



## YMCA Summer Y-Care Kids 2019

Welcome to the YMCA Summer Y-Care program for elementary aged children. We are excited for your child to join us this year. Please complete the attached packet (all forms must be filled out and signed by the legal guardian.) Immunization forms must be completed one time a year. The doctor can either sign this paper, or you can obtain a copy of immunizations from the doctor and turn in with form.

There is a non-refundable registration fee of \$10.00 that must be paid at enrollment. We provide breakfast (8:00-8:30) lunch (11:30-12:00), and an afternoon snack, but children may pack any meal if they so choose. Menu's will be available the first day.

Once all forms are complete and fees are paid your child is ready to start! Summer Care runs from Monday, June 3, 2019 – Friday, August 2, 2019. Hours of operation are 7:30am – 5:30pm.

\*\*\*\*\* For Staff Use only\*\*\*\*\*

- Application form – complete and signed
- Y-Care Permission Form – complete and signed
- Discipline Form- completed and signed
- Medical forms – complete and signed
- Copy of current immunization records
- Registration fee paid

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

Child's Name \_\_\_\_\_  
First Last

Sex \_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ School \_\_\_\_\_

Parents(s) or Guardian(s) with whom child lives: \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

The following individuals may pick up my child or be contacted in case of an emergency. (Please make sure all spaces are filled in.) Children will be released only to those names listed **YOU MUST LIST PERSONS WHO WILL BE AVAILABLE TO BE REACHED BY PHONE.** They should be prepared to show picture ID when picking up your child.


Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

The following individuals may **NOT** pick up my child.

Name \_\_\_\_\_ Name \_\_\_\_\_

 \_\_\_\_\_

**Parent/Guardian Signature** **Date**

**Please indicate which session your child will be attending by checking the appropriate lines below**

**Registration**

\$10.00 registration fee  
 No registration fee for Y-Care Students

Full Time= 4 or 5 Days Per Week  
 \_\_\_ Member- \$65.00  
 \_\_\_ Non-Member- \$70.00

3 Days Per Week  
 \_\_\_ Member- \$50.00  
 \_\_\_ Non-Member- \$55.00

**Weeks Attending**

June 3rd- 7th \_\_\_\_\_  
 June 10th-14th \_\_\_\_\_  
 June 17th-21st \_\_\_\_\_  
 June 24th-28th \_\_\_\_\_  
 July 1st-5th- CLOSED July 4th \_\_\_\_\_  
 July 8th-12th \_\_\_\_\_  
 July 15th-19th \_\_\_\_\_  
 July 22nd-26th \_\_\_\_\_  
 July 29-August 2nd \_\_\_\_\_

**Please Mark Below**

The Richmond Family YMCA receives financial support from the United Way. In order to better report the diversity of our programs, we ask that you supply us with the following information.

Household income:

- Below \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$59,999
- \$60,000 - \$124,000
- \$125,00 and over

Ethnicity:

- African American
- Asian
- Native American
- White
- Bi-Racial
- Other

**PARENTS STATEMENT OF UNDERSTANDING/Y-CARE PERMISSION FORM  
PLEASE READ AND INITIAL EACH STATEMENT BELOW**

\_\_\_\_\_ I agree to pay a non-refundable registration fee if my child is not a member.

\_\_\_\_\_ I understand that Y-Care fees are invoiced on Fridays and payments are due no later than the following Monday or your child may not attend Y-Care.

\_\_\_\_\_ I understand that Y-Care fees are based on weekly service and will not be prorated.

\_\_\_\_\_ I agree that I will pick up my child by 5:30pm or earlier, and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not collected by 5:30 pm, I will be charged a fee of \$10.00 for the first 5 minutes; then \$1.00 per minute for every minute thereafter. After 5:40pm my emergency contacts will be called.

\_\_\_\_\_ I understand that my child is to be signed in and out every day by an adult and that I am not to leave my child at Y-Care until a staff or volunteer receives my child and supervises my child.

\_\_\_\_\_ I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form and present picture ID.

\_\_\_\_\_ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

\_\_\_\_\_ I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

\_\_\_\_\_ I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program.

\_\_\_\_\_ I understand that in the event of continued late payments, late pickup of my child, or for any other good cause, the Richmond Family YMCA reserves the right to remove my child from the program.

\_\_\_\_\_ I understand that if my child fails to abide by the rules and regulations of the YMCA he or she is subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees, or other amounts paid to the YMCA.

\_\_\_\_\_ I understand that the activities that my child will be engaging in while he or she is in or upon the premises of the YMCA summer Y-Care location, using any of its facilities, services or equipment, or participating any YMCA program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child hereby accept full responsibility for, and risk of, any injury to my child or loss or damage to his or her property that may occur as a result thereof.

\_\_\_\_\_ I hereby grant permission for my child to leave and to be transported to and from the YMCA premises for the purpose of participating scheduled daily activities and planned field trips.

\_\_\_\_\_ I hereby grant permission for my child to participate in swimming and wading activities offered as part of the summer program.

\_\_\_\_\_ I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's voice for the purpose of promoting or interpreting YMCA programs and activities.

\_\_\_\_\_ I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment or participation in any YMCA program or activity.

\_\_\_\_\_ I have received and read the 2019 Summer Day Y-Care Parent Handbook and understand all of its contents.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Medical & Release form for Children & Youth Attending Y-Care and Summer Y-Care Programs

## GENERAL QUESTIONS (Explain "yes" answers below.)

- | Has / does the participant:                                   | Yes | No |
|---|-----|----|
| 1. Had any recent injury, illness or infectious disease?..... |     |    |
| 2. Have a chronic or recurring illness / condition? .....     |     |    |
| 3. Ever been hospitalized? .....                              |     |    |
| 4. Ever had surgery?.....                                     |     |    |
| 5. Have frequent headaches?.....                              |     |    |
| 6. Ever had a head injury? .....                              |     |    |
| 7. Ever been knocked unconscious? .....                       |     |    |
| 8. Wear glasses, contacts or protective eye wear? .....       |     |    |
| 9. Ever had frequent ear infections?.....                     |     |    |
| 10. Ever passed out during or after exercise?.....            |     |    |
| 11. Ever been dizzy during or after exercise?.....            |     |    |
| 12. Ever had seizures?.....                                   |     |    |
| 13. Ever had chest pain during or after exercise? .....       |     |    |
| 14. Ever had high blood pressure? .....                       |     |    |
| 15. Ever been diagnosed with a heart murmur? .....            |     |    |

- | Has / does the participant:   | Yes | No |
|---|-----|----|
| 16. Ever had back problems?.....  |     |    |
| 17. Ever had problems with joints (e.g., knees, ankles)?.....                     |     |    |
| 18. Have an orthodontic appliance being brought to YCare?.....                    |     |    |
| 19. Have any skin problems (e.g., itching, rash, acne)? .....                     |     |    |
| 20. Have diabetes? .....  |     |    |
| 21. Have asthma?.....   |     |    |
| 22. Had mononucleosis in the past 12 months? .....                                |     |    |
| 23. Had problems with diarrhea / constipation? .....                              |     |    |
| 24. Have problems with sleepwalking?.....   |     |    |
| 25. If female, have an abnormal menstrual history? .....                          |     |    |
| 26. Have a history of bed-wetting? .....  |     |    |
| 27. Ever had an eating disorder?.....   |     |    |
| 28. Ever had emotional difficulties for which professional help was sought? ..... |     |    |

Please explain any "yes" answers, noting the number of the questions.

\_\_\_\_\_  
\_\_\_\_\_

### Which of the following has the participant had?

(please circle)

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test

Date of last test \_\_\_\_\_  
Result: Positive Negative

### Please give all dates of immunization for:

Vaccine: Dates: Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

- DTP \_\_\_\_\_
- TD (tetanus/diphtheria) \_\_\_\_\_
- Tetanus \_\_\_\_\_
- Polio \_\_\_\_\_
- MMR \_\_\_\_\_
- or Measles \_\_\_\_\_
- or Mumps \_\_\_\_\_
- or Rubella \_\_\_\_\_

Haemophilus influenza B \_\_\_\_\_

Hepatitis B \_\_\_\_\_  
Varicella (chicken pox) \_\_\_\_\_

Signature of Medical Professional (required): \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the Y-Care should be aware:

\_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian Authorizations:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all Y-Care activities except as noted.

I hereby give permission to the Y-Care to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Y-Care to arrange necessary related transportation for me / my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Y-Care to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of Y-Care.

Signature of parent or guardian \_\_\_\_\_



# Medication & Release form for Children & Youth Attending YCares & Summer YCare

## Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at Y-Care. Keep it in the original packaging / bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

**This person takes NO medications on a routine basis- OR- This person takes medications as follows:**

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does / may not take during the summer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that medications must be brought to Y-Care in their original container and given to the Summer Care Director when my child arrives. In addition, I understand that all medication must be accompanied with written note from physician. I authorize the Richmond YMCA to administer the above medication to my child while he / she attends the Y-Care program.

Signature of parent or guardian or adult YCareer / staffer \_\_\_\_\_  
Printed name \_\_\_\_\_ Date \_\_\_\_\_

**Liability Wavier and Release**

I also understand and agree to abide by any restrictions placed on my participation in Summer Care activities.  
Signature of minor or adult YCareer / staffer \_\_\_\_\_ Date \_\_\_\_\_

I hereby accept any and all responsibility for, and assume the risk if any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Richmond Family YMCA, and all employees and volunteers in their capacities as representatives of the YMCA, except for injuries caused intentionally or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that is my intention by signing this release that the same be binding not only to me, but my heirs, administrators, executors, successors and assigns.

Signature of parent or guardian or adult YCareer / staffer \_\_\_\_\_ Date \_\_\_\_\_



# Medical & Release form for Children & Youth Attending Richmond Family YMCA Summer Y-Care

The Information on this form is not part of the YCareer or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to Y-Care health personnel upon participant's arrival in Y-Care. Provide complete information so that the Y-Care can be aware of your needs.

Name \_\_\_\_\_  
Last First

### Primary Health Care Provider

Name

Address

Phone

### ALLERGIES List all known.

Medication allergies (list)

Describe reaction and management of the reaction

\_\_\_\_\_  
\_\_\_\_\_

Food allergies (list)

\_\_\_\_\_  
\_\_\_\_\_

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_  
\_\_\_\_\_

### RESTRICTIONS (The following restrictions apply to this individual.)

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Other (please describe) \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Richmond Family YMCA  
1215 So. J St.  
Richmond, IN 47374  
765-962-7504  
www.richmondfamilyymca.org

**Richmond Family YMCA  
Discipline/Guidance Policy**

**Provider Name:** Richmond Family YMCA

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Date of Birth

Additional techniques to be used with my child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_