



2009-10 After School Registration

Name of Child: _____ **Age:** _____
Grade: _____ **Male/Female** _____ **Birthdate (MM/DD/YYYY):** _____
Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone Number: _____ **Email:** _____

Ethnicity (please mark one): Non-Hispanic/Hispanic _____ **Teacher in School:** _____
Race (please circle one):
 White Black/African Amer. Asian Amer.Indian/Alaskan Native Native Hawaiian/Pacific Islander

Parent/Guardian: _____
Address (if different:) _____
Home Number (if different:) _____
Place of Employment: _____
Work #: _____ **Mobile #:** _____

2nd Parent/Guardian: _____
Address (if different:) _____
Home Number (if different:) _____
Place of Employment: _____
Work #: _____ **Mobile #:** _____

Persons (Other than Names Above) AUTHORIZED TO PICK UP CHILD OR TO CALL IN AN EMERGENCY:

Name: _____ **Day Phone:** _____
Name: _____ **Day Phone:** _____
Name: _____ **Day Phone:** _____

Program Information

Program Name: _____	
Times to Attend	Program Start Date:
AM PM	_____

Days to Attend Program (circle all that apply):
M T W Th F

For Staff Use only:
Form Completed: _____
Date: _____
Staff Initials: _____

We are grateful for our many sponsors and grantors for our YMCA After School Programs. In order to continue receiving funding they have requested we collect the following information:

Important Information

Household Demographic Information:		
# of Parents: _____	# of Youth: _____	Marital Status: _____
Do you currently have custody of this child? Yes No		
Does the 2nd Parent Listed above have authorization to pick up this child? Yes No		
Please make other custody notes here: _____		

Household Annual Income:				
Please circle:	\$0-21,200	\$21,201-42,400	\$42,401-63,600	\$63,601 or more

Financial Assistance: Y/N % Amount: _____

Please complete other side of form

Health History

Physician Information

Name of Physician: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Operations/serious illness: _____
Activities limited by physician: _____
Allergies/Dietary Modifications: _____
Are your child's immunizations up to date? Yes No
My child may walk home from program: Yes No Time to Release: _____
Please use this space to provide any additional information about your child that we should be aware of:

Insurance Information:

Is the child covered by family/medical hospital insurance? Yes No
If yes, indicate carrier or plan name: _____
Group Policy #: _____ Insurance Contact Phone #: _____
Name of Insured: _____
Relationship to child: _____

Waiver

This is to certify that the information listed on both the Registration Form and the Health Form have been completed to the best of my knowledge and that my child is in good health and free of disabilities that would endanger him/her or other children. In addition, I give my permission for my child to attend the YMCA/4-H School Program. I release the YMCA/4-H from any liability. I give permission for my student to appear in any media coverage and attend activities and/or field trips approved by the YMCA/4-H. I understand that it is my responsibility to arrange transportation for my student after the program daily at a specified time. I understand there are late fees that apply if I am late in picking up my student. I support the efforts of the YMCA/4-H staff in caring for my student. I understand that my student must abide by the code of conduct established by the YMCA/4-H, and also the discipline code set up by the school and school district my student attends, and if these are not followed, my student may be dismissed from the program. I understand my student's grades may be reviewed to help monitor his/her progress and to assess the program. I also allow the program to access information from the school regarding my student's lunch status for snack purposes. All information will be kept confidential. I agree to pay all program and related fees for my child to participate in the YMCA/4-H School Program and understand that if my account is unpaid it will be turned over to collections and I will be responsible for the service fees. As parent/legal guardian I give consent to have my student receive emergency first aid by facility staff, and if necessary, be transported by an ambulance to receive emergency care. I give consent for the emergency contact listed on my registration forms to act on my behalf until I am available. I agree to review and update this information when a change occurs.

Signature of parent/legal guardian _____ Today's Date ____/____/____

I agree to uphold and support all rules and guidelines established by the YMCA/4-H in order to provide a safe and fun environment for all participants. I understand if I do not follow the guidelines specified, I will be dismissed from the program.

Signature of student _____ Today's Date ____/____/____