

**Greater Holyoke YMCA  
2011-2012 School Age Program Registration Form  
Before & After School Programs**

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at admission: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

School attending in 2011-12 school year: \_\_\_\_\_

Grade for 2011-12: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Does your child have an IEP: \_\_\_\_\_

Do you currently receive a voucher for childcare: \_\_\_yes \_\_\_no

**Program registering for:**

Please check program and days

\_\_\_After School Care

Days \_\_\_M, \_\_\_T, \_\_\_W, \_\_\_Th, \_\_\_F

\_\_\_Before Care(South Hadley Only)

Days \_\_\_M, \_\_\_T, \_\_\_W, \_\_\_Th, \_\_\_F

**Afterschool Sites:**

Please check program site attending.

**Holyoke Sites**

**South Hadley Sites**

\_\_\_Sullivan Site

\_\_\_Plains Site

\_\_\_YMCA Site

\_\_\_Mosier Site

\_\_\_SH High Site

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Hours at work: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Hours at work: \_\_\_\_\_

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:**

Name	Address	Relationship to child	Phone number

**IF PARENTS CANNOT BE REACHED I AUTHORIZE THE FOLLOWING PEOPLE TO BE CONTACTED AND PICK UP MY CHILD IN CASE OF EMERGENCY:**

Name	Address	Relationship to child	Phone number

Please list any allergies or medical conditions we need to be aware of for proper care of your child. This information is very important in case of emergency.

\_\_\_\_\_  
\_\_\_\_\_

## Transportation Plan and Authorization

Child's Name: \_\_\_\_\_

*Please check the appropriate lines*

### **Before School**

My child will arrive at the Before School Program by:

Parent drop off       Other (describe \_\_\_\_\_)

My child will depart the Before School Program by:

Released to school       School Bus       Other (describe \_\_\_\_\_)

### **After School**

My child will arrive at the After School Program by:

Released from school       School Bus       Unsupervised Walk       Other (describe \_\_\_\_\_)

My child will depart the After School Program by:

Parent Pick Up       Unsupervised Walk       Other (describe \_\_\_\_\_)

**ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.**

## First Aid and Emergency Medical Care Consent

### **CHILD'S PHYSICIAN:**

\_\_\_\_\_  
NAME OF PHYSICIAN

\_\_\_\_\_  
NUMBER

\_\_\_\_\_  
ADDRESS

I hereby authorize the Greater Holyoke YMCA staff who are trained in the basics of first aid and CPR to administer basic first aid and or CPR to my child when appropriate and/or take my child: \_\_\_\_\_, to the nearest medical care facility or \_\_\_\_\_, for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Child's Allergies: \_\_\_\_\_

Child's Medications: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Primary Language \_\_\_\_\_

Identifying marks \_\_\_\_\_

Special Concerns or Limitations: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy # \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements are on file at my child's school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Age Program  
Authorization Form**

Child's Name: \_\_\_\_\_

**The following are mandatory please initial all:**

\_\_\_ I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for child care services provided to me by the YMCA.

\_\_\_ I must give two weeks notice to the Billing Department of my intent to withdraw my child from the YMCA program.

\_\_\_ I am responsible for payments regardless of my child's attendance.

**The following are optional, please initial those you choose:**

I give permission for:

\_\_\_ my child to be transported to and from field trips.

\_\_\_ my child to attend all field trips to locations within walking distance of the program.

\_\_\_ program administrators or teaching staff to access any record from my child's file.

\_\_\_ the YMCA to use my child's picture in the YMCA publicity and media promotions.

\_\_\_ the YMCA to use my child's picture inside the program facility.

\_\_\_ my child to be observed and interact with authorized student interns and volunteers.

\_\_\_ my child to complete their homework in the after school program.

\_\_\_ the YMCA to communicate with my child's school any information that is relevant to the success of my child in both school and the YMCA program.

I have received and agree to abide by the policies stated in the Parent Handbook

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Waiver of Liability Statement**

While it is the aim of the Greater Holyoke YMCA to provide your child with a safe and enjoyable experience, you must realize that participation in YMCA programs has some inherent risks. As a result we require the signing of the release set forth below.

I hereby release for myself and my child, our heirs, executors and administrators, and forever discharge the Greater Holyoke YMCA, its agents, servants, representatives and employees for any injuries, loss, liability, damage or costs which my child may receive/incur as a result of participation in any program/activity/service conducted and/or provided by the Greater Holyoke YMCA.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The following information is required for YMCA reporting on grant monies received from the Federal Government. This information is kept confidential and records are maintained at the YMCA.**

**INCOME/FAMILY SIZE VERIFICATION:**

Using the scale below, please circle your family size and then circle the total yearly income below the family size. If your exact yearly income is not shown, please circle the next highest income within your family size.

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$17,300	\$19,750	\$22,200	\$24,650	\$26,650	\$28,600	\$30,600	\$32,550
\$28,750	\$32,850	\$39,650	\$41,050	\$44,350	\$47,650	\$50,950	\$54,200
\$44,950	\$51,400	\$57,800	\$64,200	\$69,350	\$74,500	\$79,650	\$84,750

**Please indicate your child's race and/or ethnicity using the information below.**

**RACE** Characterize your child's race by checking box(es) below.

- WHITE
- BLACK/AFRICAN AMERICAN
- BLACK/AFRICAN AMERICAN & WHITE
- ASIAN
- ASIAN & WHITE
- AMERICAN INDIAN/ALASKAN NATIVE
- AMERICAN INDIAN/ALASKAN NATIVE & WHITE
- AMERICAN INDIAN/ALASKAN NATIVE & BLACK
- NATIVE/HAWAIIAN/OTHER PACIFIC ISLANDER
- OTHER: \_\_\_\_\_

**ETHNICITY** A subset of race, please check one:

Hispanic/Latino(  )                      Non-Hispanic/Latino(  )

**\*Please note:** Hispanic is not a race. If you check Hispanic, you must also check a box under **RACE** above.

**CHILD'S NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_