



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SILVER BAY YMCA AFTERSCHOOL PROGRAM ENROLLMENT FORM 2015-2016

## CHILD INFORMATION please fill in each blank completely

LAST NAME \_\_\_\_\_

TEACHER \_\_\_\_\_

FIRST NAME \_\_\_\_\_

GRADE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_

GENDER M F

### PARENT/GUARDIAN 1 INFORMATION

Parent/Guardian 1 will be considered the primary contact for this child.

### PARENT/GUARDIAN 2 INFORMATION

FIRST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

OTHER PHONE \_\_\_\_\_

OTHER PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

## ADDITIONAL PERSONS AUTHORIZED TO PICK UP AND EMERGENCY CONTACTS

NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE	SECONDARY PHONE
NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE	SECONDARY PHONE
NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE	SECONDARY PHONE
NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE	SECONDARY PHONE

**PLEASE NOTE:** If you have a custody agreement that affects a parent/guardian's access to this child, a copy of the legal documentation stating this must be attached with this enrollment form.

## ATTENDANCE

<b>DAYS</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	<b>START DATE</b>
<b>CHECK IF ATTENDING</b>						<b>END DATE</b>

## BILLING AND PAYMENT

<b>DAILY RATE</b>	\$20 PER CHILD
<b>WEEKLY RATE</b>	\$56 PER CHILD

If applying for financial aid make sure to include a copy of the custodial parent/guardian's most recent Federal Income Tax form.

## MEDICAL AUTHORIZATION AND IMMUNIZATION INFORMATION\*\*

This information is required by law and must be submitted prior to your child's first day of Afterschool

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to the Silver Bay YMCA Staff to act for you, in your absence regarding the treatment of your child. If your child needs unexpected medical treatment the Silver Bay YMCA Staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists, a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health. **I, being the parent of custody and/or legal guardian of the minor named, do hereby appoint SILVER BAY YMCA STAFF at 87 Silver Bay Road, Silver Bay NY 12874 to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence. I have read and understand the authorization for medical treatment.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*PLEASE SUBMIT A COPY OF YOUR CHILDS IMMUNIZATION RECORDS PRIOR TO THEIR FIRST DAY OF AFTERSCHOOL!** *These records cannot be pulled from previous years.*

## CONSENTS AND AUTHORIZATIONS

I understand and agree to the policies, procedures, and code of conduct outlined in the After School Program Handbook.	Y	N
My child can participate in walking field trips and activities on School Grounds	Y	N
I will inform Program Staff when I cannot be reached at the numbers or address listed on this form OR when my address or contact information changes permanently.	Y	N
I will inform Program Staff, in writing, if my child will be ending the program earlier than what is listed on this form under End Date	Y	N

I understand program participants may be photographed for publicity purposes and that if I do not wish my child to be photographed, a Do Not Photograph request must be submitted, in writing to the Silver Bay YMCA Marketing Director, prior to my child's first day in the Afterschool Program

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_