

**YWCA of Genesee County, Inc.
Adventure Program Childcare Registration**

Adventure Program Site: **School 2017-2018**

About the child

Child's Full Last Name, First Name

Child's Nickname:	Birthdate (Month/Day/Year) _____/_____/20____	Child's Age:	Gender:	Child lives with:
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Child's Full Address _____ _____ _____ City _____ Zip Code _____ C	Primary Phone Number
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Child's Grade in Fall:	Program Start Date	Program End Date	Are there siblings in the program:
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Medical Information

Children who have special health care needs are those who chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Does your child have any Allergies/Medical/Special Health Needs/Medications/Medical Conditions? Circle: **YES** **NO**
If YES, please explain and attach helpful information.

I understand and agree, that in case of an emergency, my child will be transported by ambulance to the nearest Hospital and medical care will be given if I cannot be reached. Circle:

YES **NO (if no, list alternative plan)**

Child's Source of Medical Care/Primary Care Physician	Name of Medical Care Facility/Hospital	Child's Source of Dental Care/Dentist
Name:	Name:	Name:
Phone #:	Phone #:	Phone #:

Billing and Parent/Guardian Information

Name of Person to contact for schedule/absences, if needed:	If separated or divorced, who has legal custody of the child? * _____ Who has visitation rights? * _____	*If it is necessary for us to have legal documentation of the arrangement on file, please provide upon enrollment and indicate here:
Phone Number:		

Name of the Person(s) responsible for payment:	Credit Card Authorization: List who is allowed to sign the invoice:	List who is allowed to make changes to this form:
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Parent/Guardian's Name:	Complete Address (if different from child's):
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Relationship to child:	Email Address:
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Place of Employment:	Work Phone #:	Cell/Primary Phone #:
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Parent/Guardian's Name:	Complete Address (if different from child's):
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Relationship to child:	Email Address:
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Place of Employment:	Work Phone #:	Cell/Primary Phone #:
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Emergency Data/Authorized to pick-up the child

The following people are to be contacted in the following order in case of an emergency and are authorized to pick-up the child. (Individuals MUST be 18 years of age or older and can present Photo I.D. to child care provider) List in order. Attach additional pick-up people if necessary and indicate on this form.

Contact Name	Relationship to Child	Phone number during Child Care hours	Cell/Alternate Phone Number	Emergency Contact and/or Pick Up Authorization
	Guardian/Parent			_____ Emergency Contact _____ Pick Up Authorization
	Guardian/Parent			_____ Emergency Contact _____ Pick Up Authorization
				_____ Emergency Contact _____ Pick Up Authorization
				_____ Emergency Contact _____ Pick Up Authorization
				_____ Emergency Contact _____ Pick Up Authorization
				_____ Emergency Contact _____ Pick Up Authorization

NYS Office of Children and Family Services Agreements

I consent to the enrollment of the child listed above in the YWCA Adventure Program and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the YWCA and the Office of Children and Family Services regulations under which it operates.

INITIAL

I give consent for my child to take part in neighborhood trips (i.e. library, park, and playground) away from facility under proper supervision. YES NO

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child. YES NO

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. YES NO

I agree to review and update this information whenever a change occurs and at least once every six months. YES NO

Media/Photo Release

I RELEASE/DO NOT RELEASE to the YWCA of Genesee County, Inc. Children & Family Services Adventure Program and give my consent for my child to be interviewed, photographed, filmed, videotaped and/or sound-recorded. I understand that these words and/or images may appear in: Fundraising, informational material, community initiatives including distribution to media outlets or training materials of the YWCA of Genesee County, Inc. and/or affiliated organizations including: printed publications, brochures, electronic communications, websites, videos, podcasts. Public media (advertising, news stories, radio, web, television) AND/OR Social media (including Facebook, YouTube, Twitter and other widely accessed and/or public) I understand I am not obligated to participate and this is not a condition to receive services from the YWCA of Genesee County, Inc. I agree that I will not be paid for the use of these words and/or images. These words and/or images may be used for at least five years by the YWCA of Genesee County, Inc. I warrant that the said media is free of any abuse of copyright law. I will not hold the YWCA of Genesee County, Inc. responsible for any liability by virtue of any distortion or alterations unless it can be proven that such distortions were done with malicious intent. I attest that I am the Parent or Legal Guardian of the above named child and have legal authority to sign this release form on his/her behalf. I have read and fully understand the contents of this release, the consent of this release and the consent to the use of the media based on the content thereof. Unless otherwise amended in the notes section below, this signed release and authorization gives the YWCA my permission to use these words and/or images as described above.

Parent/Guardian Signature

Date

Parent/Guardian Service Agreement

____ The information I have provided on all necessary forms is complete and accurate. I must notify the YWCA of Genesee County, Inc. Adventure Program immediately of any changes to any forms and when my child will be absent.

____ I understand the procedure and consequences in the event that my child is not being picked up by the program's 6pm closing time, as stated in the Parent/Guardian Policy Handbook.

____ I give permission for my child to participate in all aspects of the Adventure Program including excursions while under the supervision of YWCA Adventure Program staff and volunteers.

____ I understand that by the Friday 6pm prior to the week of care, payment must be made in full and that any payment made after will result in a \$5 per day late fee.

____ I agree to pay any charges (early drop-off/late pick-up and/or \$10 contract change fee) while attending the YWCA Adventure Program.

By signing this form, I agree that I have read the Parent/Guardian Policy Handbook and completed the YWCA of Genesee County, Inc. Adventure Program paperwork. I understand my responsibilities for my child's participation while enrolled with the YWCA Adventure Program.

Parent/Guardian Signature

Date

Getting to know your child

Hobbies/Interests/Activities:

Fears/Apprehensions that we should know about:

Code of Conduct/Behavior Agreement

1. I will follow the rules of the YWCA of Genesee County, Inc. Adventure Program.
2. I will treat everyone with respect including staff, other children, their property and the building in which the program is in at all times.
3. Negative attitudes are not productive and will not be tolerated.
4. I will do my best to be caring, honest, respectful and responsible person.
5. If I am having difficulty in the program, I will bring it to the attention of the Adventure Program staff.
6. I understand that items I bring from home are my responsibility and not the YWCA's. The YWCA and staff are not responsible for lost, broken, or stolen personal belongings.

I have read and understand these behavioral expectations. I understand that if my behavior is not acceptable that my parent/guardian will be called and removal from the program is possible. I agree to abide by all the above expectations at all times during my time at the Adventure Program.

Child Signature

Date

I have read and understand these behavioral expectations, furthermore I have discussed these expectations with my child and they have agreed to abide by them at all times during their time at the Adventure Program. I understand that I will be called to pick-up my child if they do not follow the agreements and may result in termination from the program.

Parent/Guardian Signature

Date

I attest that I am the Parent or Legal Guardian of the above named child and have legal authority to sign this registration packet. I have read and fully understand the contents of this registration packet for the YWCA of Genesee County, Inc. Adventure Program. I understand and agree to abide by the YWCA of Genesee County, Inc. Adventure Program policies and procedures.

Parent/Guardian Signature

Relationship to Child

Date