

## CHILD INFORMATION / EMERGENCY TREATMENT FORM

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**YMCA Member: Y or N**

**Circle School: Spirit Lake Okoboji**

**Parent(s) / Guardian(s) with Whom the Child Resides:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Person(s) to Contact in Case of Emergency if Parent(s) are Unavailable. These people are also authorized to pick the child up from the program.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Medical Information:**

Physician Name: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

**Known Allergies/Medical conditions:** \_\_\_\_\_

Present Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder ID #: \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to be given emergency treatment (first aid and CPR) by a qualified staff member while participating in programming conducted by the Bedell Family YMCA. I also give my permission for my child to be transported by ambulance, aid car / vehicle to an emergency center for treatment, if I cannot be reached.

Preferred Hospital: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

In the event that I, or the person(s) listed below cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physical, dentist, or hospital when deemed immediately necessary or advisable by the physical or dentist to safeguard my child's health. In case of emergency, and if emergency transportation is needed, I agree to pay all costs of transportation and health care.

This consent will be in effect beginning (date) \_\_\_\_\_ and be annually updated by the parent/guardian.

**Signature of the Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of the Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(second year renewal)**

# BEDELL FAMILY YMCA PARENT & GUARDIAN CONSENT/FIELD TRIP & PHOTO RELEASE



I hereby certify that my child is in good health and capable of safe participation, and can participate in the Y Kids Club & Field Trips.

P/G Initials \_\_\_\_\_

I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, and volunteers shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

P/G Initials \_\_\_\_\_

In the event that I, or emergency contact listed on the previous page cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

P/G Initials \_\_\_\_\_

Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

P/G Initials \_\_\_\_\_

I acknowledge that I have received and have read and understand the Parent Handbook.

P/G Initials \_\_\_\_\_

I acknowledge that the YMCA Program is a recreational program and not designated for medical care of children.

P/G Initials \_\_\_\_\_

## Photo/Video Release

I DO\_\_\_(or) I DONOT \_\_ hereby irrevocably release consent and allow the Bedell Family YMCA and it's agent to use my child's photograph/likeness/voice/video, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation for any reimbursement in connections with its use.

P/G Initials \_\_\_\_\_

## **INCLUSION DISCLOSURE**

Check any or all that apply:

Does your child have a Custodial Agreement/Parenting Plan \_\_\_\_\_YES \_ NO  
**(Copy of Court Order Custody Papers Must Be Attached)**

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_YES \_ NO

Does your child have a Behavior Intervention Plan? \_\_\_\_\_YES \_ NO

Does your child have a 504 Student Accommodation Form? \_\_\_\_\_YES \_ NO

**\*A copy of a current IEP/BIP/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my consent on all sections contained within and I understand that it is my responsibility to provide any changes/updates to the YMCA. The information I provided above is accurate and complete.

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_(second year renewal)  
Date

# SCHOOL-AGE ASSESSMENT & HEALTH FORM & IMMUNIZATION DECLARATION

1. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

1. Significant illnesses and surgeries child has had (give age at time):

\_\_\_\_\_

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

\_\_\_\_\_

2. **PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

\_\_\_\_\_

2. Is this child subject to any conditions which limit classroom activities or physical education?

\_\_\_\_\_

3. Is this child subject to any condition which may result in an emergency situation?

\_\_\_\_\_

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

\_\_\_\_\_

5. Other information you would like to share:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING  
IN THE SAME SCHOOL FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:

My signature below certifies that pertinent health information including immunizations and school physicals are available in the school file and can be shared by the school district as needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# MEDICATION SHEET

THIS AUTHORIZATION IS VALID FOR UP TO A MAXIMUM OF 30 DAYS

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

Date: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone No. \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

Please give the above medication (s) as directed below:

Amount to be given _____	At what times given _____
Doses given per day _____	Specified days to be given at the center _____
Method of administration _____	

I (we) the undersigned, give the daycare authorization to administer the prescription/nonprescription medication in the amount and method stated above.

Parent (s) or Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

DATE	MEDICATION	AMOUNT	TIME GIVEN	INITIAL OF STAFF

All nonprescription and prescription medications require a written parental authorization. Each prescription shall be clearly labeled with the child's name, physician's name, name of medication, dosage and time medication is to be given. Non- prescription medications shall be in the original container and labeled with the child's name. For long-term medication, do not send more than one month's supply.

**NOTE:** Place your initials in the box showing the medicine was given. Use an "A" when a child is absent. Use an "O" when medication is not given for any reason. Document the reason the medication was not given and document that the parent was informed.

## Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child) \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:

(Child Care Business) \_\_\_\_\_

to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- ☐ I do not know of any allergies my child has to sunscreen.
- ☐ Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- ☐ I have provided the following brand/type of sunscreen for use on my child:

- \_\_\_\_\_
- ☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

- \_\_\_\_\_
- \_\_\_\_\_
- ☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration Information

## Required Registration Materials

At the time of registration you will be required to provide the following

- ☐ information Completed YKIDS Registration Packet
- ☐ Completed Program Direct Draft Authorization– MUST be completely filled out with current bank account information
- ☐ Receipt of Y-Kids Parent/Family Handbook

Your registration will not be accepted unless all of the required paperwork is turned in at the time of registration. Enrollment Forms and other Required Registration Materials must be submitted in person to the Bedell Family YMCA or either HLPC location. Paperwork that is “dropped” at the Front Desk, faxed, emailed or mailed will not be accepted and your child/children will not be registered.

## Payments

The Bedell Family YMCA requires weekly program fees be automatically withdrawn from a personal checking or savings account. Weekly deduction will begin immediately on your child's first week of service if prepayment is required. If prepayment is not required the draft will start on the first week of care. Fees will be drafted from your account every Monday and cover care for that week. In the event there is no billing on a Monday due to a holiday or other circumstance, accounts will be drafted on Wednesday or Friday. If your payment information changes at any time please visit Bedell Family YMCA Front Desk to complete a new Program Direct Draft Authorization Form.

Your membership status at the time of registration determines the fee for the program. If your membership status changes while utilizing the YKIDS program your weekly fees will be adjusted to match the changes.

Each dishonored or returned bank draft will have a **\$25.00** return service fee \* attached to its redeposit amount. \*The Y reserves the right to withdraw again 5 days from the return notification along with a **\$25.00** return fee. You will be notified by phone before the withdrawal is made.

## Financial Assistance

Financial assistance is available for those who qualify, please visit any of our YMCA locations or go to <http://okobojiymca.com/join-the-y/> for a financial assistance application. Please allow 15 business days for processing.

State funding is accepted for YKids programming. If you are planning on utilizing state funding a child is only eligible to start using YKids once all the necessary paper through the state has been completed and an acceptance letter has been received by the director. If these arrangements have not been made ahead of time you will be charged the appropriate weekly rate and the funds will be drafted from your account with the weekly draft.

## Parent Handbooks

The Parent Handbook outlines the policies and procedures for those families Utilizing YKIDS Programing. We ask that you read through this handbook, familiarize yourself with its contents and keep it for your reference. The Parent Handbook can be found either YKids location, the front desk of the YMCA and online at <http://okobojiymca.com/school-age-programming/>

## Cancellations

Written notice is required 2 weeks prior to the end of the month in order to cancel a child's registration or change the payment information. Please visit the Bedell YMCA Front Desk for a program cancellation/change form.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**REQUEST TO THE BEDELL FAMILY YMCA FOR  
AUTOMATIC BANK DRAFT AGREEMENT FOR: Y KIDS SCHOOL AGE CHILDCARE**

Name of CHILD: \_\_\_\_\_

CHILD ID# \_\_\_\_\_

The bank depositor identified below hereby requests Bedell Family YMCA to establish an automatic bank draft arrangement for each item identified below and to draw deductions weekly under such an arrangement against the bank account identified below in payment of **Y KIDS Billing**.

1. This form is for all Y Kids bank draft arrangements. The arrangement pays for Y Kids program dues.
2. The bank draft arrangement may be terminated by the bank depositor or by the Bedell Family YMCA effective upon receipt of such notice by the YMCA. If the automatic bill pay is terminated, it will be the account holder's responsibility for the payment of fees, except with respect to any fees covered by automatic payment drawn prior to the date of termination. To cancel your automatic bill pay, you must stop by the Member Services Desk no later than 10 days before withdrawal dates and complete a stop payment form and **pay the balance of your Y KIDS BILL.**

\_\_\_\_\_(initial) For my benefit and convenience, I hereby request and authorize the Bedell Family YMCA to charge my bank account an automatic withdrawal payable to the Bedell Family YMCA. This authorization, including yearly **Y Kids** rate increases or deductions, will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that the Bedell Family YMCA shall be fully protected in honoring any such withdrawal. **Y Kids account balances** must be paid in full before this agreement can be cancelled or terminated.

\_\_\_\_\_(initial) In consideration of your agreement with such request and authorization, I agree that the YMCA's treatment of each withdrawal, and YMCA's rights, shall be the same as if it were signed personally by me and that if any such withdrawal be violated, whether with or without cause, the YMCA is not liable whatsoever even though such violation results in the loss of membership. Each violated or returned bank draft will have a \$25.00 return service fee \* attached to its redeposit amount. \*The Y reserves the right to withdraw again 5 days from the return notification along with a \$25.00 return fee. You will be notified by phone before the withdrawal is made.

**Please check one of the following draft options you would like to use for your **Y KIDS'S CHILDCARE BILL**. Balances will be deducted each MONDAY of the week & no later than each WEDNESDAY of the following week.**

<b>SAVINGS</b>	<input type="checkbox"/>	<b>CHECKING</b>	<input type="checkbox"/>	<b>BANK NAME</b>
<b>FIRST NAME on Account</b>		<b>LAST NAME on Account</b>		
_____		_____		
<b>BANK ROUTING #</b>		<b>BANK ACCOUNT #</b>		
_____		_____		
<b>AMOUNT TO BE DRAFTED</b> <u>Prior Weeks Y Kids Balance</u>				

THIS AGREEMENT IS A CONTRACT UNTIL THE **Y KID'S BALANCE** IS PAID IN FULL. IF TERMINATION IS DONE BEFORE PAYMENT OF THE BALANCE IS EXPECTED. THE YMCA WILL ACT ACCORDINGLY FOR COLLECTION OF THIS AGREEMENT EXCEPT WHERE GOOD CAUSE CAN BE SHOWN.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature of depositor(s) as shown on bank records for account to which this authorization is applicable.