



Warren County YMCA After-School Program



ENROLLMENT APPLICATION

Child's Name _____	Sex _____	Birthdate _____
Child's Name _____	Sex _____	Birthdate _____
Child's Name _____	Sex _____	Birthdate _____
Child's Name _____	Sex _____	Birthdate _____

IDENTIFICATION INFORMATION

Child(ren) live(s) with _____ Guardian's Birthdate _____

Mother's Name _____	Home Phone _____
Address _____	Cell Phone _____
Employment _____	Work Phone _____
Address _____	Hrs. of Employment __:__ to __:__
Single _____ Married _____ Divorced _____ Re-Married _____	

Father's Name _____	Home Phone _____
Address _____	Cell Phone _____
Employment _____	Work Phone _____
Address _____	Hrs. of Employment __:__ to __:__
Single _____ Married _____ Divorced _____ Re-Married _____	

Stepmother's Name _____	Home Phone _____
Address _____	Cell Phone _____
Employment _____	Work Phone _____
Address _____	Hrs. of Employment __:__ to __:__
Single _____ Married _____ Divorced _____ Re-Married _____	

Stepfather's Name _____	Home Phone _____
Address _____	Cell Phone _____
Employment _____	Work Phone _____
Address _____	Hrs. of Employment __:__ to __:__
Single _____ Married _____ Divorced _____ Re-Married _____	

PHYSICIAN INFORMATION

Physician _____	Clinic/Hospital _____
Address _____	Phone Number _____

EMERGENCY CONTACTS IN IMMEDIATE AREA

1. Name _____	Relationship _____	
Address _____		
Home Phone _____	Cell Phone _____	Work Phone _____
2. Name _____	Relationship _____	
Address _____		
Home Phone _____	Cell Phone _____	Work Phone _____

PICK-UP AUTHORIZATION

1. Name _____	Relationship _____
Address _____	Phone Number _____
2. Name _____	Relationship _____
Address _____	Phone Number _____
3. Name _____	Relationship _____
Address _____	Phone Number _____
4. Name _____	Relationship _____
Address _____	Phone Number _____

PHOTO & VIDEO RELEASE

I hereby grant permission for my child(ren) to be included in videos or photographs connected with the Warren County YMCA After-School Program that may be used for YMCA newsletters or publicity.	
Parent/Guardian Signature _____	Date _____

MEDICAL INFORMATION

Is your child(ren) allergic to anything? (bee stings, food, medications, etc.) _____

Are there any health conditions/physical problems that would impair your child(ren)'s activity?

Does your child(ren) have ADD, ADHD, or any type of behavioral disorder we should be aware of?

Does your child(ren) have any speech problems? _____

Are there any special diet requirements or other special instructions? _____

1. Tetanus Immunizations – Date: _____ Booster Dates: _____

2. Tetanus Immunizations – Date: _____ Booster Dates: _____

3. Tetanus Immunizations – Date: _____ Booster Dates: _____

4. Tetanus Immunizations – Date: _____ Booster Dates: _____

CONSENT TO ADMINISTER MEDICATION

I hereby give permission for my child(ren), _____, to take medication while attending the YMCA After-School Program, under the supervision of authorized YMCA personnel.

Parent/Guardian Signature _____ Date _____

All medications must be brought in a pharmacy container appropriately labeled by a pharmacist or a physician. Be sure your child's name is clearly marked. List below the medication you wish your child to be given during After-School Program and circumstances for which medication is being taken. Please state dosage information clearly.

Name of Medication	Reason for taking Medication	Dosage Information
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PERMISSION STATEMENTS

I give permission for my child to participate in neighborhood walks. Yes No

I give permission for my child to participate in athletic activities. Yes No

I give permission to the staff to administer immediate first aid to my child when injured. Yes No

In case of an emergency or sudden illness, I hereby give authority to any hospital/doctor to render immediate emergency aid as might be required at the time for his/her safety. It is understood that I will accept expense for this service. Yes No

I understand that repeated disruptive, abusive, rude, or otherwise inappropriate behavior will result in the dismissal of my child(ren). The After-School Program Coordinator will determine when dismissal shall occur. I understand that advanced notice of such dismissal is not required. Yes No

LIABILITY WAIVER FOR PARTICIPANT

Participants in the Warren County After-School Program are not covered by any medical or accident insurance. Each participant must furnish his/her own personal coverage. Many sports activities and programs have inherent elements of danger. As a parent of an enrolled child in the Warren County YMCA After-School Program, I hereby agree to save harmless and indemnify the Warren County YMCA, its board and employees, from any responsibility for any accident, injury, or damage that may occur as a result of the participant's acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

Parent/Guardian Signature _____ Date _____

PARENT MANUAL

I have received and read the Parent Manual that was given to me. I agree to follow the policies and guidelines within.

Parent/Guardian Signature _____ Date _____

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