



RARITAN BAY AREA YMCA
Afterschool 2011-2012
Enrollment Application

Program: Afterschool Program
App. rec'd by:
Date rec'd: / /

CHECK THE SCHOOL YOUR CHILD WILL BE ATTENDING:

PRESCHOOL:

- Ignacio Cruz E.C.C.
Edmund Hmieleski Jr. E.C.C.
School 7
Day Care 100

SCHOOL AGE:

- Anthony V. Ceres Elementary School
James J. Flynn Elementary School
Dr. Herbert N. Richardson Elementary School
Edward J. Patten Elementary School
Robert N. Wilentz Elementary School
Samuel E. Shull Middle School
William C. McGinnis Middle School

HOLIDAY CARE

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?

- Radio Television Billboard Live in Area YMCA Direct Mail E-mail
Yellow Pages Newspaper Magazine Place of Employment Member Former Member
Friend/Family Medical Referral Website/Internet Other:

Participant's Information:

Child's Name: Age: D.O.B.: Gender: M / F
Home Address: City: State: Zip:
Please check T-SHIRT Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium

Parent's Information:

Mother's Name: D.O.B.:
Home Address: City: State: Zip:
Phone No.: Cell No.:
Employer: Address: Work No.:
E-mail Address:

Father's Name: D.O.B.:
Home Address: City: State: Zip:
Phone No.: Cell 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:		IMMUNIZATION INFORMATION: Please provide a copy of your child's most recent record		
<input type="checkbox"/>			Date Received	Check, if Needed
<input type="checkbox"/>	ASTHMA			<input type="checkbox"/>
<input type="checkbox"/>	DIABETES	TETANUS		<input type="checkbox"/>
<input type="checkbox"/>	HEART TROUBLE	POLIO		<input type="checkbox"/>
<input type="checkbox"/>	FAINTING SPELLS	CHICKEN POX		<input type="checkbox"/>
<input type="checkbox"/>	HIGH BLOOD PRESSURE	WHOOPING COUGH		<input type="checkbox"/>
<input type="checkbox"/>	CONVULSIONS	MEASLES		<input type="checkbox"/>
<input type="checkbox"/>	CONTACT LENS	RUBELLA		<input type="checkbox"/>
<input type="checkbox"/>	ALLERGY, if so what?	DIPHTHERIA		<input type="checkbox"/>
<input type="checkbox"/>	ANY OTHER CONDITIONS REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT?	MUMPS		<input type="checkbox"/>

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 and PHOTOGRAPHY RELEASE:

As the parent/guardian, I verify that my child is in good physical health and is authorized to participate in all activities including but not limited to HIKING, WATER ACTIVITIES and COMPETITIVE SPORTS. I understand that the program may take WALKING TRIPS within the neighborhood. Initial _____

I understand that in the event of an emergency, I authorize the transfer of my child's health record to the health provider. Initial _____

I authorize YMCA staff to provide minor first aid, as deemed necessary, for the well being of my child. Initial _____

I understand that 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.

Parent's Signature: _____ Date: _____

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

Parent's Signature _____ Date: _____