



Apple Tree YMCA

2011-2012 Before/After School Registration

Child's Name:

First Name _____ M.I. _____ Last Name _____
Birth date ___/___/___ Age ___ Gender: M___ F___ Race _____
School attending: _____ Grade: _____
Site: _____ Apple Tree _____ Yorktown _____ Downtown _____ Wes-del _____ Burris

Parent(s)/Guardian(s) Information

**Information will be used for accounting questions, emergencies, and pick-up verification*

Parent/Guardian #1: _____ Relationship to child _____
Mailing Address: _____ City _____ State _____ ZIP _____
Business Name _____ Work Phone _____
Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian #2: _____ Relationship to child _____
Mailing Address: _____ City _____ State _____ ZIP _____
Business Name _____ Work Phone _____
Home Phone _____ Cell Phone _____ Email _____

Emergency Contacts/Others Authorized to Pick-up

Anyone picking up your child must be 18 years of age & photo identification is required. Changes to this list must done in writing & may be done by the parent/guardian whose signatures appear on this registration form. Not necessary to include parent/guardian information already listed above.

Name _____ Relationship _____ Phone _____ Cell _____
Name _____ Relationship _____ Phone _____ Cell _____
Name _____ Relationship _____ Phone _____ Cell _____

List anyone NOT authorized to pick up:

Health Information:

Does your child have any physical conditions (including allergies), special needs or require any special attention that we should know about?

Conditions/Special Needs/Allergies _____

Medications _____

Child's Physician: _____ Phone number: _____

Child's Dentist: _____ Phone number: _____

Insurance Carrier: _____ Policy Number: _____

Social Information:

Is there anything we should know about your child in order to make his/her school year better?

What goal(s) do you have for your child while participating in the YMCA School Age program?

Emergency Authorization and Liability Statement: I hereby give permission for emergency transportation to the nearest hospital & the medical personnel selected by the staff of the Muncie Family YMCA to order X-rays, routine tests & treatment for my or my child. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give the physician selected by the staff of the Muncie Family YMCA to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for me or my child/children named above. I will fully be responsible for any costs for such treatment, even if not covered by insurance. I give permission for the YMCA staff to administer First Aid to my child as necessary and I am aware that may only be contacted immediately in serious cases, otherwise I will receive an accident report when I pick up my child.

I, undersigned, as the parent/guardian of the child listed above, give permission for my child to participate in the Muncie YMCA—Before/After School program & hereby assume full responsibility for all risk of injury which may result from my child participation in activities during the program. I give YMCA staff permission to administer First Aid or CPR for my child as necessary and understand that I will only be immediately notified in cases of severe emergencies. I give my permission for my child to ride in approved YMCA vehicles with approved YMCA staff for field trips. My child may also ride the MITS (Muncie City Public Bus). I understand that I will need to sign an additional form for each trip my child is scheduled to attend.

I hereby do declare my child to physically sound, having medical approval to participate in the activities of the YMCA. This information 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 certify that my child is amendable to behavior management and free from habits or attitudes which make him/her unable to participate. I have studied the brochure & fee information & understand the content thereof.

I understand the Muncie Family YMCA does not allow YMCA employees to provide care to enrolled children outside of the approved YMCA activities. This would include babysitting, outings, or trips. I understand that all YMCA staff have been informed of this policy & have signed a statement in agreement with this policy.

The Muncie YMCA is not responsible for lost, stolen, or damaged personal articles. I understand and will make sure that my child understands that personal belongings such as cell phones, mp3 players, or toys should not be brought to camp.

Signature: _____ Date: _____

Positive Behavior Management: I have read & understand the Positive Behavior Management policy listed in the brochure. I will make every possible effort to work in conjunction with the YMCA staff to help my child adhere by this policy. I understand that if my child/children do not adhere by this policy they may be dismissed for all YMCA School Age programs. I understand that I may still be responsible for a weekly fee if my child is suspended from the program.

Initials: _____

Late Pick up Policy/Payment Policy: In the event that my child is not picked up by 6:00 pm, I understand that I will be charged a rate of \$1 per minute after 6:05 pm until the child is picked up by an approved person. I also understand that I must pay all weekly fees prior to 9:00 am on Friday and failure to keep my account current will result in late fees, being sent to collections, and dismissal from the program.

Initials: _____

Photo/Video Release: In the event that our facility or program is featured in the local media, including publications from Ball State University, Ivy Tech State College, and/or the Muncie Family YMCA, our policy is that pictures may be taken but no names of the children may be divulged in print. This is for the protection of your child. I understand the photo release policy as stated above. I give permission to use photographs/video of my child for the above reasons.

Initials: _____

Volunteers Policy: I am aware that my child may interact frequently with various college students, high school students, or other volunteers. Volunteers do not count in our ratio and will never be left alone with children. Volunteers have undergone an orientation including child abuse prevention, limited state criminal background checks, and national sex offender registry checks.

Initials: _____

I certify that I am the parent or legal guardian of this child or children listed on this registration form and I have the legal authority to make representations and grant authorizations contained herein.

Signature of Parent or Legal Guardian

Printed Name

Date