



Safe 'n Sound

A before- and after-school program • Safe 'n Sound Days-Off • Teen Extreme Days-Off

2010/2011 Enrollment/Emergency Information Form

(Please Print)

Start Date: _____ Program (circle one or both): Before School After School
School: _____ Grade 10/11: _____ Birthdate: _____

Id Number: _____
Code: _____
Handbook Provided: _____

Child's Name: _____

Gender (circle one): M F Race/Ethnicity: ___Asian ___Hispanic ___Black ___White ___Other _____

Home Address: _____

City: _____ Zip: _____ Parent e-mail address: _____
The e-mail address will be used to send receipts and other important program information.

Home Phone: _____ Child lives with: Both Parents Mother Father Other _____

Mother/Guardian: _____

Race/Ethnicity: ___Asian ___Hispanic ___Black ___White ___Other _____

Business Name & Address: _____

Work Hours: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Other: _____

Father/Guardian: _____

Race/Ethnicity: ___Asian ___Hispanic ___Black ___White ___Other _____

Business Name & Address: _____

Work Hours: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Other: _____

Siblings: name _____ age _____ name _____ age _____

Emergency Contacts Other Than Parent/Guardian and Persons Authorized to Pick Up My Child

I, _____ authorize the YMCA to release my child to the following persons when I am unavailable. I understand that I must inform the YMCA Safe 'n Sound program office of any changes to this list. They must show valid photo I.D.

Name	City	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Registration – I understand that the registration fee is non-refundable. If for any reason my child is dropped from the Safe 'n Sound program, my spot will be lost, and I will need to pay the registration fee to re-register and that registration will be subject to space availability.

Monthly Payments – I understand that monthly payments are due one month in advance, on the 20th of the month, unless I have set up an automatic draft. Payments must be made on time in order for my child to attend the Safe 'n Sound program.

2-Week Notice – I understand that if I drop my child from the program and don't give a two week notice, I will be responsible for paying those two weeks.

Signature of Parent/Guardian _____

HEALTH HISTORY

Please list any allergies your child has including food, and their symptoms. _____

What special aids, devices, or medication does your child require during the program hours? Please obtain the additional medication form so it may be administered.

Describe any of your child's current health conditions requiring medical attention, treatment, or special restrictions or considerations while at Safe 'n Sound _____

SOCIAL CHARACTERISTICS

How would you describe your child's personality? (i.e. aggressive, friendly, shy, withdrawn, sociable, etc.) _____

Does your child know how to swim (this is for Days-Off purposes only)? Yes No

Does your child have any special needs that we should be aware of to better understand and be able to work with your child? (Please be specific.) _____

Does your child have any fears that we should be aware of? (i.e. storms, dogs, etc.) _____

How does your child behave when angry or upset? _____

What is the best way to make him/her feel better? _____

In what ways can we work together to help your child in such areas as sharing, speaking, accepting corrections, assertiveness, listening or following directions? _____

Is there anyone working with your child with whom you would like us to have contact? (i.e. doctor, classroom teacher, social worker, etc.) _____

Have there been any events in your child's life that have been particularly upsetting? _____ Explain: _____

Parent/guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Heritage YMCA Group, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Heritage YMCA Group, and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents.

Signature of Parent /Guardian



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Consent/Release Forms

Emergency Care

I hereby authorize the staff of the Safe 'n Sound before- and after-school program of the Heritage YMCA Group to secure emergency medical care for my child _____ when I cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon receipt of the statement. _____ is our preferred doctor/clinic/hospital. Please advise medical personnel that I carry the following medical insurance plan: _____, policy # _____.

Signature of Parent/Guardian _____ Date _____

Child's Doctor: _____ **Phone:** _____

Emergency First Aid

The only first aid measures taken at the program are as follows: Bump or bruise - apply ice as needed; cut or scratch - clean with soap and water, bandage; nose bleed - apply pressure. If further care is needed, we will notify a parent/guardian.

Signature of Parent/Guardian _____ Date _____

Consultation of Support Services

I hereby authorize the staff of the Safe 'n Sound before- and after-school program of the Heritage YMCA Group to consult with support services involved with my child when such consultation is deemed appropriate. Support services may include my child's teacher, social worker, nurse, principal, or appropriate community service worker.

Signature of Parent/Guardian _____ Date _____

Please list support services we should contact: _____

Trips, Excursions and Public Park Facilities

I authorize the representatives of the Safe 'n Sound before- and after-school program of the Heritage YMCA Group to take my child on walking trips, special excursions, and to nearby park facilities. I also authorize the child to ride as a passenger in the vehicle contracted by the Heritage YMCA Group. I understand that all such trips are under the supervision of YMCA staff members and that health and safety precautions are taken. Staff will always notify parents before taking such a trip.

Signature of Parent/Guardian _____ Date _____

Photographs and Video

I authorize that the Heritage YMCA Group has my permission to photograph or videotape my/our child for purposes of program promotion or publicity.

Signature of Parent/Guardian _____ Date _____

For the protection of your child, please read, sign, and return the following to the Safe 'n Sound office before your child begins attending the program:

PARENT STATEMENT OF UNDERSTANDING

- I understand that Safe 'n Sound staff and volunteers are not allowed to baby-sit children at any time outside of the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave my child at the Safe 'n Sound before- and after-school program or days-off program site unless I have signed in with a Safe 'n Sound staff person.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person picking up my child must have been authorized by a parent/guardian and must present a valid picture I.D.
- I understand that should an authorized person arrive to pick up my child and appears to be under the influence of alcohol or drugs, the staff will report this person to the police.
- I understand that only a court order of protection will prohibit a non-custodial parent from picking up his/her child even if he/she has not been listed as an authorized person.
- If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child's participation in the program.
- I understand that failure to pay all fees on time including late fees for services rendered may result in termination of services.
- I understand that in the case of a divorce, the custodial parent is responsible for all payments.
- I understand that YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I am responsible for following the policies and procedures outlined in the Safe 'n Sound Parent Handbook.

I, _____ have read and understand the polices listed above.

I, _____, verify that all the information provided on this form is correct, and I understand that I must inform the YMCA if any of this information changes.

Signature (parent/guardian)

Date