



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Community YMCA School Age Summer Registration

New child Returning child Male Female

Child's Name: _____ **D.O.B.:** _____ **Age:** _____

Address: _____

Grade completed June 2018: _____ **School child attends:** _____

Family Information & Communication

****Emails are used for emergency information, newsletters and program updates****

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Primary Email: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Primary Email: _____

Do parents live together? _____ **If no, with whom does the child reside?** _____

If parents are divorced/separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent as needed. Restrictions on pickups or visitation No Yes, attach court order.

Emergency Information & Release of Children: **Emergency contacts may include neighbors, family friends, or relatives located within close proximity of the school.** If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions. These may not be parent/guardian.

Name: _____ Relationship: _____ Ok to pick up Emergency info

Primary Phone Contact: _____ home cell work

Secondary Phone Contact: _____ home cell work

Name: _____ Relationship: _____ Ok to pick up Emergency info

Primary Phone Contact: _____ home cell work

Secondary Phone Contact: _____ home cell work

Health Information *Copy of physical & immunizations required

Family physician & phone: _____

Date of last physical exam: _____

We are exempt from immunizations due to medical or religious reasons.

My child is on a delayed immunization schedule.

Check all that apply

ADD/ADHD Autism/ Asbergers Asthma Seizure Disorder

Heart Defect/Disease Diabetes Allergies _____

Other: _____ *operations or serious injuries; chronic or recurring illness; specific activities to be encouraged or limited by physician's advice or special needs (physical, mental or psychological) for staff awareness. Use back of form to describe as needed.

If your child has special health care needs (Allergies, Asthma included) – A doctor approved Written Medication Consent Form & Allergy Action Plan is needed. Children cannot attend program until these are returned with medication. *These forms can be found at <http://community.ymca-cnw.org/about/forms/>

COMMUNITY YMCA

01/2018

106 Titicus Road, North Salem NY 10560

P 914 276 2398 F 914 276 7683 www.community.ymca-cnw.org



Child Information

Has your child attended any other programs? No Yes
If yes, please specify: _____

Does your child have a special diet? No Yes
If yes, please specify: _____

Any known learning/behavioral/emotional issues? No Yes
If yes, please specify: _____

Any known nervous habits or fears? No Yes
If yes, please specify: _____

Names and ages of all siblings and where they go to school.

To help us provide the best possible experience please feel free to give a brief description of your child & include any concerns. Use additional paper as needed.

How were you referred to the Y? _____

Yes, I certify that the information on this application is both true and accurate and I have not left out any information that would help the Y understand or work with my child.

YES, my child is in good health and is able to fully participate in all activities offered at the Y programs. In an emergency I hereby give permission for the Y to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the Y to provide needed care including any resuscitation efforts and transportation to a hospital for care.

YES, I am aware the Parent Handbook can be found online at www.community.ymca-cnw.org. This handbook includes all Y procedures and policies. I understand it is my responsibility to read the handbook and this entire application and I agree to abide by all terms and regulations.

YES, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.

YES, I agree to waive/relinquish all claims and will hold the Y & any officers, agents, employees, or representatives harmless from any and all claims which may arise from my child's participation in any activities of the Y.

YES, I give permission for the Y to transport my child for field trips (as applicable) with advanced notice. I understand that the transportation will be appropriately supervised. I understand that the Y and its employees assume no liability in case of an accident outside of their authority.

Parent Signature: _____ **Date:** _____



**FOR YOUTH DEVELOPMENT®
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Community YMCA Summer Program at Brewster

*Please submit completed registration forms to Virginia Adams
vadams@ymca-cnw.org*

- My child currently receives free lunch, I agree to a rate of \$40 per week.
- My child currently receives reduced lunch, I agree to a rate of \$80 per week.
- My child currently does not receive free or reduced lunch and I am registering prior to April 1st; I agree to a rate of \$200 per week.
- My child currently does not receive free or reduced lunch, I agree to a rate of \$250 per week.

	Full Day Program 9:00 – 4:30	Payment Total
Week 1: 6/25-6/29	<input type="checkbox"/>	\$
Week 2: 7/2-7/6	<input type="checkbox"/>	\$
Week 3: 7/9-7/13	<input type="checkbox"/>	\$
Week 4: 7/16-7/20	<input type="checkbox"/>	\$
Week 5: 7/23-7/27	<input type="checkbox"/>	\$
Week 6: 7/30-8/3	<input type="checkbox"/>	\$
Week 7: 8/6-8/10	<input type="checkbox"/>	\$
Week 8: 8/13-8/17	<input type="checkbox"/>	\$
Summer Total		\$

- My child will require transportation provided by the district to and from the Y Summer Program.
- I will provide transportation for my child to and from the Y Summer Program.

Payment Policies

- We accept; cash, check or debit/credit cards.
- A deposit of \$20 per week is due at time of registration.
- Payments must be made in full prior to the start of camp.

Credit /Debit Card Authorization:

Credit/Debit Card

Name as it appears on card: _____ Zip Code: _____

Card Number: _____ Exp. Date: _____

Signature: _____ **Date:** _____