



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHILD INFORMATION FORM YMCA CHILDREN'S ACADEMY

## CHILD'S INFORMATION One form per child

Is the Child a YMCA Member?  No  Yes Member Number \_\_\_\_\_ Past Participant?  Yes  No

Staff will fill in

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
First Middle Last At start of program

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION Attach a court order if any restrictions

Parent/Guardian 1 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Work  Cell

Secondary Phone \_\_\_\_\_  Home  Work  Cell

Where are you when your child is in our care? \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Work  Cell

Secondary Phone \_\_\_\_\_  Home  Work  Cell

Where are you when your child is in our care? \_\_\_\_\_ Address \_\_\_\_\_

## PEOPLE OTHER THAN PARENTS/GUARDIANS AUTHORIZED TO PICK UP CHILD

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Location during day care hours \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Location during day care hours \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Location during day care hours \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION Other than Parents

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Location during day care hours \_\_\_\_\_

## APPROXIMATE DROP-OFF & PICK-UP TIMES

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time	_____	_____	_____	_____	_____
Pick Up Time	_____	_____	_____	_____	_____

## IMMUNIZATION HISTORY

Provide updated child immunization records. Contact your doctor or local health department to obtain records. Records must be provided prior to attending.

Immunization records are attached. They are current and accurate to the best of my knowledge.

**HEALTH HISTORY & MEDICAL INFORMATION**

Is your child currently taking any medications?  Yes  No

If yes, what kind and why? \_\_\_\_\_

If medication needs to be administered during your child’s attendance, you must complete an Authorized to Administer Medication Form.

Should we be aware of any illnesses, medications, physical limitations, allergies, behavior concerns, special needs, etc.?  None  Yes

Please check any special medical condition that your child may have.

- ADHD/ADD       Asperger’s       Asthma       Autism       Cancer       Cognitive
- Diabetes       Eczema       Gastrointestinal       Motor Disorder       LD       OCD
- Other (Please list) \_\_\_\_\_

Please list any allergies

Food \_\_\_\_\_

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

Seasonal \_\_\_\_\_

Other/Please list below \_\_\_\_\_

Describe triggers, symptoms, and steps we should follow, when to call parents, when to consider emergency care for your child. Identify staff that you have given training, etc. Attach a separate sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

The Health Examination Report form is signed by my physician, children under the age of 2 years will require a new form every six months, and every two years for children 2 years and older.

**PARENT/GUARDIAN AUTHORIZATION**

Sunscreen/Insect Repellent Authorization

- Yes  No I authorize the center to apply sunscreen to my child Brand Name      Strength
- Yes  No I authorize the center to self-apply sunscreen Child Generic      50+

**I AUTHORIZE THE FOLLOWING**

- I approve this application and certify that the applicant is capable of such an experience.
- I agree to pay the registration fee and all weekly enrollment fees.
- The YMCA Children’s Academy fees are not refundable.
- I understand that no refunds are given if a child leaves early due to illness, disruptive behavior as determined by the Y Academy Director, or for any other reason.
- **I grant permission for the applicant to participate in all planned activities and walking field trips.**
- In case of accident or illness, the YMCA Children’s Academy is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately.
- The YMCA Children’s Academy is not responsible for lost, stolen, or damaged personal articles.
- I authorize the YMCA of Greater Waukesha County to have and use photographs, slides, and video of the person named in this application as may be needed for its public relations programs.
- I hereby assume all risks of injury arising out of my presence on the premises of the YMCA of Greater Waukesha County, my use of its equipment or facilities and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release, and agree to hold free from all claims and damages the YMCA of Greater Waukesha County and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA, am physically capable of participating in such programs, and agree not to participate in activities that may injure myself or others.
- I understand that there are no pets on location.
- I have received a copy of the handbook.

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