



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

LE MARS YMCA AFTER SCHOOL PROGRAM 2021-22 REGISTRATION FORM

Please complete one registration form **per** child and return to the Le Mars YMCA prior to starting our After School program. All information **must** be complete before your child can attend After School.

Child's Information

Child's Name: _____
Address: _____
City/State/Zip: _____
Gender: male or female (circle one)
Birthdate: _____ **Age:** _____
Grade entering 2021/22: _____

I am registering my child for the following school quarters:

<input type="checkbox"/>	Quarter 1: August 25 - October 26
<input type="checkbox"/>	Quarter 2: October 27 - January 13
<input type="checkbox"/>	Quarter 3: January 14 - March 18
<input type="checkbox"/>	Quarter 4: March 21 - May 25

**I am registering my child for the following weeks:
(please list weeks below)**

1. Parent / Guardian Information

Name: _____
Relationship to child: _____
Child Lives with: yes or no (circle one)
Home Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Employer: _____
Work Phone: _____

2. Parent / Guardian Information

Name: _____
Relationship to child: _____
Child Lives with: yes or no (circle one)
Home Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Employer: _____
Work Phone: _____

Emergency Contact Information

List any persons in addition to parent/guardian 1 and 2 that have authorization to pick up your child and/or be contacted in the event of an emergency. By signing this registration form, I give permission for my child to leave the YMCA After School program with the person(s) listed below. Note, anyone picking up a child must produce a picture ID upon request.

	<u>Name</u>	<u>Relationship to Child</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Name of person(s) who may NOT pick up your child. A copy of court order is required.

1. _____
2. _____
3. _____

If there is a separation, divorce, custody or restraining order please explain below.

Medical Information

Child's Doctor's Name and Phone: _____

Child's Dentist's Name and Phone: _____

In case of emergency, hospital preference: _____

Emergency Authorization: If my child is injured or in need of medical attention, and authorized emergency contacts including myself cannot be reached, the Le Mars YMCA is authorized to transport my child to the local hospital for treatment. I agree to pay all costs.

Parent / Guardian Signature: _____ Date: _____

Health Information

Are there any allergies, medications, illness, diet, behavior disorders or restrictions that may affect my child during YMCA After School that the staff should know about? If yes, please list them below:

Allergies: _____

Medications: _____

Illnesses: _____

Behavior: _____

Restrictions: _____

Diet: _____

Other: _____

_____ (initial) My child is free of any communicable diseases.

_____ (initial) No medication will be dispensed by YMCA Staff to an enrolled child without prior written consent with the appropriate medication form except in a medical emergency. All medication must be in original container. Container must contain the child's name, prescription number and doctor's name.

Child's Name: _____

Permission (please initial and sign below):

- (initial) I give my consent to allow my child to be photographed by YMCA Staff and their image to be used in YMCA marketing materials including social media posts and local newspaper.
- (initial) I give my consent for the YMCA Staff to apply sunscreen to my child. I understand that if I want the staff to help my child apply sunscreen that I must send SPRAY sunscreen with my child. I understand that it is my responsibility to provide sunscreen for my child and to send it with my child to After School.
- (initial) I give my consent to allow my child to go on field trips and be transported by Le Mars Community School Bus and Driver.
- (initial) If my child needs to be transported to or from activities/YMCA I give permission for my child to be transported by Le Mars YMCA staff in a personal vehicle. I assume any and all liability for damages to or caused by my child in connection with the transportation offered by the YMCA, except those caused by gross negligence or intentional act of the YMCA.
- (initial) I give permission for my child to swim at the Le Mars Indoor Pool.
- (initial) I give permission for my child to participate in all activities while attending After School. I do hereby for myself, my heirs and executor waive, release and discharge the Le Mars YMCA, City of Le Mars, all staff, volunteers, directors and officers for all claims of damage or action whatsoever that may arise of my child's participation in this program.
- (initial) I understand that I am required to pay for my child's After School registration fee prior to my child attending. The Y has the ability to deny my child's admittance to After School if payment is not made.
- (initial) I have received, read and I am willing to abide by the policies in the parent handbook.
- (initial) I agree to the pick-up and drop-off policies in the parent handbook and agree to pay any late fees incurred.
- (initial) I understand that I am required to provide my child's current immunization record before starting After School. Or submit a medical or religion exemption form.

Parent / Guardian #1 Signature: _____ Date: _____

Parent / Guardian #2 Signature: _____ Date: _____



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