



# C.W. AVERY FAMILY YMCA 2019/20 PINT-SIZE PUPILS REGISTRATION FORM

**Child's Information:** Please print clearly with complete information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Parent Information:**

Parent 1 Name: \_\_\_\_\_  Male  Female Preferred Method of Contact: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_  Male  Female Preferred Method of Contact: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child resides with:  Both  Parent 1  Parent 2  Guardian  Other \_\_\_\_\_

**Emergency Contacts & Release:**

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, over the age of 16, allowed to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The following can NOT pick up my child(ren):**

Please provide any legal documentation about custody of child, if needed.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child's Medical Information:** Please print clearly with complete information

**The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.**

Please let us know of any important medical information that will allow us to better serve your child:

Will your child need to take any prescription medications while in our program?  Yes  No

If yes, please request a medical dispensing form. Please return the form and medication in a ziplock bag with your child's name on it on the first day that they attend the program.

**Allergies:** Please put N/A if your child does not have an allergy

Food/Medication/Other: \_\_\_\_\_

Does your child require an Epi-pen?  Yes  No

If yes, you must provide the Y with an Epi-pen to be kept on site during your child's enrollment. The Epi-pen must be accompanied with a current prescription and a doctor's note.

**Specific activities that are restricted for health reasons:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Comments: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Pint-Size Pupils Registration****Choose your enrollment:**

- 2 days/week \$110/\$220  
 3 days/week \$165/\$330  
 5 days/week \$275/\$550

**Choose your days:**

- Mon  
 Tue  
 Wed  
 Thu  
 Fri

**Choose your time:**

- Morning session (9:30 a.m.-Noon)  
 Afternoon session (12:30-3 p.m.)

**Payment Information:**

First day of attendance: \_\_\_\_\_

Due at Registration \$ \_\_\_\_\_ (\$110/\$220) (1 of 10 Payments)  
 (\$165/\$330) (1 of 10 Payments)  
 (\$275/\$550) (1 of 10 Payments)

Total Due at Registration: \$ \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:****Parent Statement of Understanding:**

I, \_\_\_\_\_, have read &amp; understand the policies listed below:

I certify the applicant is capable of participating in this program. I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Greater Joliet Area YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff and volunteers for injuries or damages that may result from the conduct from other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

I authorize the Greater Joliet Area YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

- I have received a copy of the Pint-Size Pupil manual, and I agree to all the terms and conditions.
- I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA staff person.
- I grant permission for my child(ren) to participate in all planned program activities, including trips by motor vehicle away from the YMCA program site.
- I give permission to photocopy all forms.
- I give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged or stolen articles.
- I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Program days missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded. (see the program brochure for the complete refund policy)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_