

Panther and YMCA After School Program Enrollment

Return these pages to Jenn Queener at the YMCA

Today's Date _____ Child's Name _____
Child's Preferred Name _____ Age _____ Gender _____
Grade _____ Birthdate _____ Pick up time- _____
Address _____ City _____ Zip _____
Mother's Name _____ Cell Phone _____
Employer/Occupation _____ Business Number _____
Father's Name _____ Cell Phone _____
Employer/Occupation _____ Business Number _____
Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____
Emergency contact name _____ number _____

In the after school program it is mandatory that the child is signed out each day. We do understand that it is not always possible for you as parents to be able to pick up your child. If someone else might pick up your child please list them below, otherwise we cannot release your child.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

***If there is anyone who should **NOT** be picking up your child or removing him/her from the program please put name below and discuss with Jenn Queener the appropriate action to take. _____

Registration:

Date Received _____

Circle one: **YMCA Member** Free/Reduced Lunch Participant

\$10 registration fee (per family)

\$ _____ deposit (1st week's payment)

\$ _____ Total

Do you have the following?

____ immunizations record

____ Completed forms

____ Fee and Deposit paid

Reminder: These forms need to be returned to Jenn Queener at the Southern Prairie YMCA at least a week before entering program. Any questions call 641-782-9622 or email at jqueener@southernprairieymca.com

INFORMATION ABOUT YOUR CHILD

At the After School Enrichment Program, we believe your child is a unique individual. He/she has special abilities, interests, likes and dislikes and needs. Please help us get to know your child by giving us the following information. The staff will use it to help your child have a fun, rewarding experience in our program.

Is your child used to playing with (please circle) many children, a few close siblings/friends, alone

What are your child's interests, favorite sports? _____

Is there any information about your child's habits, moods, traits or experience that would be helpful to us to know?

What motivates your child to behave in a positive manner? _____

How easily does your child make friends? (circle) Very easily 5 4 3 2 1 With difficulty

How easily does your child relate to adults? (circle) Very easily 5 4 3 2 1 With difficulty

MEDICAL INFORMATION (name, address, phone number)

Child's Doctor: _____

Child's Dentist: _____

Allergies: _____

Please list any medical issues we should be aware of: _____

Food, swimming or activity restrictions: _____

SPECIAL PERMISSIONS

YES ___ NO ___ In the event that my child is injured during any after school activity, I authorize Staff to call a physician or dentist for medical care for my child and admit my child to a hospital, if necessary. I understand that a concentrated effort will be made to contact me or another guardian, but if it is not possible to locate us, this expense will be accepted by us.

YES ___ NO ___ The After School Staff has permission to photograph my child. These pictures are used in the promotion of the program.

YES ___ NO ___ I give permission for my child to walk from the school on Tues. and Thurs. to participate in activities at the YMCA. Staff will walk with them from the school.

YES ___ NO ___ I have read the parent packet and support the policies in it.

YES ___ NO ___ In consideration of my participation in the activities of the After School program, I do hereby agree to hold free any and all liability to the After School staff and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in and transportation related to the activities of the Southern Prairie YMCA.

PARENT'S SIGNATURE: _____ **DATE:** _____

Please return this sheet to the Program Director

I acknowledge that I have received and read the After School Enrichment Parent Information sheet. I also agree to accept the policies and guidelines as stated within and will abide by them as written. In addition, I have asked for clarification on any policy that I was unsure about. I understand that the After School Enrichment Program is not responsible to provide medical insurance on my child.

Child's name _____

Parent's signature _____