



# PRESCHOOL AGE & SCHOOL AGE CHILD CARE PROGRAMS

**Bob Freesen YMCA**

**After School Care 2021-22**  
Registration & Enrollment Forms

Child's Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Lives With \_\_\_\_\_  
 School Attending: \_\_\_\_\_  
 T-shirt size (circle): YS YM YL AS AM AL AXL AXXL

Program (please check appropriate line(s))  
 \_\_\_ 3-5 Year Olds  
 \_\_\_ 5-8 Year Olds  
 \_\_\_ 9-12 Year Olds

**Parent, Guardian, or Other Person(s) Placing the Child**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_ Working Hours \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_ Working Hours \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Other Person(s) to Contact in Emergency and Authorized to Pick Up the Child**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Other Person(s) NOT Authorized to Pick Up the Child**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
 Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
 Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
 Name of Child \_\_\_\_\_

**EMERGENCY MEDICAL CARE**

This authorizes YMCA Staff to secure EMERGENCY medical care for my child when I/We cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital or Clinic \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Signature Parent/Guardian

\_\_\_\_\_  
 Signature Parent/Guardian

\_\_\_\_\_  
 Relationship to Child

\_\_\_\_\_  
 Relationship to Child

**SPECIFIC MEDICAL INFORMATION**

If the child has any of the following, please explain:

Medical problems \_\_\_\_\_  
\_\_\_\_\_  
Physical handicaps \_\_\_\_\_  
\_\_\_\_\_  
Restrictions for play – outdoors \_\_\_\_\_  
\_\_\_\_\_  
Restrictions for play – indoors \_\_\_\_\_  
\_\_\_\_\_  
Other information that will help provide a positive experience for the child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIABILITY RELEASE FORM**

I release the Bob Freesen YMCA from any liabilities or claims arising from \_\_\_\_\_ (child's name) participation in a YMCA program. I agree that I will never prosecute or in any way aide in prosecuting any demand, claim, or suit against the Bob Freesen YMCA for any loss, damage, or injury to my child's person or property that may occur from any cause whatsoever as a result of taking part in this activity. I, \_\_\_\_\_, parent/legal guardian of the above-said child, consent to his/her taking part in this YMCA program, and will abide by the above.

\_\_\_\_\_  
Signature Parent/Guardian Date

**ADMINISTER PRESCRIPTION MEDICINE**

I/We authorize YMCA Staff to administer prescribed medicine to my/our child as specified in written instructions.

\_\_\_\_\_  
Signature Parent/Guardian Signature Parent/Guardian  
\_\_\_\_\_  
Relationship to Child Relationship to Child  
Date \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTER PATENT MEDICINE / EMERGENCY MEDICAL DECISIONS**

I/We authorize YMCA Staff to administer patent medicine to my/our child as specified in written instructions and to make emergency medical decisions in my/our absence.

\_\_\_\_\_  
Signature Parent/Guardian Signature Parent/Guardian  
\_\_\_\_\_  
Relationship to Child Relationship to Child  
Date \_\_\_\_\_ Date \_\_\_\_\_

**TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES**

I/We authorize YMCA Staff to take my/our child on walking trips, special excursions, and to nearby park facilities. I/We also authorize the child to ride as a passenger in transportation provided by or for the program. I/We understand all such trips are under supervision of the program staff.

\_\_\_\_\_  
Signature Parent/Guardian Signature Parent/Guardian  
\_\_\_\_\_  
Relationship to Child Relationship to Child  
Date \_\_\_\_\_ Date \_\_\_\_\_

**SUNSCREEN PERMISSION**

I/We understand that I will apply sunscreen on my child prior to arrival at the YMCA Afterschool Care. Sunscreen will be applied as needed. All children will have sunscreen applied. In the event my child shall need help applying sunscreen, I hereby give permission to the YMCA Staff of the Bob Freesen YMCA to help my child apply additional sunscreen. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the program and or its activities.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

Date \_\_\_\_\_

**PHOTOGRAPHS**

I/We give YMCA Staff my/our permission to take photos and videos of my/our child at YMCA programs. I/We understand the photos and videos may be used for promotional or display purposes (flyers, website, Facebook, Instagram, Twitter newsletter, brochures or other YMCA communications and publicity).

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

Date \_\_\_\_\_

**SWIMMING**

I/We consent to my/our child using the swimming pool of the Bob Freesen YMCA.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

Date \_\_\_\_\_

**Health Information – check all that apply**

Illness	Dates	Disease	Allergies
Frequent Ear Infections		German Measles	Hay Fever
Heart Attack / Disease		Mumps	Poison Ivy, etc.
Convulsions		Chicken Pox	Insect Stings
Diabetes		Other (describe)	Peanut
Bleeding Clotting Disorders			Other (describe)
Hypertension			
Tetanus Inoculation			
Mononucleosis			
Asthma			

**Your Child’s Health**

Current immunizations updated and turned into the YMCA \_\_\_Yes \_\_\_No Date of last Tetanus shot\_\_\_\_\_

Any afterschool activities from which your child should be exempted or limited in for health reasons  
\_\_\_\_\_

Other afflictions or details on items above  
\_\_\_\_\_

Medications taken at home (list all that apply)  
\_\_\_\_\_

Medications taken during afterschool care (list all that apply – prescription only, send in original bottle)  
\_\_\_\_\_

Operation or serious injuries \_\_\_\_\_ Disability due to chronic or recurring illness \_\_\_\_\_

Any special needs (health, physical, educational, mental or psychological) your child has that require medication, treatment or special restrictions while at camp  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_ Immunizations \_\_\_\_\_

**Parent Authorization**

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Bob Freesen YMCA. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and the Parent Handbook and understand the contents thereof.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Permission**

My signature below indicated that I have the legal authority to sign my child named on this form and that to the best of my knowledge the information on the application form is completed and accurate. I further understand that this application and the name child’s participation is contingent upon space being available in the program(s) as contained in the Information packet and that, furthermore, all necessary health, security, and waiver forms must be signed and on file with the YMCA prior to my child attending the program(s). Failure to comply with the above could result in the loss of the camp space.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## AFTERSCHOOL PARENT AGREEMENT FORM

*Please read, sign, and return to program staff.*

I/We have read the YMCA Child Care Handbook/After School Care and agree to comply with the policies and procedures of the program regarding all items specifies in the Parent Handbook. I also agree to discuss the child's responsibilities with my child.

I agree to pay a late fee of \$10 for every ten (10) minutes if I pick up my child after the YMCA program closes. I understand this fee is payable at the time of pick up.

I understand that a \$20 NSF fee will be added to all returned checks. I agree to pay this fee along with the amount of the returned check. I agree to pay the fee and check amount by money order, cash or credit card.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_

\_\_\_\_\_  
Child(ren)'s First and Last Name

# Child Connection Form (To be given to Counselors to help in understanding your child and making their experience the best it can be.)

At the Y we continue trying to build stronger relationships with our afterschoolers. In order to do so we would like to ask you some questions regarding your child. Please take a few minutes to answer the following questions with your child. This will help our Afterschool Leaders get to know your child better

Child's Name \_\_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_\_ Parent email \_\_\_\_\_

Please circle or not sessions/weeks attending:

### Parent Code of Conduct

As a parent of \_\_\_\_\_, a camper, I will...

- Support and teach the YMCA values of Caring, Honest, Respect and Responsibility.
- Communicate questions or concerns to staff in a mature and private matter.
- Never discredit a staff member or another parent in front of a camper.
- Work with YMCA staff in a positive manner on all behavioral issues dealing with my child.
- Read the parent handbook so I am familiar with its information.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

### Afterschool Creed

"During afterschool care I pledge to do the best I can and to be the best I can be. I pledge to work as a team member and respect my fellow afterschoolers and all YMCA staff. I pledge to work to improve myself every day in spirit, mind and body."

Child Name \_\_\_\_\_ Child Signature \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Other Information

Is your child on any behavior medications or taking a summer break from any medications? Yes No  
Explain \_\_\_\_\_

Have any major life events occurred recently for your child? Yes No  
Explain \_\_\_\_\_

Share your child's previous afterschool experience \_\_\_\_\_  
\_\_\_\_\_

Does your child have siblings in afterschool care? Yes (name of sibling) \_\_\_\_\_ No

What types of responsibilities does your child have at home? \_\_\_\_\_  
\_\_\_\_\_

What are the names of your child's pets, if any? \_\_\_\_\_

What type of extracurricular activities does your child participate in? \_\_\_\_\_  
\_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Does your child need homework assistance? If so, any special areas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate your child's swimming abilities:**

- Beginning Swimmer    Some Swimming Skills    Average Swimmer    Strong Swimming Skills

*Note: All children must pass a swim test with the lifeguard to be able to swim in the deep water. This may be done at the beginning of each week.*

**Child Completes the following:**

When I'm not at school I like to \_\_\_\_\_  
\_\_\_\_\_

My favorite thing about afterschool care is \_\_\_\_\_  
\_\_\_\_\_

I'm excited about going to afterschool care because \_\_\_\_\_  
\_\_\_\_\_

Things I would like to do in afterschool care are \_\_\_\_\_  
\_\_\_\_\_

**Help Us Strengthen Our Community**

We are always trying to find new and interesting ways to help our YMCA afterschoolers to grow personally and learn about the world around them. If you or someone you know has a unique passion, interest, skill or vocation you think would be great to share with our afterschoolers, please let us know! We would love to try to find a way to incorporate the talents of our families and community members into our program.

Skill/Interest/Hobby for sharing \_\_\_\_\_  
\_\_\_\_\_

Additional Contact Information \_\_\_\_\_

# 2021-22 Bob Freesen YMCA Afterschool Care

**Costs are as follows:**

**Must pay prior to attendance. Children will not be picked up/allowed in program if payment has not been received.**

**Afterschool:**

Bob Freesen YMCA Member	\$12 per day	\$60 per week
Non-YMCA Member	\$15 per day	\$75 per week

**\$20 Registration** fee due when you bring in your filled-out registration form.

**Late Payment Fee or returned check fee:** \$20

**Late Pick Up Fee:** \$10

(Charged to parents for every ten (10) minutes late a child is picked up after program closes)

- **Transportation from District 117 most grade schools**
- **Homework assistance**
- **Safe, nurturing environment**
- **Healthy eating and physical activities**
- **Plenty of swim and gym time.**