



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Community YMCA School Age Registration

New child Returning child

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

Address: _____

School: _____ **Grade:** _____

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 and are required by NYS OCFS**

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.

Emergency Medication:

Asthma requiring an on-site rescue inhaler

Allergies requiring an on-site Epi-pen

If your child requires on-site Emergency Medication– 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

106 Titicus Road, North Salem NY 10560

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



Child Information

Check all that apply

- ADD/ADHD
- Autism/Asbergers
- Behavioral/Emotional concern
- Diabetes
- Heart Defect/Disease
- Nervous Habits or Fears
- Seizure Disorder
- Special Diet
- Other: *operations or serious injuries; chronic or recurring illness; specific activities to be encouraged or limited by physician's advice.

If you checked any of the above NYS OCFS requires An Individual Health Care Plan for a Child With Special Health Care Needs to be completed. Children cannot attend program until these are returned. *These forms can be found at <http://community.ymca-cnw.org/about/forms/>

Anything Additional you would like to share:

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. I understand that this is legal document and required by NYS OCFS.

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:** _____

Emergency medication _____
SHCN _____
EC _____

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