



# RYE Y

## FULL DAY CHILD CARE PROGRAM 2020-2021 REGISTRATION FORM

Child's Name:	Date of Birth:	Gender:
Home Address:		
City:	State:	Zip:
Home Phone:	Grade as of September 2020:	
School:		
Guardian 1:	Home address if different than above	
Guardian 2:	Home address if different than above	
Custody Schedule (if applicable):		
If there is a court order restricting visitation/pickup, a copy must be provided to the YMCA by state law.		
Guardian 1's Work Phone:	Guardian 2's Work Phone:	
Hours:	Hours:	
Cell Phone/Other:	Cell Phone/Other:	
Email Address: (please print)	Email Address: (please print)	

**\*\*\* Your child's Immunization Records and most recent Health Appraisal are required prior to their first day of attendance. \*\*\***

**CHECK PROGRAM(S) REQUESTED:**

FULL DAY CHILD CARE: 8:00am- 4:00pm ( ) 3 DAYS ( ) 2 DAYS ( ) 1 DAY

CHECK DAYS NEEDED FOR CARE: M T W TH F

FIRST DAY ATTENDING \_\_\_\_\_

2020/2021 RATES PROGRAM OPTIONS:	YMCA MEMBER	NON- MEMBER
3 Day	\$180/week	\$195/week
2 Day	\$130/week	\$150/week
1 Day	\$75/day	\$90/day

**\*\*Rye YMCA Youth Membership \$306.00 annually. Y Cares Program is available for both membership and Child Care programming.**

IN THE EVENT OF AN EMERGENCY, PARENTS WILL BE CONTACTED FIRST. IF NOT AVAILABLE, THE OTHER INDIVIDUALS ON EMERGENCY CONTACT LIST WILL BE CONTACTED.

**EMERGENCY CONTACTS AND PICK UP AUTHORIZATIONS**

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

**THE FOLLOWING INDIVIDUALS ARE NOT ALLOWED TO PICK UP MY CHILD**

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

### PERSONAL HISTORY

Child's Name:	Nickname:
Names/ages of other children in family:	How does your child get along with siblings, other children, and friends?
What are your child's favorite activities?	Are there specific methods you use when dealing with difficult behavior from your child?
Does your child have any specific fears? Please describe/explain:	What do you hope your child will gain from this experience?
Do you want your child to begin homework during the full day child care program? ( ) Yes ( ) No (PLEASE be sure your child knows your wishes.)	In order for our staff to assure your child a happy, meaningful experience at our Child Care program, please share any information that you feel would be helpful. (Learning disabilities, emotional, behavioral, limitations, etc.)

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW. YOUR CHILD IS NOT CONSIDERED REGISTERED WITHOUT A SIGNATURE.**

I give permission for my child to participate in all program activities. He/she is in good health and may participate in normal program activities unless I specify otherwise on the registration form. I consent that photographs taken of my child are the property of the Rye YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of an emergency, I authorize the staff of the Rye YMCA to seek emergency care for my child and/or provide First Aid by a trained staff member. I understand that medical information and personal data will be used in the programs, when necessary, to protect my child's well-being. I indemnify and hold harmless the Rye YMCA, any officer, volunteer or employee of the Rye YMCA and all involved with the Rye YMCA full day child care program, from liability for any harm that befalls my child as a result of participation in Rye YMCA full day child care program.

Parent/Guardian Signature:	Date:
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## HEALTH HISTORY

**Child's Name:**

**\*\*\*A copy of your child's Immunization Records and most recent Physical are required prior to their first day of attendance.\*\*\***

<p>Does your child have any allergies? Please list. Explain reaction</p>	<p>Any dietary restrictions? Please list.</p>
<p>Any chronic/recurring illness or medical conditions? Please list and explain.</p>	<p>Any activities your child cannot participate in?</p>
<p>Is your child covered by medical/hospital insurance? ( ) YES ( ) NO</p> <p>Indicate: Carrier</p>	<p>Name of Family Physician:</p> <p>Phone Number:</p>
<p>Name of Family Dentist:</p> <p>Phone Number:</p>	<p>Is your child currently on any medication?</p>