



CHILD CARE PROGRAMS

Bob Freesen YMCA

Summer Day Camp 2024
Registration & Enrollment Forms

Child's Name _____
Birth Date _____ Gender _____
Lives With _____
School Attending: _____
T-shirt size (circle): YS YM YL AS AM AL AXL AXXL

Program (please check appropriate line(s))
 3-5 Year Olds
 6-8 Year Olds
 9-11 Year Olds

Parent, Guardian, or Other Person(s) Placing the Child

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Employer _____ Position _____ Working Hours _____
Work Address _____ City _____ State _____ Zip _____

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Employer _____ Position _____ Working Hours _____
Work Address _____ City _____ State _____ Zip _____

Other Person(s) to Contact in Emergency and Authorized to Pick Up the Child

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Other Person(s) NOT Authorized to Pick Up the Child

Name _____ Relation to Child _____
Name _____ Relation to Child _____
Name _____ Relation to Child _____
Name of Child _____

EMERGENCY MEDICAL CARE

This authorizes YMCA Staff to secure EMERGENCY medical care for my child when I/We cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Physician _____ Phone _____
Hospital or Clinic _____
Address _____

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

SPECIFIC MEDICAL INFORMATION

If the child has any of the following, please explain:

Medical problems _____

Physical handicaps _____

Restrictions for play – outdoors _____

Restrictions for play – indoors _____

Other information that will help provide a positive experience for the child _____

LIABILITY RELEASE FORM

I release the Bob Freesen YMCA from any liabilities or claims arising from _____ (child's name) participation in a YMCA program. I agree that I will never prosecute or in any way aide in prosecuting any demand, claim, or suit against the Bob Freesen YMCA for any loss, damage, or injury to my child's person or property that may occur from any cause whatsoever as a result of taking part in this activity. I, _____, parent/legal guardian of the above-said child, consent to his/her taking part in this YMCA program, and will abide by the above.

Signature Parent/Guardian Date

ADMINISTER PRESCRIPTION MEDICINE

I/We authorize YMCA Staff to administer prescribed medicine to my/our child as specified in written instructions.

Signature Parent/Guardian Signature Parent/Guardian

Relationship to Child Relationship to Child
Date _____ Date _____

ADMINISTER PATENT MEDICINE / EMERGENCY MEDICAL DECISIONS

I/We authorize YMCA Staff to administer patent medicine to my/our child as specified in written instructions and to make emergency medical decisions in my/our absence.

Signature Parent/Guardian Signature Parent/Guardian

Relationship to Child Relationship to Child
Date _____ Date _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/We authorize YMCA Staff to take my/our child on walking trips, special excursions, and to nearby park facilities. I/We also authorize the child to ride as a passenger in transportation provided by or for the program. I/We understand all such trips are under supervision of the program staff.

Signature Parent/Guardian Signature Parent/Guardian

Relationship to Child Relationship to Child
Date _____ Date _____

SUNSCREEN PERMISSION

I/We understand that I will apply sunscreen on my child prior to arrival at the YMCA Afterschool Care. Sunscreen will be applied as needed. All children will have sunscreen applied. In the event my child shall need help applying sunscreen, I hereby give permission to the YMCA Staff of the Bob Freesen YMCA to help my child apply additional sunscreen. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the program and or its activities.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

PHOTOGRAPHS

I/We give YMCA Staff my/our permission to take photos and videos of my/our child at YMCA programs. I/We understand the photos and videos may be used for promotional or display purposes (flyers, website, Facebook, Instagram, Twitter newsletter, brochures or other YMCA communications and publicity).

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

SWIMMING

I/We consent to my/our child using the swimming pool of the Bob Freesen YMCA.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

Health Information – check all that apply

Illness	Dates	Disease	Allergies
Frequent Ear Infections		German Measles	Hay Fever
Heart Attack / Disease		Mumps	Poison Ivy, etc.
Convulsions		Chicken Pox	Insect Stings
Diabetes		Other (describe)	Peanut
Bleeding Clotting Disorders			Other (describe)
Hypertension			
Tetanus Inoculation			
Mononucleosis			
Asthma			

Your Child’s Health

Current immunizations updated and turned into the YMCA ___Yes ___No Date of last Tetanus shot_____

Any afterschool activities from which your child should be exempted or limited in for health reasons _____

Other afflictions or details on items above _____

Medications taken at home (list all that apply) _____

Medications taken during afterschool care (list all that apply – prescription only, send in original bottle) _____

Operation or serious injuries _____ Disability due to chronic or recurring illness _____

Any special needs (health, physical, educational, mental or psychological) your child has that require medication, treatment or special restrictions while at afterschool care _____

Dietary Restrictions _____ Immunizations _____

Parent Authorization

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Bob Freesen YMCA. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and the Parent Handbook and understand the contents thereof.

Signature Parent/Guardian _____ Date _____

Parent or Guardian Permission

My signature below indicated that I have the legal authority to sign my child named on this form and that to the best of my knowledge the information on the application form is completed and accurate. I further understand that this application and the name child’s participation is contingent upon space being available in the program(s) as contained in the Information packet and that, furthermore, all necessary health, security, and waiver forms must be signed and on file with the YMCA prior to my child attending the program(s). Failure to comply with the above could result in the loss of the afterschool space.

Signature Parent/Guardian _____ Date _____



AFTERSCHOOL PARENT AGREEMENT FORM

Please read, sign, and return to program staff.

I/We have read the YMCA Child Care Handbook for Day Camp/After School Care and agree to comply with the policies and procedures of the program regarding all items specifies in the Parent Handbook. I also agree to discuss the child's responsibilities with my child.

I agree to pay a late fee of \$10 for every ten (10) minutes if I pick up my child after the YMCA program closes. I understand this fee is payable at the time of pick up.

I understand that a \$20 NSF fee will be added to all returned checks. I agree to pay this fee along with the amount of the returned check. I agree to pay the fee and check amount by money order, cash or credit card.

Signature Parent/Guardian

Date

Relationship to Child

Child(ren)'s First and Last Name

Child Connection Form

(To be given to Counselors to help in understanding your child and making their experience the best it can be.)

At the Y we continue trying to build stronger relationships with our afterschoolers. In order to do so we would like to ask you some questions regarding your child. Please take a few minutes to answer the following questions with your child. This will help our Afterschool Leaders get to know your child better.

Child's Name _____ Age ____ Birth Date _____ Parent email _____

Please circle or not sessions/weeks attending:

Parent Code of Conduct

As a parent of _____, a camper, I will...

- Support and teach the YMCA values of Caring, Honest, Respect and Responsibility.
- Communicate questions or concerns to staff in a mature and private matter.
- Never discredit a staff member or another parent in front of a camper.
- Work with YMCA staff in a positive manner on all behavioral issues dealing with my child.
- Read the parent handbook so I am familiar with its information.

Signature Parent/Guardian

Date

Afterschool Creed

"During afterschool care I pledge to do the best I can and to be the best I can be. I pledge to work as a team member and respect my fellow afterschoolers and all YMCA staff. I pledge to work to improve myself every day in spirit, mind and body."

Child Name _____ Child Signature _____

Signature Parent/Guardian _____ Date _____

Other Information

Is your child on any behavioral medications or taking a summer break from any medications? Yes No
Explain _____

Have any major life events occurred recently for your child? Yes No
Explain _____

Share your child's previous afterschool experience _____

Does your child have siblings in afterschool care? Yes (name of sibling) _____ No

What types of responsibilities does your child have at home? _____

What are the names of your child's pets, if any? _____

What type of extracurricular activities does your child participate in? _____

What else would you like us to know about your child? _____

Does your child need homework assistance? If so, any special areas? _____

Indicate your child's swimming abilities:

- Beginning Swimmer Some Swimming Skills Average Swimmer Strong Swimming Skills

Note: All children must pass a swimming test with the lifeguard to be able to swim in the deep water. This may be done at the beginning of each week.

Child Completes the following:

When I'm not a school I like to _____

My favorite thing about afterschool care is _____

I'm excited about going to afterschool care because _____

Things I would like to do in afterschool care are _____

Help Us Strengthen Our Community

We are always trying to find new and interesting ways to help our YMCA afterschoolers to grow personally and learn about the world around them. If you or someone you know has a unique passion, interest, skill or vocation you think would be great to share with our afterschoolers, please let us know! We would love to try to find a way to incorporate the talents of our families and community members into our program.

Skill/Interest/Hobby for sharing _____

Additional Contact Information _____

2024 Bob Freesen YMCA Summer Day Camp

Costs are as follows:

Must pay prior to attendance. Children will not be picked up/allowed in program if payment has not been received.

Afterschool:

Bob Freesen YMCA Member \$175 per week (no daily rates)

Non-YMCA Member \$225 per week (no daily rates)

Financial Aid is Available

\$25 Registration fee due when you bring in your filled-out registration form.

Late Payment Fee or returned check fee: \$20

Late Pick Up Fee: \$10

(Charged to parents for every ten (10) minutes late a child is picked up after program closes)

- **Safe, nurturing environment**
- **Healthy eating (lunches and snacks) and physical activities**
- **Plenty of swim and gym time**
- **Make lifelong friendships!**
- **Great counselor staff**
- **Field Trips**
- **Exciting programs brought to the kids at the Y**

TRANSPORTATION

Emergency Contact Information and Authorization to Transport Minor Child

Child's Name _____

Birth Date _____
mm/dd/yyyy

M F
Sex
(circle one)

Parent's/Guardian's Name _____

Parent's Guardian's Name _____

(_____) _____
Home Phone Work Phone

(_____) _____
Home Phone Work Phone

Street Address _____

Street Address _____

City _____

City _____

State and Zip Code _____

State and Zip Code _____

Alternative Emergency Contact

Primary Emergency Contact _____

Primary Emergency Contact _____

(_____) _____
Home Phone Work Phone

(_____) _____
Home Phone Work Phone

Street Address _____

Street Address _____

City _____

City _____

State and Zip Code _____

State and Zip Code _____

I give permission for my minor child to be transported by the West Central Mass Transit District. I release West Central Mass Transit District, its agents and employees from liability, provided safety measures have been take as required by law.

Parent's/Guardian's Name _____

Date _____

Witness Signature _____

Date _____