



Participant Information: (All information is considered confidential and is necessary to provide proper supervision.)

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

e-mail \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Site: Highland \_\_\_\_\_ New Paltz \_\_\_\_\_

We must have 3 local contact numbers (including yourself) in case of emergency.

#1 Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#2 Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#3 Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Names of adults allowed to pickup your child (everyone needs ID): \_\_\_\_\_

If there is anyone specifically not allowed to pick up your child, please inform the Site Director and the Office staff immediately.

Parents: ( ) Together ( ) Separated ( ) Divorced ( ) Deceased Siblings: \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters  
Guardian Status: ( ) Relative \_\_\_\_\_ ( ) Foster \_\_\_\_\_ ( ) Other \_\_\_\_\_

Will be attending:

	Mon	Tues	Wed	Thurs	Fri	Snow Days
Before School	_____	_____	_____	_____	_____	_____
After School	_____	_____	_____	_____	_____	_____
Before and After School	_____	_____	_____	_____	_____	_____

\*Call office for Half Day Registration.

Interests and Hobbies: \_\_\_\_\_

Dislikes and Fears: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Immunization History: A NEW RECORD OF IMMUNIZATIONS OR LETTER OF EXEMPTION MUST BE COMPLETED AND ATTACHED EACH SCHOOL YEAR. NO APPLICANT WILL BE ACCEPTED WITHOUT THIS DOCUMENTATION. Your Doctor or the School Nurse can fax a copy to us at 256-0327.

Please describe any major injuries or illnesses your child has had in the past (include approximate dates): \_\_\_\_\_

Current medications\*: \_\_\_\_\_ Child's Pediatrician/Phone # \_\_\_\_\_

\*No medications can be administered during program hours.

Allergies: \_\_\_\_\_ Limited Activities: \_\_\_\_\_

The following are optional and used only for demographic reports to funders. No names or addresses are used.  
Ethnicity: Asian \_\_\_ Hispanic/Latino \_\_\_ African American \_\_\_ Caucasian \_\_\_ Native American \_\_\_ Other \_\_\_\_\_

Please read the following carefully and sign where indicated.

- I. I have reviewed payment schedule and will make payment on or before the 1<sup>st</sup> of each month, and understand that a \$25.00 late fee will be assessed for late payments. I understand that if I am late in payment, I will be required to pay through bank or credit card draft. I understand that the YMCA reserves the right to refuse applicants, or terminate enrollment of any child based upon lack of payment.
- II. I have read and signed the Behavior Policy and Parent/Guardian Contract. I understand that the YMCA reserves the right to refuse applicants, or terminate enrollment of any child based upon disciplinary difficulties.
- III. I give permission for my child to be photographed for the sole purpose of promotional materials distributed by the YMCA. These photographs will not be distributed without my consent, and I will not expect any payment or compensation.
- IV. I give permission for my child to be transported by YMCA staff vehicle or bus in the event of a field trip or unavoidable emergency.
- V. I give permission for the above-named child to receive emergency medical treatment in the event of injury while attending School's Out. I will take full responsibility for any consequences of this medical treatment. I give the YMCA permission to approve, choose and secure medical treatment if I cannot be reached in case of any emergency. I realize that YMCA program participants participate at their own risk. Any insurance claims must be submitted to my insurance carrier. My signature indicates understanding and acceptance for items I, II, III, IV and V above.

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_