

**Please list other people living in the household:**

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<b>Name</b>	<b>Relationship to child</b>	<b>DOB</b>
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<b>Name</b>	<b>Relationship to child</b>	<b>DOB</b>
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<b>Name</b>	<b>Relationship to child</b>	<b>DOB</b>
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<b>Name</b>	<b>Relationship to child</b>	<b>DOB</b>
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## **General Information**

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

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

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**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 \_\_\_\_\_

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**What is the primary language spoken at home?** \_\_\_\_\_

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**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 and any care plan from physician:**

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

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

**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:**

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

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

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

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**If your child's activities/participation should be restricted in any way, please describe and include any care plan from physician:**

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## **Social Information**

**Please tell us about how your child expresses happiness, sadness, frustration:** \_\_\_\_\_

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**Please tell us about how your child plays with other children:** \_\_\_\_\_

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**What are your child's favorite activities?**

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**What holidays does your family celebrate?**

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

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**What would you like to gain from this childcare experience?**

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