



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Additional Children Supplemental Packet

CHRISTIAN COUNTY YMCA

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Christian County Family YMCA Child Care Registration 2021-22

Please use one form per child; copy forms as needed. PLEASE PRINT CLEARLY.

Child's last name _____ first name _____

Birth Date ___ / ___ / ___ Age as of 8/18 _____ School Year 2021-22 Entering grade _____

YMCA Member (Membership must be valid at time of registration to receive member child care fees and must remain valid until May 31, 2022)

Child's residential address

_____ Street City Zip

Child resides with: Both parents Mother Father Guardian/Other

Mother's/Guardian's name _____ Email: _____

One email address is required as it is our main mode of communication

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Home ☎ _____ - _____ - _____

Father's/Guardian's name _____ Email: _____

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Home ☎ _____ - _____ - _____

Emergency Form

First call goes to the parents. If parent's can't be reached, then...

1st Emergency Contact Name : _____

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Relation to Child: _____

2nd Emergency Contact Name: _____

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Relation to Child: _____

Pick-Up Authorization

The following people are authorized to pick-up my child from YMCA Day Camp. I understand that the people listed below are required to show identification each day and that staff will verify their permission to pick-up my child with this form if needed. **(IMPORTANT: Parents please include your names if applicable)**

Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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If applicable, legal custody of child is retained by: _____

If applicable, my child is not authorized to be picked up by the following person(s) for reasons pertaining to custody or other legal matters:

Name	Relationship
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I attest that the above information is correct to my knowledge and I understand that I am responsible for submitting any changes to the above information in writing to the YMCA Child Care Director.

Parent/Guardian Signature _____ Date _____

Medical and Medication Authorization Form

Known allergies

Special Health Considerations

Behavioral Problems

Child's doctor and hospital affiliation

Medical and Medication Authorization Form Continued

Parent or legal guardian must complete and sign this form and document any changes to original medication on this form.

All medications must be given directly to the YMCA Child Care Director for safe storage. Medications are not allowed to be kept or stored by a child.

YMCA staff will keep a record of the receipt and administration of any medication. Parents have access to these records upon request at any time. YMCA staff is not allowed to administer medication unless it is in its original container with all original labels attached.

Name of medication(s) taken:

(1) _____ at _____ AM/PM

(2) _____ at _____ AM/PM

**Please Sign in here if my child
doesn't require any type of
medication/or specific help.**

Name

Date

Prescribed dosage regarding this medication or special instructions:

I, _____, give YMCA staff permission to administer the above-mentioned medications to my child at the designated time. I understand that if anything changes in regards to this medication I am responsible for informing the YMCA staff in writing.

Acknowledgement

By signing below:

I understand that the child care must be paid for in full. If I am a prepay account the, the account must be paid in full preceding Friday and I must notify the billing department about cancellations.

I also acknowledge that I have read the **Parent Handbook** and agree to abide by the policies set therein.

Parent Signature

Date



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Injury Information & Waivers

Name of Family Physician: _____
Clinic/Hospital: _____
Clinic Address: _____
Phone: _____ Date of Last Exam: _____
Insurance Carrier: _____

Dentist/Orthodontist: _____
Phone: _____

Special Needs - Health, Physical, Diet, Educational, special instructions, or the staff awareness:

Allergies: _____
Other Afflictions: _____
Current Medications (Prescriptions only): _____

Emergency Medical Authorization

I hereby give permission to the medical personnel selected by the directors/coordinators to order x-rays, routine test and treatment for my child. In the event I am not able to communication or cannot be reached in an emergency, secure proper treatment for, and order injections and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible or any costs of such treatment, even if I am not covered by insurance. I give permission to program staff to administer immediate first aid to my child when injured.

Parent Signature: _____
Date: _____

I give the Y staff permission to apply sunscreen on my child.

Signature: _____ **Date:** _____



Promotional Agreement

The Christian County YMCA and its funding partners have my permission to use photographs of my child(ren) in YMCA promotional materials.

Please Circle: **Yes** **No**

Release & Waiver of Liability & Indemnity Agreement

In consideration of being permitted to utilize the facilities, services and programs of the Y for any purpose, including but not limited to observation or use of the facilities, equipment, or participation in any program affiliated with the Y, without respect to location, the undersigned hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Y for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observations, use or participation. In further consideration of being permitted to enter the Y for any purpose, including but not limited to observation or use of facilities, equipment or participation in any program affiliated with the Y without respect to location, the undersigned hereby agrees to the following:

The undersigned hereby releases, waives, discharges and covenants not to sue the Y or its staff, from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon or about the premises or any facilities or equipment therein, or participating in any program affiliated with the y, without respect to location.

The undersigned hereby agrees to indemnify, save and hold harmless the release and each of the from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Y premises or in any way observing or using any facilities or equipment of the Y or participating in any program affiliated with the Y whether caused by the negligence of the releases or otherwise.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of releases or otherwise while in, about or upon the premise of the Y and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Y.

The undersigned further expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I have read this release:

Signature: _____ **Date:** _____