



FOR YOUTH DEVELOPMENT
FOR SOCIAL RESPONSIBILITY
FOR HEALTHY LIVING

After School Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

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Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

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School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***

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Parent/Guardian Signature

Date

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's _____ Physician _____ Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___ PARENT DROP OFF

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT PICK UP

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___ PARENT DROP OFF

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT PICK UP

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

**Northern Berkshire YMCA After School Program
22 Brickyard Court
North Adams, MA 01247**

WALKING PERMISSION SLIP

I do _____

I DO NOT _____

give my child, _____
permission to attend spontaneous outings within walking distance of the
Northern Berkshire YMCA with his/her After-School Counselors.

I understand that a separate Field Trip Policies and Permission Slip, which
requires vehicle transportation, will be sent home prior to the field trip with
a field trip description.

Child's Name: _____

(Parent/Guardian's Signature)

(Date)

VIDEO/AUDIO RELEASE

I consent and authorize _____

I DO NOT consent and authorize _____

the use and reproduction of any and all photographs or video footage taken
of my child for the Northern Berkshire YMCA. I understand that I receive
no reimbursement for allowing his/her photo to be taken or for the use of
the photo or video.

Child's Name: _____

(Parent/Guardian's Signature)

(Date)

SUNSCREEN PERMISSION SLIP

I give the Northern Berkshire YMCA staff permission to assist with the application of sunscreen to my child for protection from the sun.

Child's Name: _____

Name of Sunscreen: _____

Date: _____

NOTE: Date above is valid for one year for application of above sunscreen

Special Instructions: _____

(Parent/Guardian's Signature)

(Date)

NORTHERN BERKSHIRE YMCA CHILD CARE
ENROLLMENT PACKET

Swimming Pool Permission:

In order for us to allow your child to participate during our swim time we need you to sign and return the following permission slip. There is always a lifeguard on duty. Staff members are in the pool area as well. Thank you.

I give my child(ren), _____, permission to swim at the YMCA.

Parent Signature

Date