



Stanly County Family YMCA 2011-2012 Afterschool Care Registration Package and Checklist

**You must provide ALL of the following
Before your child will be registered for after-school care.**

- Signed and completed Health History, with shot records completed
 - Signed Waiver form
 - Completed Information form, including Code Word
(Please fill out a separate form for each child)
 - A registration fee of \$25, and the first monthly fee.
(Registration fees are non-refundable)

Mail Registration Package to:
Stanly County Family YMCA
427 North First Street
Albemarle, NC 28001
or **email** to kellybigger@stanlyfamilyymca.org

Take Registration Package to:
Stanly County Family YMCA
or any after-school site
Fax to: 704-982-4451

Please make checks payable to the Stanly County Family YMCA.

Parents,

Just as you are making your plans for the school year, so are we. To prepare we are busy securing bus space (where applicable), hiring staff, ordering materials, and planning schedules based on the number of children registered. Registration is now open and applications will be accepted on a first come, first served basis. **REGISTRATION FEE MUST BE PAID UPON REGISTRATION & IS NON-REFUNDABLE.**

Thank you for allowing us to plan appropriately in order to give all children a great after-school experience!

**Please circle which site your
child will be attending**

- Endy School
- Locust School
- Millingport School
- Oakboro School
- Ridgecrest School
- Stanfield School
- YMCA Pavilion

Staff Use Only:

Is child a YMCA member? _____ If yes, PIN # _____
Amount paid _____ Receipt # _____
Ck # _____ CC _____ Cash _____
Paid by _____
Date _____ Staff initials _____

Business Manager Use:

Monthly Fee Due \$ _____
Scholarship % _____ = \$ _____
Sibling Discount \$ _____
SD _____ FSD _____ BM _____

Will your child be

_____ Full time (3-5 days per week) **Or** _____ Part time (1-2 days per week)
Please specify days, if part-time: M T W Th F

Camper Emergency Information Sheet

Stanly County Family YMCA
After-school Care 2011-2012

CAMPER INFORMATION:

Camper's Name _____
Home Address _____
City _____ State _____ Zip _____ Home Phone _____
Date of birth _____ Male/Female _____ School _____
Grade (Aug. 2011) _____ Stanly County Family YMCA member? yes pin # _____ no

RESPONSIBLE PARTIES: (Please check to indicate the parent to contact for payment or other questions.)

Father's name _____ Authorized to pick up child? yes no
Home Phone _____ Work Phone _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Employer _____

Mother's name _____ Authorized to pick up child? yes no
Home Phone _____ Work Phone _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Employer _____

Child lives with: (check one) Parents Mother Father Grandparents Other _____

EMERGENCY NUMBERS: (Parents are called first unless specified.)**

Name _____
Home phone _____ Work phone _____ Cell Phone _____
Name _____
Home phone _____ Work phone _____ Cell Phone _____
Name _____
Home phone _____ Work phone _____ Cell Phone _____

Those allowed to pick up your child, if different from emergency contacts: (Name and phone)

1) _____
2) _____

E-Mail address for the family _____

CODE WORD _____

(All children must have a code word.) Code words are used as an added assurance when your child is being picked up. This code will be confidential. Anyone who picks up your child must use this code.

Health History Form

Stanly County Family YMCA After-school Care 2011-2012

CHILD'S NAME _____

Doctor's Name _____ Phone _____
 Dentist's Name _____ Phone _____

INSURANCE INFORMATION:

Is child covered by insurance? yes no
 Carrier/Plan Name _____
 Group # _____ Policy Holder # _____
 Name of Insured _____
 Relationship to Child _____

ALLERGIES: Please list ALL known medication, food and other allergies.

MEDICATIONS: Please list ALL medications being taken and ANY dietary restrictions.

- Child WILL be taking medication to be administered at the following times: _____
 (A medication form must be completed by parent and given to site director before child attends.)
 Child is NOT taking any medication Child does not eat: _____

HEALTH HISTORY: (not necessary to complete if we already have on file or no changes have occurred)

I have enclosed a copy of child's immunization record.

OR

I have completed this form and signed here _____
Doctor's Signature

Which of the following has the child had?

- Measles German Measles
 Chicken Pox Mumps
 Hepatitis

Please give date of last immunization for:

Date	Vaccine	Date	Vaccine
_____	DTP	_____	Measles
_____	Rubella	_____	TD
_____	Tetanus	_____	Varicella Zoster
_____	Polio	_____	Haemophilus Infl. B
_____	Hepatitis B		

Date of last TB Mantoux test _____
 Result _____

Please list ANY additional information about the child's health history (behavior, physical, emotional or mental health) of which we should be aware:

Health History Form (cont.)

Stanly County Family YMCA After-school Care 2011-2012

General Questions (Please explain "yes" answers below)					
	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?			7. Ever been dizzy during or after exercise?		
2. Have a chronic or recurring illness/condition?			8. Ever had seizures?		
3. Have frequent headaches?			9. Have an orthodontic appliance being brought to after-school?		
4. Wears glasses, contacts, or protective eyewear?			10. Have diabetes?		
5. Ever had frequent ear infections?			11. Have asthma?		
6. Ever passed out during or after exercise?			12. Other		

Please explain any "yes" answers, noting the number of the questions



WAIVER

****This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.**

****I understand that the Stanly County Family YMCA assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in after-school care.**

****Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, psychological, or medication needs) with the director.**

****YMCA Pavilion children will be transported by SCUSA (except for Central Ele. students). Children from other sites will be transported by SCUSA for any field trips. My child has permission to ride SCUSA buses without holding the Stanly County Family YMCA or its Staff or Board liable if an accident occurs.**

****I give permission to the Stanly County Family YMCA to use pictures or videos of my child published and used by the YMCA as a program participant in promotional literature and social media outlets.**

****In the event that I cannot be reached in an emergency, I give permission to the physician selected by the site director to secure and administer treatment, including hospitalization for my child.**

****I have read and agreed to all of the policies of the Stanly County Family YMCA Afterschool program.**

Signature _____ Date _____