

# SCHOOL BREAK CAMP 2017-2018 REGISTRATION

NAME OF CHILD \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_ AGE \_\_\_\_  
LAST / FIRST NICKNAME

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ FATHER'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_

MOTHER AUTHORIZED TO PICK UP CHILD? \_\_\_\_\_ YES \_\_\_\_\_ NO

FATHER AUTHORIZED TO PICK UP CHILD? \_\_\_\_\_ YES \_\_\_\_\_ NO

OTHER PERSONS AUTHORIZED TO PICK THIS CHILD UP AND/OR AUTHORIZED IN CASE OF EMERGENCY:

**(YOU MUST LIST AT LEAST TWO CONTACTS THAT DO NOT APPEAR ABOVE)**

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ PHONE# \_\_\_\_\_ PHONE# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## **MEDICAL INFORMATION:** (A Medical Action Plan must be completed for any chronic conditions.)

Please list any ALLERGIES:

Please list any medication your child is currently taking:

Is your child currently under a doctor's care? \_\_\_\_\_ If so, please explain \_\_\_\_\_

Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_

Diabetes? No \_\_\_\_\_ Yes \_\_\_\_\_ Convulsions? No \_\_\_\_\_ Yes \_\_\_\_\_ Heart trouble? No \_\_\_\_\_ Yes \_\_\_\_\_

If others, what/when? \_\_\_\_\_

Any recent hospitalization and/or surgeries? If do, please describe

Does your child have any physical disabilities? If so, please describe

Does your child have any mental disabilities? If so, please describe

**PLEASE NOTE: PARENT MUST COMPLETE MEDICAL AUTHORIZATION FORM AND MEDICAL ACTION FORM BEFORE CHILDCARE STAFF CAN DISPENSE ANY MEDICATION TO YOUR CHILD.**

**AUTHORIZATION FOR MEDICAL ATTENTION:**

Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In case of accident or injury, I understand that my child will be taken to the nearest medical facility. If I am unavailable in the event that my child needs medical attention, I hereby give permission to the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses. (Note: The parent/legal guardian should authorize the above listed Physician, at the time of registration, to accept calls from the Harrison Family YMCA for medical attention.)

DATE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

\*INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

\*This information makes admittance to the medical facility faster and easier.

**IMMUNIZATION RECORDS – REQUIRED ONLY FOR CHILDREN AT THE HARRISON FAMILY YMCA PROGRAM**

**A current copy of shot records must be submitted within 3 days of attendance**

**SOCIAL INFORMATION:**

Adjustment problems may occur when entering a new and active environment. Please provide any information that may make this transition easier for your child by completing the following and attach additional information as needed.

FEARS \_\_\_\_\_ EASILY PROVOKED TO ANGER \_\_\_\_\_ YES \_\_\_\_\_ NO

UNIQUE BEHAVIORS \_\_\_\_\_

DISPLAYS ANGER \_\_\_\_\_ SUPPRESSED \_\_\_\_\_ VOCAL \_\_\_\_\_ PHYSICAL \_\_\_\_\_ NON PHYSICAL \_\_\_\_\_

CONTROLLED PEER RELATIONSHIPS: \_\_\_\_\_ SHY \_\_\_\_\_ OUTGOING \_\_\_\_\_ PREFERS INDIVIDUAL \_\_\_\_\_ PREFERS GROUP

PRONE TO WANDER? \_\_\_\_\_ YES \_\_\_\_\_ NO / RESPONDS TO VERBAL INSTRUCTIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO

FOLLOWS BASIC RULES OF SAFETY? \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT METHOD OF DISCIPLINE: \_\_\_\_\_

**Childcare Permission**

I give permission for my child to participate in the activities initialed below. I understand that if I do not initial, he/she will not be allowed to participate

- \_\_\_\_\_ **Climbing Wall**
- \_\_\_\_\_ **Racquetball Room**
- \_\_\_\_\_ **Swimming Pool**
- \_\_\_\_\_ **Soccer Field**
- \_\_\_\_\_ **Family Gym/Main Gym**
- \_\_\_\_\_ **Wellness Walking Track**
- \_\_\_\_\_ **Wellness Studio 1 and 2**
- \_\_\_\_\_ **planned activities outside the fenced area**

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

**\*Please verify emergency contact information is up to date and current with Childcare Office.**