

**Form A**  
YAFC School Age Program  
**Contact Info**

Date rec'd: _____
\$20 Reg fee pd: _____
Accepted: _____
S/w: _____
Start date: _____
_____

Child's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_ Male \_\_\_ Female      Grade: \_\_\_\_\_

Siblings Names /Ages: \_\_\_\_\_

**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 (**pm only**) \_\_\_ Little Falls (Benton Hall) \_\_\_ Mohawk (Fisher) \_\_\_ Ilion (Barr Rd)

**Universal Pre K Program:** \_\_\_ Mohawk (Fisher UPK) \_\_\_ **Summer 2022** Frankfort

Days needed: Please circle- M, Tue, Wed, Thur, Fri

am drop off time: \_\_\_\_\_ 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 YAFC of the Mohawk Valley to give FIRST AID when appropriate.
- I authorize the YAFC 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 YAFC activities.

**Please check all that apply**

I agree to enroll my child in the YAFC 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 YAFC 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 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.

**\*\*\*We will call parents first; then Emergency Contacts**  
**\*DO NOT USE PARENT INFO**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

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 to be completed by your child's physician if your child needs an epi-pen or an inhaler.

**Form C**  
YAFC 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 other than 1:10?    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 YAFC 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