

Form A

YAFC (YMCA - now the Youth and Family Center of the Mohawk Valley) School Age Program

Contact Info

Child's Name: _____

Home Address: _____

Phone: _____

Siblings Names /ages: _____

Date of Birth: _____ Age: _____

Gender: ___ Male ___ Female Grade: _____

Allergies: _____

Medical Alert: _____

Mother: DOB ___/___/___

Father: DOB ___/___/___

Name _____

Name _____

Address _____

Address _____

Email: _____

Email: _____

Daytime phone: _____

Daytime phone: _____

Employer: _____ wk# _____

Employer: _____ wk # _____

With whom does your child reside? ___ Both parents ___ Mother ___ Father ___ Guardian

School child attends: ___ Frankfort - Schuyler ___ Little Falls (Benton Hall) ___ Mohawk (Fisher) ___ Ilion (Barr Rd)

Universal Pre K Program: ___ Mohawk (Fisher UPK)

___ SCHOOL YEAR ___ SUMMER M-F _____ am (Drop off) _____ pm (Pick up time)

Alternate arrangements when afterschool activities are cancelled due to inclement weather, etc.

___ Walker ___ # ___ Busser ___ Rider

- I authorize the staff of the Youth and Family Center of the Mohawk Valley to give FIRST AID when appropriate.
- I authorize the Youth and Family Center staff to apply bug spray/ sunscreen/ topical ointment on my child if needed.
- I give permission for my child listed above to go on walking field trips.
- I give permission for my child listed above to be photographed for social and/or promotional purposes as s/he is attending Youth and Family Center activities.

Please check all that apply

I agree to enroll my child in the Youth and Family Center of the Mohawk Valley's childcare program, as indicated above. I understand, by my signature below, that I am contracting for these days and times for my child's participation, and that the weekly fee indicated in the Parent Handbook is due in advance according to the payment schedule included in the Parent Handbook payable to the Youth and Family Center, whether or not I have my child use this time. I am in agreement with and will abide by the procedures and policies stated in the Parent Handbook, which I have received and read.

Parent Signature

Date

Form B
YAFC (YMCA) School Age Program
Emergency Contact/Authorized pick up / Medical Information / Consent

Child's Name: _____

All people who are authorized to **pick your child up** from our day care programs, must be listed below. All authorized people must personally add their signature on this form. **Original signatures are a state requirement** of our day care license and exist for the safety and protection of your child.

*****(We will call parents first; then Emergency Contacts)*** DO NOT INCLUDE PARENT INFO*****

Name: _____ Signature: _____

Phone: _____

Address: _____

Relationship to Child _____

Name: _____ Signature: _____

Phone: _____

Address: _____

Relationship to Child _____

<p>Physician's Name: _____</p> <p>Phone: _____ Address: _____</p>
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Has your child had any illness, allergies, operations, accidents or recent hospitalization? Yes OR No.
If yes, please explain: _____

Additional medical consent forms are required if your child needs an epi-pen or an inhaler.

Form C
YAFC (YMCA) School Age Program
Consent

Child's Name: _____

Does your child require any special attention, medication, or have routines that need to be taken into consideration during their time at our program. We will do our best to meet the needs of your child with the assigned staff, however should your child require additional staffing due to special needs, we reserve the right to limit or terminate services. Is your child enrolled in special education/classes with different staff to child ratios? Yes / No

Please circle

If yes, what is the staff to child ratio? Also, please explain special instructions that our staff may need to be aware of and/or take into consideration:

I understand that every effort will be made to contact me in the event of an emergency requiring medical or dental attention for my child listed at the top of this form. However, if I cannot be reached, I hereby authorize the staff of the YMCA of the Mohawk Valley to transport my child the nearest hospital and to secure my child the necessary medical or dental treatment. Please specify hospital if you have a preference: _____.

Parent Signature

Date