



2017-2018 YMCA SACC Registration

Name of Child: _____

Gender: Male Female

School: _____

Start Date: _____

Age: _____ Birthdate _____

Grade in September 2017: _____

Family's Physical Address: _____
Street

Family's Mailing Address: _____
Street

City State Zip

City State Zip

Primary Parent or Guardian: _____

Secondary Parent or Guardian: _____

(Is Responsible for Payment)

Does this Person reside with the child? Yes No

Birthdate _____

***We cannot limit a biological parent's access to their child without a specific court order which states they do not have access. Interpretations of custodial rights will not be made our program, please review parent handbook for more information.**

Relationship to Child: _____

Relationship to Child: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

****Is there someone who does not have legal access to your child? Yes/No. Please list the name of the person who does not have access to the child: _____. (If Yes, you must submit documentation). ***

Authorized Person for Pick Up/Emergency Notification

You must list a minimum of 3 contacts other than listed above.

Name: _____

Telephone No.: _____

Relationship to Child: _____

Address: _____

Name: _____

Telephone No.: _____

Relationship to Child: _____

Address: _____

Name: _____

Telephone No.: _____

Relationship to Child: _____

Address: _____

Please complete the following questions. Be sure to provide an explanation where needed.			
1	Is your child physically and mentally able to participate in the SACC Program?	Yes	No
	If NO , please explain?		
2	Does your child have any condition requiring special attention medical or routine? (If YES, fill out Child with Special Needs Form)	Yes	No
	If YES , please explain?		
3	Does your child have an Individual Education Plan (IEP) or is being evaluated for one? (If YES, provide a copy of the IEP)	Yes	No
4.	Has your child had an illness/injury within the last year or an on-going condition which we should be aware of?	Yes	No
	If YES , please explain?		
5.	Is your child allergic to bee stings? (If YES , fill out Child with Special Needs Form)	Unknown	Yes
	If YES , does your child require medication if stung? (If YES , fill out Medication Consent Form)	Yes	No
6.	Is your child allergic to any foods? (If YES , fill out Food Allergy Action Form)	Yes	No
	If YES , please explain?		
7.	Is your child allergic to any medications? (If YES , fill out Special Needs Form)	Yes	No
	If YES , please list?		
8.	Does your child have any other allergies (i.e. seasonal, etc.) ? (If YES , fill out Special Needs Form)	Yes	No
	If YES , please list?		
9.	Does your child have asthma? (If YES , fill out Asthma Action Form)	Yes	No
	If YES , does your child require medication? (If YES , fill out Medication Consent Form)	Yes	No
10.	Does your child require medication to be taken at SACC (Please remember to include times during full day programs)? (If YES , fill out Medication Consent Form)	Yes	No
	If YES, please list?		
If your child requires medication, has asthma, or any special needs all forms must be completed prior to the child attending. A Medication Consent Form must be completed for each medication. The medication must be labeled with the child's name, dosage, and expiration date and turned in to the office at the time of registration.			

Please Read, initial in the box to the right, and sign this form at the bottom of the page:

Field Trip Permission: I give permission for my child to participate in the field trips taken by the YMCA School Age Child Care Program. I understand that I will be given prior notice.

Transportation Permission: In the event that a child needs to be transported by administrative staff, for reasons of health, behavior, or safety. I give permission for my child to be transported by administrative SACC staff when other transportation is not available.

Swimming Permission: I give permission for my child to participate in swim while participating at Watertown Family YMCA programs. This permission extends to the pools located in the schools of the Watertown City School District, Watertown City Public Pools, Watertown Family YMCA Downtown Branch, Westcott and Southwick Beaches and Water Safari.

Media Release: I give consent for my child to be photographed or videotaped in program activities that may be used in news releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The YMCA will also make every attempt to notify me of any such use of the likeness of my child.

Medical Treatment (mandatory for participation): In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.

Waiver (mandatory for participation): Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA SACC sites, use of the equipment or facilities and participation in activities, whether on its premises or at another location, and for son/daughter, legal guardian and his/her heirs and assigns hereby waive, release and to hold free from all claims for damages the Watertown Family YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in my son/daughter participating in the programs and activities of the YMCA, and agree that he/she will not participate in any activity that may injure themselves or others.

Memorandum of Understanding (mandatory for participation): I have received, read and understand the Parent Handbook. I understand my and my child's rights and responsibilities contained therein, including the discipline policy. I have completed all the enrollment forms and understand their content. I am aware there is financial assistance available.

Parent/Guardian Signature: _____

Date: _____