

Registration Form

Please note-fees are due at the time of registration for program, regardless of the child's attendance

WHAT SHOULD I SEND WITH MY CHILD?

A bag lunch, healthy snacks water bottle, sneakers and outside play clothes (coat, snow pants, boots, hat & mittens) refillable water bottle, change of clothes, & bag to hold their belongings.

Child's Name _____

DOB _____

Please check all days you are registering your child for.

Mon, Feb. 17 _____ Tues, Feb. 18 _____ Wed, Feb. 19 _____ Thurs, Feb. 20 _____ Fri, Feb. 21 _____

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Yes, my child is registered with the YMCA School Age Child Care Program and I would like to use my child's emergency contact and allowable pick-up information on file.

Yes, my child is enrolled in Kindergarten or higher. All participants must be enrolled in at least Kindergarten to attend School Age Child Care Programming. Or They are attending vacation program at the Oneida or Rome YMCA with the PreK waiver

I understand that if my child has a diagnosed allergy or needs medication at program they will need additional paperwork signed by their doctor. I also understand this needs to be completed prior to attending.

Yes you may charge my card on file ending _____

I acknowledge the YMCA program participates in the OCFS Non PT Specific Epinephrine Program and are Opioid Antagonist sites,

I understand I can obtain more information from the Ycare Parent Handbook

Home address

Street _____ City _____ State _____ Zip _____

Parent/ Guardian Information

Parent _____ phone (h) _____ (w) _____ (c) _____

Parent _____ phone (h) _____ (w) _____ (c) _____

Child's Physician

Physician's Name _____ phone _____ Address _____

Preferred Hospital _____ phone _____ Address _____

Emergency contacts that may pick up your child

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Does your child have any conditions or concerns we should be aware of? Including allergies, illnesses, needed modifications or medications?

I give consent for enrolment of my child(ren) in the Vacation week program held at the YMCA of the Greater Tri-Valley, I also give consent for my child to participate in excursions or trips away from the facility. I will allow the YMCA to use my child in photographs or publicity for the YMCA. I understand that if my child is injured that a YMCA incident report must be filled out within 24 hours and Emergency medical care may be given in the event that I can not be reached.

Parent signature _____ Date _____

Please remember to bring photo ID when picking up your child.