



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL'S OUT REGISTRATION FORM

Parker YMCA

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: _____

DATES

- | | |
|--|---|
| <input type="checkbox"/> October 29 | <input type="checkbox"/> January 17 |
| <input type="checkbox"/> November 22 | <input type="checkbox"/> March 4 |
| <input type="checkbox"/> November 23 | <input type="checkbox"/> March 28 - School's Out Camp |
| <input type="checkbox"/> November 24 | <input type="checkbox"/> March 29 - School's Out Camp |
| <input type="checkbox"/> December 23 | <input type="checkbox"/> March 30 - School's Out Camp |
| <input type="checkbox"/> December 27 - School's Out Camp | <input type="checkbox"/> March 31 - School's Out Camp |
| <input type="checkbox"/> December 28 - School's Out Camp | <input type="checkbox"/> April 1 - School's Out Camp |
| <input type="checkbox"/> December 29 - School's Out Camp | <input type="checkbox"/> April 15 |
| <input type="checkbox"/> December 30 - School's Out Camp | |

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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I authorize the center to allow my child to self-apply sunscreen. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I authorize the center to apply insect repellent to my child. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I authorize the center to allow my child to self-apply insect repellent. | <input type="checkbox"/> Yes <input type="checkbox"/> 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