

Application Date: _____	Start Date: _____
Weekly Rate: _____ Middle _____ Elementary	Financial Assistance Level: _____
Membership Date: _____ Youth _____ Family _____	Registration Paid: Yes _____ No _____ Waived _____

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

P A R E N T O r G U A R D I A N	First Name: _____	Last Name: _____	P A R E N T O r G U A R D I A N	First Name: _____	Last Name: _____		
	Address: _____			Address: _____			
	City: _____	State: _____		Zip: _____	City: _____	State: _____	Zip: _____
	Phone: _____	Cell Phone: _____		Phone: _____	Cell Phone: _____		
	Email address: _____			Email address: _____			
	Employer: _____			Employer: _____			
	Job Title: _____	Work Phone: _____		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?:
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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 11th	___ Week 6 July 15th
___ Week 2 June 17th	___ Week 7 July 22nd
___ Week 3 June 24th	___ Week 8 July 29th
___ Week 4 July 1 (closed 7/4)	___ Week 9 Aug 5th
___ Week 5 July 8th	___ Week 10 Aug 12th
	___ Week 11 Aug 19th

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.

(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.

(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.

(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)

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.
2. I understand that a non-refundable deposit of \$10 is due at the time of registration for each week that my child/children for . If this fee is not paid, then my child could be moved to a waiting list.
3. 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 during the week.
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.

(Signature of Parent/Guardian) (Date)