



RARITAN BAY AREA YMCA
Afterschool 2018-2019
Enrollment Application

Program: Afterschool Program App. rec'd by: _____ Date rec'd: ____/____/____
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PLEASE CHECK THE SCHOOL YOUR CHILD WILL BE ATTENDING:

PRESCHOOL:

- Ignacio Cruz E.C.C.
- Edmund Hmielecki Jr. E.C.C.
- School 7 (Transported to Ignacio Cruz)
- The Y ELC (Transported to Ignacio Cruz)

SCHOOL AGE:

- James J. Flynn Elementary School
- Dr. Herbert N. Richardson Elementary School
- Edward J. Patten Elementary School
- Robert N. Wilentz Elementary School
- A.V. Ceres Elementary School
- Dual Language School (Home School): _____
- MC STEM Charter School of Perth Amboy (Transported to Dr. H.N. Richardson School)

Are you an Active Member at our Y? No Yes If no, would you like information about the Y? No Yes

How did you hear about the YMCA?

- Live in Area
- YMCA
- E-mail
- Newspaper
- Magazine
- Place of Employment
- Member
- Former Member
- Friend/Family
- Website/Internet
- Other: _____

Participant's Information:

Child's Name: _____ Age: _____ D.O.B.: ____/____/____ Gender: M / F
 Home Address: _____ City: _____ State: _____ Zip: _____

Parent's Information:

Mother's Name: _____ D.O.B.: ____/____/____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Phone No.: _____ Cell No.: _____ Allow SMS text? Yes No
 Employer: _____ Address: _____ Work No.: _____
 E-mail Address: _____

Father's Name: _____ D.O.B.: ____/____/____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Phone No.: _____ Cell No.: _____ Allow SMS text? Yes No
 Employer: _____ Address: _____ Work No.: _____
 E-mail Address: _____

Who is Guardian? Both Parents Mother Father Grandparents Guardian

Emergency Contact/Authorized Pick-Up

Person(s) authorized to pick-up and/or contact in case of emergency, if neither parent is available. These people are required to show identification when picking-up your child and must be 18-years old and over.

1. Name: _____ Relationship to child: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Relationship to child: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip: _____

(PLEASE COMPLETE OTHER SIDE)

Health and Insurance Information:

Does your child have health insurance? No Yes

If no, would you like information/resources regarding health insurance? No Yes

Child's Physician: _____ Address: _____ Phone No.: _____

Insurance Provider: _____ Policy No.: _____ Phone No.: _____

EMERGENCY MEDICAL INFORMATION: Please check, if the participant has a history of any of the following:

- ASTHMA
- DIABETES
- HEART TROUBLE
- FAINTING SPELLS
- HIGH BLOOD PRESSURE
- CONVULSIONS
- CONTACT LENS
- ANY OTHER CONDITIONS REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT?
- PLEASE LIST ANY ALLERGIES, BEHAVIORAL, PHYSICAL OR MEDICAL CONDITIONS/PROBLEMS/CONCERNS:

REQUIRED DOCUMENTATION
(Please attach to your application)

1. Current copy of your child's IMMUNIZATION RECORD (SCHOOL AGE & PRESCHOOL)
2. Universal Child Health Record Form (PRESCHOOL)

REQUIRED ACTION: Please provide date of last Tetanus shot
____/____/____

Demographic Information (Optional):

Race: Asian/Pacific Islander African American/Black Alaskan Native Caucasian/White Hispanic
 Native American Other: _____

Household Income: 0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999
 \$40,000-\$54,999 \$55,000-\$74,999 \$75,000 and over

Marital Status: Single Married Separated Divorced Widowed

HEALTH VERIFICATION, ACTIVITY AUTHORIZATION, PAYMENT NOTIFICATION, and PHOTOGRAPHY RELEASE:

As the parent/guardian, I verify my child is in good physical health and is authorized to participate in all activities of the program including but not limited to HIKING, WALKING TRIPS (within the YMCAs neighborhood), WATER ACTIVITIES, ARTS & CRAFTS, SPORTS, etc. I give consent for the YMCA to walk or transport my child to the Y facility for activities or from their home school to another school for programming, if applicable. **Initial** _____

I understand in the event of an emergency I give the YMCA consent to transfer my child's health record to the health provider. I understand any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent and or guardian. In the event of an emergency, transportation by any necessary means to obtain medical care or assistance for my child, as circumstance may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. I further give consent to any rescue squad or emergency personnel to render transportation and/or medical care deemed necessary in their discretion and in the best interest of the life, health and well-being of my child. **Initial** _____

I give consent and understand the site supervisor will be provided the Emergency Medical Information for the safety of my child. **Initial** _____

I understand in the event of a minor accident or sudden illness my child will be treated on the premise of the YMCA by staff with emergency standard first aid procedures, as deemed necessary, for the well being of my child. I understand I will be notified immediately and will be required to pick-up my child or in my absence an authorized person I designate will pick-up my child from the YMCA. **Initial** _____

I understand any balance owed for child care services is the responsibility of the parent/guardian. FOR FAMILIES RECEIVING FINANCIAL ASSISTANCE FROM A THIRD PARTY PAYER: I understand I'm responsible for any and all associated fees should the Third Party Payer not cover the applicable fees. **Initial** _____

I understand my child may be photographed while at activities, camp, and programs. I give the Y permission to use the pictures/videos of my child for the Y's promotional and marketing materials such as newsletters, local newspaper, website and or brochures. **Initial** _____

STATEMENT OF VERIFICATION:

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from all YMCA programs.

I have received the Parent Handbook which outlines the general organizational information, program information, fees, and certain child care policies including the Required Parent Information Statement, Guidelines for Positive Discipline Policy, Child Release Policy, Expulsion Policy, Use of Social Media Policy, Methods of Parental Notification and Management of Communicable Diseases.

Parent's Signature _____ Date: _____