



SCHOOL'S OUT DAY CAMP APPLICATION

Mark Branch of Choice		
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Hamilton	<input type="checkbox"/> North Georgia
<input type="checkbox"/> Downtown	<input type="checkbox"/> J.A. Henry	<input type="checkbox"/> YMCA Healthy Living Center at North River

Scanned Attached

Child's Information: (Please, only one child per registration form.)

Name _____ SS# (last 4 digits) _____ Birthday _____

Male Female Age* _____ Hair Color _____ Eye Color _____ Height _____ Weight _____ Grade _____

* must be 5 years old and completed kindergarten.

Parent/Guardian's Information:

Email Address: _____ Cell Phone: _____

Mother's Name: _____ Birth Date: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Employer: _____ Work Phone: _____ Work Hours: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Birth Date: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____ Work Hours: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Married Separated Divorced Widowed Single

Child's Legal Guardian(s): Both Parents Mother Father Other

Child's Living Arrangements: Both Parents Mother Father Other

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD: (Please Explain)

Name: _____

(If the person is a legal parent/guardian you must have legal documents from the court stating this person is not allowed to pick up your child.)

Emergency Information and Contacts:

GIVE NAMES AND PHONE NUMBERS OF THREE PEOPLE TO CALL IF YOU CANNOT BE REACHED:

(These people are authorized to pick up child)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Physician Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Information:

Insurance Company: _____ Policy Number: _____

Special Accommodations:

My child has the following special needs: _____

My child has the following known allergies: _____

My child is on the following medications for long term continuous use _____

My child has the following pre-existing illness or health concerns: _____

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I have read the rules and policies of the YMCA Child Care program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation. I hereby consent to the use of my child's likeness in photographs, film, videotape or website for use in editorial, illustrated or promotional purposes.

Parent/Guardian Signature: _____ Date: _____

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child. Limited financial assistance is available.

CHILD'S HEALTH HISTORY CHECKLIST

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

The answers to these questions will help us to know if your child has any medical problems.

We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer, and detail at the bottom.

Pregnancy and Birth:

1. Yes No Were there any problems with pregnancy or your child's birth?
2. Yes No Was his/her birth weight under 5 _ pounds?
3. Yes No Did the baby have any problems in the hospital?

Medical Problems:

4. Yes No Has your child ever been in the hospital overnight?
5. Yes No Is your child taking any medications?
6. Yes No Any allergies or reactions to medicine, immunizations or insects?
7. Yes No Does your child have any food allergies?
8. Yes No Has your child had asthma or wheezing?
9. Yes No Does your child have speech or hearing problems?
10. Yes No Has your child has more than two ear infections in a year?
11. Yes No Has your child had tonsillitis?
12. Yes No Does your child have trouble with his/her eyes?
13. Yes No Has your child had a bladder or kidney infection?
14. Yes No Does he/she have burning while urinating?
15. Yes No Does he/she have seizures, fits or shaking spells?
16. Yes No Have you ever been told your child has a heart murmur?
17. Yes No Has your child ever had a bumpy or swollen reaction to a TB test?
18. Yes No Has your child ever been with anyone who has TB?
19. Yes No Has your child ever had worms?
20. Yes No Does your child scratch his/her genital area? Any redness or soreness?
21. Yes No Is your child a hemophiliac (free bleeder)?
22. Yes No Does your child have tubes in his/her ears?

General Development:

23. Yes No Does your child get along well with other children?
24. Yes No Is he/she usually happy?
25. Yes No Does your child have any special needs not indicated above?
26. Yes No When did you child last see a doctor? _____
27. Yes No Is your child able to play as hard as other children?

Details: _____

YMCA Agreement Form - Please read carefully and sign below. Please initial beside each number.

- ____ 1. This registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities, except noted by me.
- ____ 2. I understand that the YMCA does not provide health insurance coverage for participants. I am responsible for my own coverage.
- ____ 3. I understand that YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.
- ____ 4. I understand that payment is expected the week prior to service and that there will be a \$10 late fee assessed should I neglect to pay on time.
- ____ 5. I understand that by enrolling my child in the YMCA program I have committed to the program for the program term and that I am charged regardless of my child's participation.
- ____ 6. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- ____ 7. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made.
- ____ 8. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- ____ 9. I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ____ 10. I understand the YMCA Child Care Handbook is available at www.ymcachattanooga.org and am aware of the policies and procedures listed within.
- ____ 11. I understand this program operates under an exemption and is not licensed.
- ____ 12. I hereby consent to the use of my child's likeness in photographs, film or videotape for use in editorial, illustration or promotional purposes (including Social Media).
- ____ 13. The YMCA considers all registrations without regard to race, color, religion, sex, national origin and presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which YMCA programs are designed to accommodate or require specialized training that may prevent YMCA staff from adequately meeting the needs of the child.
- ____ 14. My child's health history and shot record is current and on file at the YMCA locaton listed on the registration form.
- ____ 15. I give permission to the YMCA to transport my child to and from field trips, schools, and/or swimming.
- ____ 16. Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of my child, date, name of medication, prescription number, dosage, date of day, and time of day. Medicine will be in the original container with my child's name marked on it.
- ____ 17. I understand that I am responsible for providing **spray** sunscreen labeled with my child's name.
- ____ 18. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records).

I would like to receive email messages from the Y.

School's Out - Dates

WEEK

CIRCLE THE DAYS
YOUR CHILD WILL ATTEND

March 23 - 27

M T W T F

March 30 - April 3

M T W T F

April 6 - 10

M T W T F

April 13 - 17

M T W T F

Fee:

Fee is \$110 per child per week

Your hospital employer will be invoiced for these services,
please check with your administrator to learn their
payment collection plan.



The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

In proclaiming our foundation in Christian principles, the YMCA of Metropolitan Chattanooga follows the examples of Jesus Christ by loving people for who they are where they are, and by demonstrating respect, caring honesty, and responsibility toward individuals and families without regard to religious beliefs, gender, age, physical abilities or financial status.

