



**Health and Insurance Information**

Does your child have health insurance?  No  Yes

If no, would you like information/resources regarding health insurance?  No  Yes

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

<b>EMERGENCY MEDICAL INFORMATION:</b> Please check, if the participant has a history of any of the following:		<input type="checkbox"/> PLEASE LIST ANY ALLERGIES, BEHAVIORAL, PHYSICAL OR MEDICAL PROBLEMS/CONCERNS:
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	
<input type="checkbox"/> HEART TROUBLE	<input type="checkbox"/> FAINTING SPELLS	
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> CONVULSIONS	
<input type="checkbox"/> CONTACT LENS		
<input type="checkbox"/> ANY OTHER CONDITIONS REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT?		<p align="center"><b>REQUIRED DOCUMENTATION</b>  <b>(Please attach to your application)</b>  <b>1. Current copy of your child's IMMUNIZATION RECORD (SCHOOL AGE)</b></p>

**Health Verification, Activity Authorization, and Photography Release**

As the parent/guardian, I verify my child is in good physical health and is authorized to participate in all activities including but not limited to HIKING, WALKING TRIPS (within the YMCAs neighborhood), WATER ACTIVITIES and SPORTS. I give consent for the YMCA to walk or transport my child to the Y facility for activities. Initial \_\_\_\_\_

I understand in the event of an emergency I give the YMCA consent to transfer my child's health record to the health provider. In the event of an emergency, transportation by any necessary means to obtain medical care or assistance for my child, as circumstance may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. I further give consent to any rescue squad or emergency personnel to render transportation and/or medical care deemed necessary in their discretion and in the best interest of the life, health and well-being of my child. Initial \_\_\_\_\_

I give consent and understand the site coordinator will be provided the Emergency Medical Information for the safety of my child. Initial \_\_\_\_\_

I understand in the event of a minor accident or sudden illness my child will be treated on the premise of the YMCA by staff with emergency standard first aid procedures, as deemed necessary, for the well being of my child. I understand I will be notified immediately and will be required to pick-up my child or in my absence an authorized person I designate will pick-up my child from the YMCA. Initial \_\_\_\_\_

I understand my child may be photographed while at activities, camp, and programs. I give the Y permission to use the pictures/videos of my child for the Y's promotional and marketing materials such as newsletters, local newspaper, website and or brochures. Initial \_\_\_\_\_

**Parent/Guardian Participation**

Parent/guardian involvement is an essential component for your child to be successful in the 21<sup>st</sup> Century Community Learning Center (CCLC) program. The Raritan Bay Area YMCA's 21<sup>st</sup> CCLCP will host several events for parents/ guardians throughout the year. These events will vary in nature but will be geared toward addressing the needs/supporting your child, and family. As a parent/guardian of a participating child the expectation is for you (the parent/guardian) to attend all parent events/functions. Since parent/guardian participation is so important the YMCA reserves the right to suspend, or even remove a child from our program if the child's parent/ guardian are not participating in our required meetings/events.

Initial \_\_\_\_\_

**Statement of Verification**

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from all YMCA programs.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received the Parent Handbook which outlines the general organizational information, fees, and certain child care policies including the Required Parent Information Statement, Guidelines for Positive Discipline Policy, Child Release Policy, Expulsion Policy, and Management of Communicable Diseases.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program: Afterschool Clubs App. rec'd by: _____ Date rec'd: ____/____/____
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