



Parent FAQs

STAFF? Child care and day camp staff are all CPR/First Aid certified and meet the state licensing child care requirements including a state fingerprint clearance. All have previous experience in child care, group work, sports, coaching, teaching or camp and all receive training specific to YMCA program requirements.

RATIO? We have a minimum ratio of 1:20 (one staff to every 20 children). The YMCA coordinator, director or center supervisor will be present and not counted in the ratio.

HOURS? After school until 6:00pm Monday through Friday during school days. And 7am – 6pm, Winter break, Spring Break, Rodeo Days and on some other school holidays and grading days.

SHUTTLE? Your child will be picked up from the “child care pick up” area at school and transported to the Jacobs City YMCA Program Center every school day. You must contact the YMCA at 888-7716 before 11:00am each day if your child will not need transportation.

HOLIDAYS? We are closed on Labor Day, Thanksgiving and the day after, Christmas Day, New Year’s Day, Martin Luther King Day (Civil Rights Day), Memorial Day. These are state holidays. We do not provide credits for holidays.

MEALS? We provide an afternoon snack between 2:30-3:30pm Monday through Friday.

MEDICATION? Please complete a medication form if your child needs medication while at the YMCA. We can ONLY give prescription medications from a prescription bottle. We cannot give children over-the-counter medications unless a note written by your doctor is provided that includes dosage and frequency. If your child has an *IEP* or *BMP* with their teacher, counselor, doctor or school you are required to provide the YMCA Child Care Program with a copy before the first day of child care services.

BEHAVIOR? We want your child to have a good time at the YMCA. Good behavior is a requirement of everyone who goes to Camp or Child Care. For the good of all, the YMCA reserves the right to send children home if behavior becomes a problem and you will need to arrange to pick up your child. The following are examples of why a child might be sent home: fighting, verbal or physical abuse of self, staff, children or facilities, disrespect for staff or the guidelines of the YMCA. **There are no refunds for children who are sent home from camp or child care.**

CALLING HOME? Due to the activity level at the YMCA children are not able to come to the phone. We also try to persuade children not to call home while they are at the YMCA. We find that these types of calls can cause feelings of homesickness more than if the child remains with the group and involved in activities.

ABSENCES / SICKDAYS / CANCELLATIONS? Children are registered for the entire semester of services. Your account will not be credited for absences. DES Child Care provides two absences per month to families receiving DES Child Care services; DES families are responsible for payment of additional absences at the full regular rate. Full Pay families receive one credited absence per month (full pay absences may be taken monthly or used collectively as they accrue).

FAMILY NIGHTS? Throughout the year Jacobs City YMCA and the Lohse Family YMCA will offer “Family Fun Night” events. These events are open to you and your children. Many of these events are FREE and a great way to spend fun time with your kids!

Thank you for helping us build and safe and fun environment for the children and staff in our programs.



Please <u>DO</u>	Please <u>DO NOT</u>
<ul style="list-style-type: none"> ▶ Wear tennis shoes, shorts/pants, t-shirts, socks, comfortable clothes (we will be running and playing every day!) ▶ Label your child's clothing and any other belongings with first and last name so we can match them up at the end of the day! ▶ Bring a water bottle that can be refilled. We have water available in each room for children to drink and refill their bottles. ▶ Sunscreen, sunscreen, sunscreen! We can't say this enough! It's Arizona and we all need to protect our skin. ▶ Bring a backpack for your belongings. ▶ Wear a happy face and a good attitude! We try our best to make this a positive and un environment for all! ▶ Remember to check Lost & Found weekly for items you may have left behind. ▶ Ask any front desk staff member if you have questions! ▶ Remember your homework daily. Bring it home from school and take it home from the YMCA. 	<ul style="list-style-type: none"> ▶ Do not bring toys – we have plenty of fun games and activities. We also have many toys for children to play with! ▶ Do not bring electronic devices of any type. No radios, CD's, iPods, CD players, Walkmans, Gameboys, phones, PSPs, etc. ▶ YMCA is not responsible for lost, stolen, missing, forgotten, misplaced electronic items or toys. ▶ <u>Do Not bring a cell phone.</u> Our staff members have cell phones and walkie-talkies to use in the case of an emergency and to communicate with each other as needed. ▶ No clothing showing 'bad' words or images, no gang symbols, alcohol, tobacco or drug related symbols, pictures, words, etc. ▶ Clothes should be age appropriate and in sizes that fit children for comfort and movement. ▶ Do not wear short skirts, hot pants, etc. We may require that your child wear shorts under a skirt if the skirt is too short. No "spaghetti straps" (we run and jump a lot during camp and don't want anyone to be embarrassed!) ▶ There may be other items that are not appropriate for camp time, please review your parent handbook.

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We hope you enjoy your time at YMCA and look forward to building great memories with you and your family!

Jacobs YMCA School Age Child Care

Child's Name: _____ Date of Birth: _____ / ____ / ____

School: _____ Grade: _____ Date Child will Start Program: _____

Registration Fees (must be paid at the time of registration):

- Annual Program Membership \$15.00 each child ~ due at time of registration ~ good for one year
- Registration Fee \$20.00 each child – one time registration fee

Package A - 5days / week	Fun Days
School Dismissal - 6:00 pm ~ includes early release days	<i>Child Care available from 7am-6pm on most grading days, school holidays, Rodeo Days, Spring Break and Winter Break. Requires separate registration and additional fees.</i>
\$60.00 per week	\$23.00 per day

Schools served: (shuttle service provided from these schools with minimum of 5 children per school)

Amphi School District	Flowing Wells School District	Tucson Unified School District	Other Schools
Nash, Prince, Lulu Walker, Rio Vista, Keeling, La Cima	Centennial, Homer Davis, Walter Douglas	Robins, Brichta, Tully	Academy of Math and Science Sonoran Science Academy

Permission to Transport and Sign-In/Sign-Out Child(ren):

- Permission to Pick Up from School:** I (we), the parent(s) /guardian(s), give the staff of the Lohse Family/Jacobs City YMCA permission to pick up my child at school and transport him/her to the Jacobs YMCA Program Center at 1010 W. Lind, Tucson, AZ. I (we) also give permission to the YMCA staff to sign-in our child(ren) at the program center for the current school year..

Homework Preference:

- Yes, I do want my child to do homework at the YMCA. I understand that my child will be asked and it will be noted when they tell the YMCA staff that they do not have homework.
- No, I do not want my child to do homework at the YMCA.

Notice to Parents regarding children with I.E.P / Special Needs:

If your child has an I.E.P. (Individual Education Plan) with their teacher, counselor, doctor or school you are required to provide the YMCA Child Care Program with a copy before the first day of child care services.

Notice to Parents regarding children with B.M.P. / Special Needs:

If your child has a B.M.P. (Behavior Management Plan) with their teacher, counselor, doctor or school you are required to provide the YMCA Child Care Program with a copy before the first day of child care services.

Parent Handbook Acknowledgement:

The parent/guardian of the child (ren) named above has received, read and fully understands the policies and procedures governing the child's participation in the Lohse Family YMCA Jacobs City YMCA Program Center - School Age Child Care Program. The opportunity to ask questions about these policies and procedures is ongoing, but was explained to me before I enrolled this child. I fully understand what is expected from us and what services to expect from the YMCA. I understand the fees and agree to pay all fees associated with my child's participation in this program.

Parent Name: _____ Signature: _____ Date: _____

All of the following information must be complete and submitted to the YMCA prior to your child starting the program. The YMCA staff will check off items as they are received.

YMCA STAFF USE ONLY:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Registration Form <input type="checkbox"/> Membership Form (only if new to YMCA) <input type="checkbox"/> Liability Waiver (only if new to YMCA) <input type="checkbox"/> Deposit Guidelines/Permission Slip Form <input type="checkbox"/> Personal History Questionnaire <input type="checkbox"/> Emergency/Immunization Card (BLUE CARD) <ul style="list-style-type: none"> <input type="checkbox"/> Dr / Hospital Info complete <input type="checkbox"/> Two emergency contacts <i>other than</i> guardian | <ul style="list-style-type: none"> <input type="checkbox"/> Photocopy of Immunizations <input type="checkbox"/> DES <input type="checkbox"/> Other/Notes: _____ <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <ul style="list-style-type: none"> <input type="checkbox"/> Entered in AS400 <input type="checkbox"/> Gave Handbook & Other Materials <input type="checkbox"/> Mailed Handbook & Other Materials <input type="checkbox"/> Staff _____ |
|--|--|

Jacobs YMCA School Age Child Care Program: Individual Child - Multiple Fieldtrip Permission Slip

My Child _____ has permission to attend the field trips on the dates, times and locations listed on both sides of this sheet while he/she is enrolled in the School Age Child Care Program. **Program Site:** Jacobs YMCA Community Center

Parent Signature: _____

Date: _____

Fieldtrip / Location	Fieldtrip Address	Fieldtrip Date	Fieldtrip Purpose	Departure Time	Return Time	Fieldtrip Special Instructions
Jacobs Park	3300 N. Fairview	01/05-01/09/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	01/12 – 01/16/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	01/19 – 01/23/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	01/26-01/30/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	02/02-02/06/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	02/09-02/13/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	02/16-02/20/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	02/23-02/27/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	03/02/-03/06/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	03/09-3/13/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	03/16-03/20/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	03/23-03/27/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	03/30-04/03/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	04/06/-04/10/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	04/13-04/17/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	04/20-04/24/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	04/27 – 05/01/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	05/04-05/08/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	05/11-05/15/2009	Basketball, Playground, Group Games	12:00p	5:00p	
Jacobs Park	3300 N. Fairview	05/18 – 05/22/2009	Basketball, Playground, Group Games	12:00p	5:00p	



CHARGES, FEES AND PAYMENT REQUIREMENTS FOR CHILD CARE SERVICES ~ School Age Child Care Spring 2009

- Registration Fees.....** A registration fee of \$20.00 per child is due at the time of registration. This is a one-time fee for the Jacobs City YMCA School Age Child Care Program.
- Late Pick-Up Fees.....** A late charge of \$5.00 per child, per minute, will be charged after the programs regularly scheduled hours. Hours of operation are clearly stated under the program descriptions. Consideration may be given to emergencies called in by telephone. When late, you will be required to sign and date the Late Pick-Up Receipt.
- No Call / No Show.....** The Jacobs City YMCA Program Center must be notified no later than 11:00 am if your child will be absent from child care or will for other reasons not need transportation from school to the YMCA. A late charge of \$5.00 per child may be added to your account each day that your child is absent from the shuttle without notice. Consideration may be given to emergencies. You can contact the office at 888-7716.
- Regarding Absences.....** Children are registered for the entire semester of services. Your account will not be credited for absences. DES Child Care provides two absences per month to families receiving DES Child Care services; DES families are responsible for payment of additional absences at the full regular rate. Full Pay families receive one credited absence per month (full pay absences may be taken monthly or used collectively as they accrue).
- Late Payments.....** **A \$10.00 fee will be assessed to all payments not received or postmarked by the due date. Payments are due on Monday of each week and are considered late after 6pm.**
- Reinstatement Fee.....** ***A reinstatement fee of \$25.00 will be charged at the time of re-enrollment if the child has been dis-enrolled for any reason before the regular end of the semester.***
- Insufficient Funds.....** Returned checks will be charged a service fee of \$25.00.
- Withdrawal Notice.....** A **one-week written notice** must be submitted to cancel child care services. Failure to do so will result in additional weeks fees charged to your account.

Attention DES Clients:

The Jacob/City YMCA must receive DES authorization prior to your child's attendance. The authorization must name the Jacob/City YMCA as provider. **A DES rate agreement must be signed before or on your child's first day of the program.** The parent, as indicated in the Parent Handbook, must pay any fees or additional costs not covered by DES (deposits, or absent days). DES allows you two absent days in a month. After the second absent day you will be charged for each absent day in that current month according to your signed DES Rate Agreement.

Child's name: _____ Parent signature: _____

Membership Information

PRIMARY MEMBER

Primary Member Name (Please Print) Mr. Mrs. Ms. _____ Jr. Sr. 3RD 4TH
 First _____ M.I. _____ Last _____
 Nickname _____ Date of Birth _____ Male Female
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____ E-Mail _____
 Emergency Contact _____ Phone _____
 (Other than your household)

SECOND ADULT

2nd Adult Name (Please Print) Mr. Mrs. Ms. _____ Jr. Sr. 3RD 4TH
 First _____ M.I. _____ Last _____
 Nickname _____ Date of Birth _____ Male Female

DEPENDENT(S)

Dependent(s) Name (Please Print)
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female

MEMBERSHIP TYPE

Adult _____ Family _____ Young Adult (8-21 yrs) _____ College Student _____ Winter Visitor _____ Program _____

PAYMENT OPTIONS & TERMS

I authorize the below named financial institution to honor drafts by the YMCA of Metropolitan Tucson on the account indicated below for membership, program or annual support campaign payments. It is understood that my monthly bank draft **will continue until written notice of cancellation is given**. Should any draft not be honored by my financial institution, I understand that cash payment and a \$25 service charge are due immediately. Any change, deletion or **cancellation must be submitted in writing**. If changing, deleting or canceling a membership, I must include my membership card(s) along with my written notice. Failure to give a 30 day written notice will make the subsequent draft(s) non-refundable. **Changes or cancellations cannot be made by telephone**. A deposit slip or voided check is required if using a savings or checking account. I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay, upon at least 30 days advance written notice.

Monthly EFT Bank Draft – Full Name of Bank _____ City _____

OR _____ Checking Savings Account # _____

Monthly EFT Credit Card Draft- Visa MasterCard American Express
 Card # _____ Expiration Date _____

OR Name of Issuing Bank _____

Prepaid (Annual) Membership Term _____ Renewal Date _____

AUTHORIZATION SIGNATURE

Signature (as you sign your checks) _____

Date _____ Staff Initials _____

EFT PAYMENT SUMMARY

Begins on ____/____/____
 \$ _____ Per Month
 \$ _____ Parking
 \$ _____ (Other) _____
 \$ _____ **Total EFT**



YMCA of Metropolitan Tucson
RELEASE and WAIVER OF LIABILITY and INDEMNITY
and PHOTO/TALENT RELEASE AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN (hereinafter referred to as "the undersigned") HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. PHOTO/TALENT RELEASE I hereby irrevocably release, consent and allow the YMCA of Metropolitan Tucson and its agents to use my photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talent release_____)
5. MEMBER CONDUCT I agree to abide by all rules and regulations of the YMCA of Metropolitan Tucson, and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
6. PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
7. INSURANCE I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
8. MEDICAL RELEASE I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Date:_____ Signature of Applicant:_____ Print Name:_____



PERSONAL HISTORY

Please answer the following questions that will help us to better know your child.

Child's Name _____ Age _____ Birthdate _____
Parent/Guardian _____ Language normally spoken at home _____
Other people/children in Household _____

CHILD'S GROUP EXPERIENCES (sports teams, child care, church groups, etc)

What group activities has your child had? _____ Does/did your child enjoy it? Yes No

CHILD'S INTEREST AND ACTIVITIES AT HOME

How does your child relate to other children? _____
Who does your child prefer to play with? Alone, children, siblings, imaginary friends, etc.? _____
Child's favorite outdoor activities? _____
Child's favorite indoor activities? _____
Child's favorite toys/play equipment _____
Child's favorite books? _____
Does your child very afraid of anything? Yes No
If yes, why/what? _____
What pets, does your child have? _____
How many hours of TV does child watch daily? _____ What programs? _____

EATING AND SLEEPING HABITS

My child's eating habits are ___good ___average ___ poor
Is your child on a special diet? Yes No If Yes, explain _____
At what meal is child hungriest? _____ What foods does your child dislike? _____
Any foods your child should not eat for medical, religious, or personal reasons? _____

Does your child nap during the day? Yes No If yes, when? _____

GUIDANCE AND BEHAVIOR

Would you say your child is: easily managed normally managed difficult to manage
Any special circumstances in the family, which may affect child's behavior? (Death, separation, divorce, etc.)

What concerns do you have about your child's present behavior? _____

What are you doing about these concerns? _____

Please add any additional comments which will help us know your child: _____

Has child been in childcare program before? Yes No

Where was child care and why are you changing? _____

Notice to Parents regarding children with I.E.P / Special Needs: If your child has an I.E.P. (Individual Education Plan) with their teacher, counselor, doctor or school you are required to provide the YMCA Child Care Program with a copy before the first day of child care services.

Notice to Parents regarding children with B.M.P. / Special Needs: If your child has a B.M.P. (Behavior Management Plan) with their teacher, counselor, doctor or school you are required to provide the YMCA Program with a copy before the first day of child care / day camp services.

SWIM SKILLS

Child's Name _____

Child's Age: _____

As you know an integral part of our summer camp is **SWIMMING**. Color-coded wristbands will identify your child. These wristbands will assist the lifeguards and YMCA staff in keeping your child safe and providing your child a positive swim experience.

Please take a few moments to answer the following questions and inform us of your child's swimming skills.

Do you want this child to swim as part of the YMCA Program when trips are scheduled? ____Yes ____No

Does this child have a disability or require special attention while in the pool? ____Yes ____No

If yes, please explain _____

Are there medical reasons why this child cannot participate in swimming activity? ____Yes ____No

If yes, please explain _____

Does the child have the audio ability to understand safety and pool rules? ____Yes ____No

Does the child wear glasses to see? ____Yes ____No

Does the child use floaties or vests while in the pool? ____Yes ____No **Floaties, toys and vests are not allowed in the pool.*

Can the child hold his/her breath under water? ____Yes ____No

Is the child able to paddle 15 feet? ____Yes ____No

Is the child able to swim 30 feet? ____Yes ____No

Does the child have the ability to swim the length (20-25 yards) of the pool unassisted? ____Yes ____No

Parent / Guardian Signature _____

Date ____ / ____ /09

Please ask a YMCA staff member for details. After School child care swimming activities will be announced as they occur. Swim lessons are available at your local branch by registration.



Family Survey

- How did you hear about the YMCA After School Program? TV Newspaper Bear Essentials Radio
Billboard / Bus Stop Came to Camp/After School Last Year Other _____
- Does your child participate in any other YMCA Programs? Basketball Itty Bitty Sports Gymnastics
Swim Lessons Cheerleading After School Program Other _____
- Do you / your household members participate in any YMCA Programs? Fitness Center Adult Sports League
Fitness Classes (yoga, aerobics, etc.) Personal Training Other _____
- Did you receive any of the following about YMCA Day Camp? Postcard at home Flier at school Other _____
- Why did you choose the YMCA for After School? Location/Convenience Cost Activities/Fieldtrips
YMCA Reputation Past YMCA Experience T-shirt Other _____

Thank you for your time and participation with the YMCA! We look forward to a fun summer with your family!

Emergency Information and Immunization Record Card

Child's Name: _____

Date Enrolled: _____ Updated: _____

Home Address: _____
Street City State Zip

Date Disenrolled: _____

Home Phone: _____

Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

Father or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company _____
(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name Signature Date: _____

Immunization Information

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 – 3 months	#1	#1	#1				
4 – 5 months	#2	#2	#2	#2			
6 – 11 months	#3		#2 - #3 ¹				
12 – 14 months		#3	#1 - #4 ²	#3		#1	#1
15 – 59 months	#4						
24 – 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY /YR

Updated immunizations received and attached

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY /YR

Medical Information

Is child allergic to food or other substances? No Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? No Yes _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)