

Sarpy Community YMCA's School's Day Out 2018-2019

Child's First Name: _____ M.I.: ____ Last Name: _____

Check boxes to the left of the week your child will be attending.

<input type="checkbox"/>	November 21 – Thanksgiving Break	<input type="checkbox"/>	March 11 – Spring Break
<input type="checkbox"/>	November 23 – Thanksgiving Break	<input type="checkbox"/>	March 12 – Spring Break
<input type="checkbox"/>	December 21 – Christmas/New Year's Break	<input type="checkbox"/>	March 13 – Spring Break
<input type="checkbox"/>	December 24 – Christmas/New Year's Break	<input type="checkbox"/>	March 14 – Spring Break
<input type="checkbox"/>	December 26 – Christmas/New Year's Break	<input type="checkbox"/>	March 15 – Spring Break
<input type="checkbox"/>	December 27 – Christmas/New Year's Break	<input type="checkbox"/>	
<input type="checkbox"/>	December 28 – Christmas/New Year's Break	<input type="checkbox"/>	
<input type="checkbox"/>	December 31 – Christmas/New Year's Break	<input type="checkbox"/>	
<input type="checkbox"/>	January 2 – Christmas/New Year's Break	<input type="checkbox"/>	
<input type="checkbox"/>	January 3 – Christmas/New Year's Break	<input type="checkbox"/>	
<input type="checkbox"/>	January 4 – Christmas/New Year's Break	<input type="checkbox"/>	
<input type="checkbox"/>	January 7 – Christmas/New Year's Break	<input type="checkbox"/>	

Swim Permission:

My child has permission to swim during School's Day Out. Yes _____ No _____

My child has permission to swim in the deep end. Yes _____ No _____

Swimming Ability: Non-swimmer _____ Fair _____ Good _____

****Child must pass a deep water test prior to being allowed to swim in the deep end each day****

Information/Photo and Video Release:

I give the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education. Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____

Payment:

Full Payment is due at time of registration. There is a \$5, per child, cancelation fee.

Parent/Guardian Signature: _____ **Date:** _____

Daily Rates:

Members: \$30/ day
Non-Members:
\$40/day

Hours:

7 am- 6pm

Documents Needed:

Your child's **2018/2019 immunization records and a photograph** are needed before allowed in the program.

What to bring every day:

- Lunch
- Two Snacks
- Swimsuit
- Towel
- Books/Journals



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD INFORMATION & HEALTH FORM

Child: First Name _____ MI _____ Last Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Gender _____

Birthday _____ Age _____ School _____ Grade going into _____

Family's Annual Income

- Under \$10,000
- \$10,000 - \$19,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000 and over
- Unknown

Ethnic Background

- Hispanic or Latino
- Not Hispanic
- Unknown

Race

- Native American
- Asian
- Black
- Pacific Islander
- White
- Other
- Unknown

How did you hear about us? _____

Mother's (or Guardian) First Name _____ Last Name _____

Mother's DOB _____ (We must have this to register your child)

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed By _____ Address _____

Father's (or Guardian) First Name _____ Last Name _____

Father's DOB _____ (We must have this to register your child)

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed By _____ Address _____

Name of Family Doctor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Dentist _____ Phone _____

Address _____ City _____ State _____ Zip _____

In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:
(Please list names in order you would like them to be called)

- A. _____ Phone _____ Relation _____
B. _____ Phone _____ Relation _____
C. _____ Phone _____ Relation _____
D. _____ Phone _____ Relation _____

Authorized person(s) to take child from site:

(You MUST list anyone who may pick up your child, including parents or guardians and emergency contacts)

- A. _____ Relation to child _____
B. _____ Relation to child _____
C. _____ Relation to child _____
D. _____ Relation to child _____

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is NOT authorized to pick-up or see child.

GENERAL HEALTH QUESTIONS

Medication, if any: _____ Possible side effects: _____

Will this medication be taken while he/she is at Schools Out Fun Club Yes No

Please note, it is the parent's responsibility to supply the staff with the medication paperwork and directions.

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? _____

Any special devices used (glasses, hearing aids, crutches, etc.)? _____

Date of last tetanus shot _____

Names and ages of child's brothers and sisters: _____

Does your child have any fears we should be aware of? (insects, water, heights, animals, etc.) _____

Has any event occurred that could cause an emotional concern that we should be aware of? (Death in the family, divorce, etc.?) _____

Any known intolerance to food, insect bites/stings, or other factors that result in medical reaction? Please provide us with clear instructions in the event of an exposure to the factor.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. _____ at _____
ADDRESS PHONE

or the nearest hospital for emergency medical treatment of _____
CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature _____ Date _____

MEDICATION PERMISSION AND COMPETENCY

I _____ have determined that the YMCA staff is competent to give or apply medication to my child(ren). I understand that YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

Parent Signature:

Date: _____

Please put a recent photo of your child here.

REQUIRED INFORMATION

ANY KNOWN ALLERGIES? _____

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? _____

ANY ACTIVITIES YOUR CHILD MAY NOT ENGAGE IN? _____

ANYONE UNAUTHORIZED TO PICK UP OR VISIT? _____
FIRST AND LAST NAME