



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE PALOUSE

2016-2017 Y MEAL PROGRAM REGISTRATION FORM

PROGRAM ENROLLMENT

Please specify Y program enrollment:

- 2016-2017 Elementary After School Full Days 2017 Spring Break Day Camp 2017 Summer Day Camp

PARTICIPANT INFORMATION

1. Child's first name _____ MI _____ Last name _____

2. Child's first name _____ MI _____ Last name _____

1. Grade ____ Sex ____ Age ____ Date of Birth _____ (Month/Day/Year)

2. Grade ____ Sex ____ Age ____ Date of Birth _____ (Month/Day/Year)

Does your child qualify for free or reduced lunch through your school district?

- Yes No

Does your child receive Basic Food, TANF or FDPIR? If yes, please check the appropriate box:

- Basic Food TANF FDPIR

Please check the ethnic group the child identifies with:

- White Black or African American Hispanic/Latino Asian
 Native Hawaiian or other Pacific Islander American Indian or Alaska Native Two or More

PARENT/GUARDIAN INFORMATION

Parent's Name _____ Parent's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Email _____

HOUSEHOLD MEMBER AND INCOME INFORMATION

Please list all household members, including foster children.

Name	Sex	Age	Monthly Gross Income
			\$
			\$
			\$
			\$



Name	Sex	Age	Monthly Gross Income
			\$
			\$

EMERGENCY INFORMATION

In case of emergency, when unable to reach parent, call:

Name _____ Phone _____ Cell _____

Family Physician _____ Address _____ Phone _____

Family Dentist _____ Address _____ Phone _____

Insurance Company _____ Policy # _____

Does your child have any food allergies: Yes No

If yes, please state _____

If your child requires any emergency medication, please complete and submit a YMCA Medical Release form.

RELEASE AGREEMENT

1. Permissions (please initial where indicated) – I give my permission for my child/children to:
 - a. be given emergency treatment by qualified YMCA staff. Initial: _____
 - b. use hand sanitizer when hand washing facilities are unavailable. Initial: _____
 - c. be involved in photography/media taken for internal and publicity purposes. Initial: _____
 - d. be transported by ambulance or staff car to an emergency center for treatment. Initial: _____
2. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health. Initial: _____
3. To the best of my knowledge, my child is in good health. I understand that the YMCA has safety standards in its programs and that all activities will be properly supervised. The YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
4. To the best of my knowledge, I have provided a complete list of my child’s food allergies. The YMCA will not be held responsible for allergies not disclosed upon registration.
5. The YMCA cannot be held responsible for food distributed by entities other than Y staff.
6. The YMCA cannot be held responsible for problems related to a child’s failure to receive the required immunizations.
7. The YMCA does not administer any non-emergency medication. For emergency medication, a YMCA Medical Release form must be completed and submitted to the Y.
8. When leaving a child at the YMCA or program site, he/she must be signed in and made sure that a program staff or volunteer is available to receive and supervise your child.
9. The YMCA will release children only to people authorized by the parent/guardian. If a parent/guardian desires to have a YMCA staff member check their child in or out of the program, they must first sign a disclaimer/waiver statement.
10. YMCA staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through the Director of Programs.
11. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child’s safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services.
12. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension or termination from all YMCA of the Palouse programming.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

<p>FOR OFFICE USE ONLY Date Received: _____ Processed by: _____</p> <p>Application Complete: Y N Missing Information: _____</p> <p>Allergies/Medical: _____</p> <p>Notes: _____</p>
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