



Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

Family Email: _____ Secondary Email: _____

Primary Care Hours: From _____ to _____

Days of the Week in Care: M T W TH F

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care warranted.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable):

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19. The YMCA

of South Collier in no way warrants that COVID-19 infection will not occur through participation in YMCA programs of accessing YMCA facilities. The YMCA; however, will take all necessary precautions to avoid any risks. We sanitize periodically throughout the day and every evening.

Liability Release:

I give permission for my child to participate in Youth Development at the YMCA. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the YMCA as well as its staff members and volunteers from all liability due to injury, loss, or damage, which may occur on the YMCA property while my child participates in the activities of this program. By registering I acknowledge that I have read and understand, and voluntarily agree to this authorization and release.

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name	Address	Work #	Home #
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Name	Address	Work #	Home#
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Name	Address	Work #	Home #
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Program Permissions: (please circle yes or no)

- My child may go swimming in the YMCA pool: yes no
- Sunscreen may be used on my child at staff discretion: yes no
- Bug Repellant may be used on my child at staff discretion: yes no
- Parent provided diaper cream may be used at staff discretion: yes no
- I authorize any photos taken of my child to be used for program or advertising purposes: yes no

Compliance with State Regulations and Program Policies (please initial)

- _____ A copy of the brochures "Know Your Child Care Center" and (65c-22.006(4-1)) and "The Flu" a Guide for Parents (CF/PI 175-70) has been received
- _____ A copy of the YMCA Youth Development Handbook which highlights policies and disciplinary procedures has been received.
- _____ I understand that if my child will be late to school or absent I must alert the facility by 9am of the change in schedule.
- _____ I understand that if I choose to withdraw from the program I must give a 15-day written notice. My enrollment and draft will remain in effect for the full 15 days including additional fees that may occur during that period. This notice must be received in writing via email for the date stamp.
- _____ I understand that I am responsible for packing a healthy lunch each day for my child that meets four food groups. (protein, dairy, grain, fruit/vegetable)
- _____ I understand that the YMCA does not allow sugary sweets, cakes, cookies, etc... for celebrations due to the HEPA (Healthy Eating and Physical Activity) Standards followed within the Healthy Living facility as part of the mission of the YMCA. Substitutions of fruit and healthy alternatives may be used for birthdays, holidays etc...

Signature	Print Name	Date
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In partnership with Core Health Partners, free developmental occupational, speech and physical therapy screenings will be conducted at the YMCA. The developmental screening will examine the areas of fine motor, visual motor, self-help skills, sensory, attention, speech/language and gross motor skills. The screening is a quick general measure of your child’s development and will provide an overview of your child’s strengths and needs. The screenings can assist parents, caregivers and teachers to know how to best support your child’s school readiness. Early detection and intervention can help your child develop to their full potential and future success in school. If the screening indicates any areas where your child has performed below his/her current age level, you will then have the option to follow up with your pediatrician for a referral for a more in-depth evaluation. The evaluation and therapy treatments are completed on-site at the YMCA.

Screening permission:

The following screenings will be conducted by Core Health Partners in partnership with the YMCA: Developmental screening for fine motor, visual motor, self-help skills, sensory, attention, speech/language, and gross motor skills.

_____ Yes, I give permission for the screening _____ No, I do not give permission for the screening.

Signature

Print Name

Date

The below information assists us with making sure that we are fully serving the needs of our community. In addition, this information is extracted to utilize for grant reporting and is reported to the Y-USA annually. Personal information such as names, addresses, dates of birth, and contact information remains confidential.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more) American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

Home language/primary language in the household: _____

Number of people in your household? _____

Combined Annual Income Amount? \$_____