

2009-2010 After School Program Registration Form

COMPLETE THIS ENTIRE FORM Site Attending: _____

 Last Name First Name Nickname Middle Int.

 Address City State Zip Code Home Phone Number

Male Female _____ _____ _____
 Date of Birth Age Grade as of September 2009

Last School Attended: _____

NAME OF LEGAL GUARDIANS	ADDRESS (must provide street address, city, state and zip code)	HOME & CELL #	WORK #	EMPLOYER
Name: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian				
Name: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other Guardian				

EMERGENCY CONTACTS WHEN LEGAL CUSTODIAN MAY NOT BE REACHED-REQUIRES 2 CONTACTS THAT ARE NOT GUARDIANS

EMERGENCY CONTACT PERSON	ADDRESS (must provide street address, city, state and zip code)	HOME & CELL #	WORK #	RELATIONSHIP

Please list those persons that will be authorized to pick up your child. It is imperative that all persons who are authorized to pick up your child (including parents) be listed here.

AUTHORIZED	RELATIONSHIP	AUTHORIZED	RELATIONSHIP
1)		4)	
2)		5)	
3)		6)	

Please list anyone **NOT** authorized to pick up your child
Biological parents CAN NOT be listed unless the appropriate custody papers are provided.

1)	4)
2)	5)
3)	6)

Date Entered Care: _____ Date Left Care: _____

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Last Name of Child _____	First Name of Child _____
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MEDICAL INFORMATION

Child's Physicians: _____ Physician's Phone Number: _____

Does your child have asthma? yes no

Is an inhaler required for your child's asthma? yes no

Please indicate if your child is allergic to any of the following:

insect toxin foods other

Please explain: _____

Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs: _____

**The YMCA will ONLY administer emergency prescription medications (insulin, inhalers, epipens, etc.). If this is necessary, an *Authorization to Give Medication Form* must be completed by both the parent and the child's physician.

Skin Ointments

I give the YMCA Staff permission to apply sunscreen to my child. (Sunscreen must be provided by parent)

yes no

Please list the type of sunscreen that you will provide for your child: _____

Please indicate if your child has ever had any adverse reactions to sunscreens, insect repellants or diaper ointments:

Does child have medical/hospital insurance? yes no

Insurance Carrier and Policy or Group # _____

Office Use ONLY

Identity Verification

If proof of identity is required and a copy is not kept, please fill out the following:

Date of notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____

Place of Birth & Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity for a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfer responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation or viewing this information must be maintained for each child.

