

Application Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Membership Date: \_\_\_\_\_ Youth \_\_\_\_ Family \_\_\_\_ Registration Paid: Yes \_\_\_\_ No \_\_\_\_ Waived \_\_\_\_

<b>Program Participant:</b>		First Name:		Last Name:	
<b>H O M E</b>	Address:		___ Male ___ Female		Date of Birth: _____
	City:		State:	Zip:	Phone:
	School:	Grade for next school year:		Shirt Size:	Child lives with:

<b>P A R E N T O r G U A R D I A N</b>	First Name:		Last Name:		
	Address:				
	City:		State:	Zip:	
	Phone:		Cell Phone:		
	Email address:				
	Employer:				
	Job Title:		Work Phone:		

**EMERGENCY CONTACT** (other than parent/guardian) List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and be able to take responsibility for the child in case you cannot be contacted.

First Name:	Last Name:	Relationship to the child:
Phone:	Cell Phone:	

Is there anyone who CAN NOT pick-up your child?:

A U T H O R I Z E D P I C K - U P	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	
D P I C K - U P	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	

A U T H O R I Z E D P I C K - U P	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	
D P I C K - U P	First Name:	Last Name:
	Phone:	Cell Phone:
	Relationship to the child:	

**Preferred Hospital or Medical Center:**

D O C T O R	First Name:	Last Name:	
	Address:		
	City:	State:	Zip:
	Phone:	Fax:	

D E N T I S T	First Name:	Last Name:	
	Address:		
	City:	State:	Zip:
	Phone:	Fax:	

**My child will attend the following weeks:**

\_\_\_ Week 1 June 12th                      \_\_\_ Week 6 July 17th  
 \_\_\_ Week 2 June 19th                      \_\_\_ Week 7 July 24th  
 \_\_\_ Week 3 June 26th                      \_\_\_ Week 8 July 31st  
 \_\_\_ Week 4 July 3rd (closed 7/4)        \_\_\_ Week 9 Aug 7th  
 \_\_\_ Week 5 July 10th                      \_\_\_ Week 10 Aug 14th  
    \_\_\_ Week 11 Aug 21st

**Yes I want my child to have swimming lessons on weeks (additional \$10 per week):**

\_\_\_\_\_

\_\_\_\_\_

**One form must be completed for EACH child.**

**All HIGHLIGHTED boxes must be filled in.**

I agree that the counselor on duty may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

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(Signature of Parent/Guardian)

(Date)

We do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. No medications will be administered without specific instructions from the physician or the child's parent or guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

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(Signature of Parent/Guardian)

(Date)

**Please Read the following 4 permission request answer and initial ALL that apply:**

**1. ACTIVITY / FIELD TRIP PERMISSION SLIP**

My child has permission to be transported by van or bus from school to the YWCA and also on activities or field trips planned by the YWCA of High Point Child Care Program. I understand that I will be notified in writing in advance of these trips as to the destination, date, time of departure, and time of return. The YWCA staff will supervise the children. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising out of my child's participation in the program.

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

**2. PERMISSION TO SWIM AT THE YWCA OF HIGH POINT POOL**

My child has permission to participate in swimming in the pool of the YWCA of High Point, NC. The YWCA lifeguard(s) will be on duty at all times. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising out of his/her participation in the program.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_ NOT PERMITTED: \_\_\_\_\_

**3. PERMISSION TO ATTEND BIBLE STUDY AT THE YWCA OF HIGH POINT**

In an attempt to make sure to incorporate every aspect of the YWCA founding principals into our youth development program we are going to be doing bible study with the youth. It will be simple with a focus on bible stories and morals. We will be incorporation drama, music, speakers and any other multimedia that will make it a fun and encouraging environment.

YES my child MAY participate in bible study at the YWCA.

NO my child may NOT participate in bible study at the YWCA.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_ NOT PERMITTED: \_\_\_\_\_

**4. PERMISSION FOR PHOTO RELEASE:**

I agree that YWCA of HIGH Point may use photographs of my child without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_ NOT PERMITTED: \_\_\_\_\_

**I have read all 4 permission requests in details and have initialed all with full understanding of what I am giving or not giving my permission for.**

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(Signature of Parent/Guardian)

(Date)

<p>Does your child have a special health or medical condition? (check one)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please explain)</p> <hr/>	<p>Does your child have any food, medication or environmental allergies?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please explain)</p> <hr/>
<p>Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes –Please request a form for the administration of medicine.</p>	<p>Does your child’s allergy/allergies require child care staff to monitor for symptoms, take action if a reaction occurs or give emergency medication to your child? (check one)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - Please request a form for the administration of medicine</p>

Does your child have any dietary restrictions, including those for medical, religious, or cultural reasons? (Check one)

No

Yes (Please explain)

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Does this dietary restriction require a modified diet that eliminates all types of fluid milk, peanuts, or an entire food group?

No

Yes (Written instructions must be provided.)

**YWCA Summer Camp Program**

1. I agree to enroll my child/children in the YWCA Summer Camp program. I agree to pay my weekly fee the Friday before camp begins or pay the late fee of \$10 on Monday of camp.
  2. I understand that the YWCA will **NOT** deduct for any missed days.
  3. The parent/guardian agrees to pay program registration fee of \$20.00 and a YWCA of High Point annual membership fee before their child will be able to attend the program. These fees are non-refundable.
  4. I agree to adhere to the YWCA of High Point Program policies as stated in the Parent Handbook.
  5. The program is open form 7:30AM-6:00PM . If your child is not picked up by 6:00PM, late fees will apply. After 7:00PM authorities will be notified.
  6. For any returned check a \$25 will be charged to the parent or guardian. You may terminate this contract, however, one week advanced notification of this intention must be given in writing or you will be billed for that week.
- Swimming lessons are available for an additional \$10.00 per week per child.

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(Signature of Parent/Guardian) (Date)