

Afterschool Care _____	Unit Number: _____
Middle School _____	Elementary _____

Application Date: _____	Start Date: _____
Financial Assistance level: _____	Weekly Rate: _____
Membership Date: _____ Youth _____ Family _____	Date registration Paid: _____ Waived _____

<b>Program Participant:</b>	First Name: _____	Last Name: _____
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<b>H O M E</b>	Address: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	Age: _____
	City: _____	State: _____	Zip: _____	Phone: _____
	School: _____	Grade: _____	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: _____	<b>P A R E N T O r G U A R D I A N</b>	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?: \_\_\_\_\_

A U T H O R I Z E D P E R S O N	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 E R S O N	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:		

The YWCA staff will NOT release your child to any person other than those you have listed. Please do not send someone who is not on this list. Please inform anyone that you have requested to pick up your child, that a photo I.D. will be required before we will release your child to that person. This policy is for the safety of your child.

Preferred Hospital or Medical Center:							
D O C T O R	First Name:	Last Name:		D E N T I S T	First Name:	Last Name:	
	Address:				Address:		
	City:	State:	Zip:		City:	State:	Zip:
	Phone:		Fax:		Phone:		Fax:

Does your child have a special health or medical condition? (check one)

No

Yes (Please explain)

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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?

No

Yes -Please request a form for the administration of medicine.

Does your child have any food, medication or environmental allergies?

No

Yes (Please explain)

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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)

No

Yes - Please request a form for the administration of medicine

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.)

*Child's Insurance Coverage and Policy Information*

(Child's Legal Name) \_\_\_\_\_ is covered by an insurance policy held by:

Company's Name \_\_\_\_\_

Policy # \_\_\_\_\_

Group # (if applicable) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Medical Treatment and Transportation Permission for

\_\_\_\_\_  
(Child's Legal Name)

I authorize the YWCA of High Point, NC Inc. staff to take whatever emergency measures are necessary for the protection of my child while in their Child Care program, including transporting my child to a hospital or clinic while I am being contacted. I agree to indemnify, hold harmless and forever release the teachers, employees, agents of the YWCA of High Point, NC Inc. from all claims, damages, and injuries incurred and any matters arising out of my child's participating in the child care program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Please Read the following 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: \_\_\_\_

**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: \_\_\_\_

**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: \_\_\_\_

**5. PERMISSION TO GET COPIES OF ACADEMIC RECORDS:**

The YWCA of High Point has my permission to call/ and or visit my child's school to check on my child's performance, homework and conduct with the parents permission or request. The YWCA of High Point may also get copies of my child's report cards and mid term reports.

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

**6. PERMISSION TO CONTACT CHILD'S TEACHER(S) WHEN NEEDED FOR GENERAL INSTRUCTIONS/QUESTIONS AND SET-UP.**

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

I agree that the counselor 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.

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.

**\*\*\* I have read all 6 permission requests in details and have initialed all with full understanding of what I am giving or not giving my permission for \*\*\***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

