

# Youth Program Registration Form



We build strong kids,  
strong families,  
strong communities.

**Child's Name:** \_\_\_\_\_

**Primary Daytime Phone:** (\_\_\_\_) \_\_\_\_\_

**YMCA Program** \_\_\_\_\_

Days of care (Please circle days) M T W TH F Start Day \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Would you like to be included in email reminders/notices? YES \_\_\_\_\_ NO \_\_\_\_\_

**Child Info:** Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Child Lives With: \_\_\_\_\_

## **Parent/Guardian Info:**

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Party Responsible for Payment: \_\_\_\_\_

Emergency Contact (other than parents or doctor): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Out of Area Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## **List all persons, (other than both parents) authorized to pick up child:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship to Child</u>
1. _____	_____	(____) _____	_____
2. _____	_____	(____) _____	_____
3. _____	_____	(____) _____	_____
4. _____	_____	(____) _____	_____
5. _____	_____	(____) _____	_____

**Insurance:** *It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.*

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Child's Dentist/Orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**The YMCA strives to provide the best care possible, and being prepared for your child's needs will help your child adjust to the program. Recognize that in some cases, this program may not be suitable for your child.**

**IDENTIFY ANY SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS OF YOUR CHILD.** Allow up to 10 days prior to the start of your child's enrollment for the YMCA Director to meet with you and assess how your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program.

***Request Description of Medical and/or Special Needs form to provide further information.***

Dietary modifications/allergies: \_\_\_\_\_

Chronic/recurring illness: \_\_\_\_\_

Current medications: (fill out medication form) \_\_\_\_\_

Operations/serious injury: \_\_\_\_\_

Physical disability: \_\_\_\_\_

Behavioral disorder: \_\_\_\_\_

Developmental delay: \_\_\_\_\_

**IMPORTANT: Please notify staff if your child is exposed to any communicable diseases during attendance, including scabies & head lice.**

• Females: Has she menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

• Has your child had any previous group experiences? (co-ops, preschool, child care, etc.) \_\_\_\_\_  
\_\_\_\_\_ What was your child's response? \_\_\_\_\_

• Child responds best to \_\_\_\_\_

• Child responds poorly to \_\_\_\_\_

• How does your child act when ill? \_\_\_\_\_

• What are your child's interests & favorite activities? \_\_\_\_\_

• Language spoken at home: \_\_\_\_\_

• Swimming ability: \_\_\_\_\_

• Any additional information we should know? \_\_\_\_\_

• DSHS Case Manager \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Personal Safety Discussions:** Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA of Greater Seattle respects the diversity and rights of the individuals it serves.

**AUTHORIZATIONS**

**Participation:** I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

***I have read and understand the above and have completed this form to the best of my ability.***

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_