

## **COVID-19 Essential Workers Care**

Harrison Family YMCA

PROGRAM FOR SCHO 2020 Enrollment Forms (				Attach Child's Photo Here
A. Participant Informati	-			
Child First Name:	Last Name:			
Date of Birth//	Grade in Aug. 2020:			
Gender: Male	Female Child Lives With:	Mother Fa	ther 🗌 Other	
Employer:				
Parent/Guardian #1				
First Name	Last Name Date of Bi	rth//		
Home Address:	City	St	ate Zip _	
Home Phone:	Cell Phone	Emai	I	
Business Name & Address:		Work Phone		
Parent/Guardian #2				
First Name	Last Name Date of Bi	rth//		
Home Address:	City	St	ate Zip _	
Home Phone:	Cell Phone	Emai	I	
Business Name & Address:		Work Phone		
B. Others Authorized to I	Pick Child Up or Be Notified as N	leeded		
	ur child to those listed on this form, th	ey must provide a photo	ID at the time of pick	up. Contact the Y-
Director to make changes to th #1 First Name	Last Name	Relationship t	o child	
Home Phone.	Cell Phone			
#2 First Name	Last Name	Relationship t	o child	
Home Phone:	Cell Phone			
C. Rate Plan	Please check and select which rate	olan you will be utilizing	for you child.	
DAILY RA	TE: \$35/day		RATE: \$13	5/week
Please circle wh	ich days your child will attend:			
Monday	Thusday			
Tuesday	Friday			
Wednesday				

## D. Participant Health History and Information

Child's Doctor:	Ac	ldress:				
Phone #*	Insurance Company:		Policy Number:			
*This information makes admittance to the r	nedical facility faster and ea	sier.				
Check any conditions that your child has	experienced:					
Asthma Autism Diabet	es Epilepsy/Seizures	ADD/ADHD	Cerebral Palsy/Other Motor Disorder			
Cognitive or Learning Disabilities	Status of Vision, H	Hearing, Speech to Not	e			
Non-Food Allergies (list)						
Food/Milk Allergies (list)						
*If your child has food allergies or dietary re	estrictions, attach a stateme	nt from a medical profe	essional (REQUIRED).			
My child carries an epi-pen, inhaler or o	other medication. (additional	medication form is rec	ղuired)			
Other conditions to note:						
Please provide symptoms and/or special inst	tructions for any condition m	ıarked above. (Additior	nal form is required and notes may be			
attached):						
Is your child currently under a doctor's care	?If so, please explain: _					
Any recent hospitalization and/or surgeries?If so, please describe:						
Is your child currently taking any medication	15? 🗌 Yes 🗌 No If yes, v	what kind and why (unl	ess confidential by law)?			
*If any medication (prescription or over the	counter) is required during Y	program time, a medio	cation form MUST be completed. Please see			
our Medication Policy in the Parent Handboo	ok for more information whic	h can be found here: <u>h</u>	arrisonfamilyy.org or picked up at the Y.			
Check any of the following that relate to	your child:					
Fears we should be aware of:						

An event in your child's life that may have been particularly upsetting:

Social or emotional characteristics you would like to note: \_\_\_\_

Other conditions requiring special care or additional information you feel would be helpful. (additional pages or notes may be attached):

## E. Authorization/Consent

## **Authorization for Medical Attention:**

In case of accident or injury, I understand that my child will be taken to the nearest medical facility. If I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses.