



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL AGE REGISTRATION FORM

PROGRAM

- Y Care (Milton Only):** AM PM **Learning Labs:** Janesville Parker (Milton)
- Y Early Release Club (Milton Only)** **School's Out:** Janesville Parker (Milton)

CHILD INFORMATION

Child's Last Name: _____ First Name: _____
Address: _____ City _____ State _____ Zip _____
Birthdate: (mm/dd/yyyy) _____ Gender: M F Y Member: Yes No
Child resides with: Both Parents Mother Father Other: _____

PRIMARY PARENT/GUARDIAN INFORMATION *Primary Parent is responsible for all billing.

Name: _____ Mother Father Legal Guardian
Address: _____ City _____ State _____ Zip _____
Phone: _____ E-mail: _____
Work Phone: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____ Mother Father Legal Guardian
Address: _____ City _____ State _____ Zip _____
Phone: _____ E-mail: _____
Work Phone: _____

ATTENDANCE

Start Date: _____

Days of the week + Arrival/Departure Times:

- Monday Arrival Time: _____ Departure Time: _____
 Tuesday Arrival Time: _____ Departure Time: _____
 Wednesday Arrival Time: _____ Departure Time: _____
 Thursday Arrival Time: _____ Departure Time: _____
 Friday Arrival Time: _____ Departure Time: _____

HEALTH HISTORY & EDUCATIONAL INFORMATION

Physician/Medical Facility Information Physician Name: _____
Address: _____ Phone: _____

Sunscreen/Insect Repellent Authorization:

If provided by the parent, the sunscreen or insect repellent shall be labeled with child's name.

- I authorize the center to apply sunscreen to my child. Yes No
I authorize the center to allow my child to self-apply sunscreen. Yes No
I authorize the center to apply insect repellent to my child. Yes No
I authorize the center to allow my child to self-apply insect repellent. Yes No

Health History & Emergency Care Plan

Check any special medical condition that your child may have.

- No specific medical condition
 Asthma Cerebral Palsy/Motor Disorder Diabetes Epilepsy/Seizure Disorder
 Gastrointestinal or feeding concerns including special diet and supplements

HEALTH HISTORY & EDUCATIONAL INFORMATION (continued)

Other condition(s) require special care - Please explain: _____

Milk allergy (If a child is allergic to milk, attach a statement from the medical professional indicating an acceptable alternative.)

Food allergies - Please specify: _____

Triggers that may cause problems: _____

Signs or symptoms to watch for: _____

Steps the childcare provider should follow: _____

When to consider that the condition requires emergency medical care or re-assessment: _____

Any other special accommodations your child needs to participate in this program: _____

Please add any educational information that may help us assist your child during virtual learning: (ex. IEP, ADHD, Sensory Processing, etc.)

AUTHORIZED PICK-UPS/EMERGENCY CONTACT

(Must be someone other than parent/guardian and 18 or older. Your child will not be released to any other individuals unless specified. If changes are desired you must notify the Y in writing.)

Name: _____ Relationship: _____

Phone (primary): _____ Alternate: _____

Address: _____

Name: _____ Relationship: _____

Phone (primary): _____ Alternate: _____

Address: _____

Parent Handbook

I have read and understand the parent handbook and agree to abide by all the policies and procedures within the handbook.

Refund/Payment Policy

There is no refund for missed days. Payments are non-refundable and non-transferable unless programs are cancelled by the Y.

I understand the the primary parent is the one financially responsible for the account.

YES/NO (Circle one) I hereby irrevocably release, consent and allow the YMCA of Northern Rock County and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Field Trips

I give permission for my child to attend walking field trips off Y property with adult supervision while participating in Y programming.

Payment Confirmation

I understand registration is not complete and a spot is not guaranteed until payment is received in full and all paperwork is turned in.

Name of parent or guardian (please print)

Signature of parent or guardian

Date