

## 2018 Summer SACC Registration



Name of Child: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender: Male Female  
 Start Date: \_\_\_\_\_  
 Grade in September 2018: \_\_\_\_\_

Family's Physical Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

Family's Mailing Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

Primary Parent or Guardian: \_\_\_\_\_  
 (Is Responsible for Payment) \_\_\_\_\_  
 Birthdate \_\_\_\_\_

Secondary Parent or Guardian: \_\_\_\_\_  
 Does this Person reside with the child? Yes No  
 \*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: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 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 <b>NO</b> , please explain?		
2.	Does your child have any condition requiring special attention medical or routine? (If YES, fill out <b>Child with Special Needs Form</b> )	Yes	No
	If <b>YES</b> , 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? (If YES, fill out <b>Child with Special Needs Form</b> )	Yes	No
	If <b>YES</b> , please explain?		
5.	Is your child allergic to bee stings? (If <b>YES</b> , fill out <b>Child with Special Needs Form</b> )	Unknown	Yes
	If <b>YES</b> , does your child require medication if stung? (If <b>YES</b> , fill out <b>Medication Consent Form</b> )	Yes	No
6.	Is your child allergic to any foods? (If <b>YES</b> , fill out <b>Food Allergy Action Form</b> )	Yes	No
	If <b>YES</b> , please explain?		
7.	Is your child allergic to any medications? (If <b>YES</b> , fill out <b>Child with Special Needs Form</b> )	Yes	No
	If <b>YES</b> , please list?		
8.	Does your child have any other allergies (i.e. seasonal, etc.)? (If <b>YES</b> , fill out <b>Child with Special Needs Form</b> )	Yes	No
	If <b>YES</b> , please list?		
9.	Does your child have asthma? (If <b>YES</b> , fill out <b>Asthma Action Form</b> )	Yes	No
	If <b>YES</b> , does your child require medication? (If <b>YES</b> , fill out <b>Medication Consent Form</b> )	Yes	No
10.	Does your child require medication to be taken at SACC (Please remember to include times during full day programs)? (If <b>YES</b> , fill out <b>Medication Consent Form</b> )	Yes	No
	If YES, please list?		
<b>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.</b>			

**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.

**Sunscreen (mandatory for participation)** To ensure the Health and Safety of your child, sunscreen (**lotion only**) must be provided by the parent when enrolling for YMCA SACC Summer Program. Please fill out a **Non-Prescription Over-The-Counter Medication Form**. Sunscreen must be labeled with the child's name, and brought to the SACC office when registering. (SACC is not responsible for ineffective sunscreen)

**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:** \_\_\_\_\_

