



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUMMER VACATION DAYS

**BEFORE & AFTER SCHOOL**

## Association Child Care Services

Downtown Center: May 22-25, 6:30am-6:00pm

### Cost:

- \$40/child/day Members
- \$55/child/day Non-member

### Activities will include:

- Welcome Summer
- Swimming
- Outdoor Games

### Location:

**Downtown Family Center**  
207 N. Nevada Ave.  
Colorado Springs, CO 80903



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### Call your local Center for more information.

Parents please make sure you dress your child for the weather.

In order to register please complete the registration form on the backside of this page and attach a current immunization record.

Financial Assistance is available through the Y Assist Program.

## WHAT TO BRING

*2 Healthy Snacks provided daily*

- Sack Lunch
- Proper Clothing
- Close-toe Shoes
- Waterbottle
- Sunscreen

### Association Child Care Services Office

316 N. Tejon St., Colorado Springs, CO 80903

e-mail: [sacc@ppymca.org](mailto:sacc@ppymca.org)

website: [www.ppymca.org/child-care](http://www.ppymca.org/child-care)

### Our Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



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# REGISTRATION FORM

## BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

START DATE: \_\_\_\_\_

**Please check the program that you are registering for:**

- Before School Only
- After School Only
- Before and After School

**Please check the plan you will be using:**

- Standard Plus
- Standard Plan
- Part Time
- Drop-In

**CHILD:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**1<sup>st</sup> PARENT/GUARDIAN:**

Name: \_\_\_\_\_ Authorized to Pick Up:  Yes  No

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_  Please do not contact me by e-mail.

Company/Employer Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

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

**2<sup>nd</sup> PARENT/GUARDIAN:**

Name: \_\_\_\_\_ Authorized to Pick Up:  Yes  No

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_  Please do not contact me by e-mail.

Company/Employer Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Best Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY CONTACT/AUTHORIZED PICK-UP:**

Please list anyone allowed to pick-up your child. Identification by photo ID may be required at any time.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Second Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Second Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**ADDITIONAL INFORMATION:** Please take the time to answer the questions below to help the YMCA determine the needs of your child and family. You are not obligated to answer, but we would appreciate any information you are willing to provide.

1. How does your child get along with other children?
2. Does your child have any fears?
3. What would you like your child to gain from his/her experience in the Before and After School Program?
4. Any special instructions?

**IMMUNIZATIONS:** A current copy of your child's immunization records is required for registration.

**HEALTH HISTORY: (Write Yes or No & give approximate dates; write N/A if not applicable)**

Frequent ear infections _____	Chicken Pox _____	Hay Fever _____
Heart defect/disease _____	Measles _____	Ivy Poisoning _____
Convulsions _____	German Measles _____	Insect Stings _____
Diabetes _____	Mumps _____	Penicillin _____
Bleeding/Clotting disorders _____	Mononucleosis _____	Asthma _____
High Blood Pressure _____	Epilepsy _____	Foods _____
ADD _____	ADHD _____	Other: _____

Allergies: \_\_\_\_\_

Disability or chronic or recurring illness: \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Current medication: \_\_\_\_\_

My child may participate in all YMCA activities except: \_\_\_\_\_

**Physician:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Don't have a current doctor please use closest available: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Don't have a current dentist please use closest available: \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Closest Available: \_\_\_\_\_

**Required Insurance Information:** If child is not insured by parents/guardian, please indicate name of person child is insured by: \_\_\_\_\_  My child does not have insurance.

**Insurance Company:** \_\_\_\_\_ **Policy/Group #:** \_\_\_\_\_

I would like information on obtaining affordable health insurance for my child.

**PARENT/GUARDIAN AUTHORIZATION:** I understand that my insurance policy is considered as primary coverage and that the YMCA's is secondary. I understand that before I submit a claim to the YMCA's insurance company, I must first submit a claim to my company. A statement of allowed expenses from insurer should be given to the YMCA as soon as possible. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities including field trips except as noted above. The undersigned hereby agree to hold harmless and indemnify the YMCA of the Pikes Peak Region and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

**SUNSCREEN RELEASE:** I hereby give permission for the staff of the YMCA of the Pikes Peak Region, to provide SPF30 sunscreen for my child to self – administer while participating in the YMCA programs. I understand that any prescription/over the counter medication must be given to the YMCA staff upon arrival to the program. I also understand that a Medication Release Form must be filled out and signed by a doctor each time I bring a medication to the program. **I understand that, at no time, may any child have any sunscreen of any type in their possession.** Time will be set aside for children to self-administer sunscreen twice daily and additionally when necessary. The YMCA is very concerned about dehydration and sunburns at camp. Please provide a water bottle with you child's name and one bottle of sunscreen for kids, SPF 30 with your child's name to be given to the staff on the first day in the program.

**TRANSPORTATION AUTHORIZATION:** I hereby give permission to the YMCA to transport my child on YMCA provided transportation which includes buses, vans, and walking.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**