

YWCA "Yes We CAN"

Summer Day Camp Application 2021

Registration Date: _____

Exit Date: _____

1. Child's Name _____ Birthdate _____ Grade _____ Age _____

Ethnicity (Please Check One)

Hispanic Non-Hispanic

Race (Please Check One)

Black or African American American Indian or Alaska Native Asian

Native Hawaiian or other Pacific Islander White American Indian or Alaska Native and White

Asian and White Black or African American and White

American Indian or Alaska Native and Black or African American

Other Multi-Racial

Home School _____

2. Child's Name _____ Birthdate _____ Grade _____ Age _____

Ethnicity (Please Check One)

Hispanic Non-Hispanic

Race (Please Check One)

Black or African American American Indian or Alaska Native Asian

Native Hawaiian or other Pacific Islander White American Indian or Alaska Native and White

Asian and White Black or African American and White

American Indian or Alaska Native and Black or African American

Other Multi-Racial

Home School _____

Parent / Guardian Information

Name of Parent / Guardian _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Home phone () _____ Work # _____ Cell # _____

Please check your preferences for your child/children swim lessons.

No, I do not want my child to take swim lessons.

Yes, I want my child/children to take swim lessons, but under the following conditions:

Please check any of the following:

Fall Lessons Only Spring Lessons Only Winter Lessons Only

Swim Lesson throughout the Entire After-School/Summer Camp Program

No Winter Lessons

Special Needs Information

Does your child have any food restrictions or food allergies? Yes No If

yes, please explain.

Does your child have any special educational needs or identified learning challenges?

Yes No If yes, please list them.

Is your child/children on any medications? Yes No

If yes, please list them

Will the child/children need to take any of the prescribed medications during after school program hours? Yes No

Please Note: (It is the policy of the YWCA of Northwest Indiana that staff NOT administer any form of medication to members, volunteers, and/or participants.)

Does your child have any special medical needs or disabilities? (Prosthetics, etc.)

Yes [] No [] If yes, please list them.

Emergency Contact Information: Other than Listed Parent / Guardian

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Home phone () _____ Work # _____ Cell # _____

Late Pick Up

(Parents **PLEASE** check below and prepare to pay a late pick up fee. Any Parent that fails to pick up their child by 4:30 pm will be a charged a \$1 fee per minute occurrence.)

[] Yes, I agree to pay an additional daily fee for late pick if I arrive after program closing time 4:30 pm. (in the event that a child has not been picked up 5:00 pm YWCA staff has been instructed to call Children's Protective Services)

Authorized Persons for Pick-up

[] I authorize the following persons to pick up my child/ren from the YWCA's Summer Camp Program

Name _____ Phone# _____

Name _____ Phone# _____

Parent / Guardian Signature

Date

Dear Parent (Guardian):

The YWCA of Northwest Indiana will ensure that all of its policies and procedures are in place and followed to facilitate a safe and incident-free program. However, despite the best intentions and safeguards, accidents can, and do occur. In the event of an accident, the YWCA will attempt to reach the listed contacts in the following order: home, work, alternative phone.

By signing this form you:

- Understand that there is a risk of accidental injury to your child.
- Are authorizing appropriate medical treatment, in the event that you cannot be contacted. (You will not be contacted for minor injuries such as scrapes and cuts.)

Doctor Information:

Doctor's Name: _____ Doctor's Phone Number: _____

Insurance Information:

Insurance Provider: _____ Policy Number: _____

Parent (Guardian) Contact Information:

Parent (Guardian) Name: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Alternate Contact Phone Number: _____

Please state all medications your child takes:

1. _____ How often: _____

2. _____ How often: _____

3. _____ How often: _____

Additional Child Information (allergies, etc.)



YWCA OF NORTHWEST INDIANA
YOUTH PROGRAM'S RELEASE WAIVER

I, _____, parent / legal guardian of _____ hereby release the YWCA of Northwest Indiana, their agents, representatives, and assigns from any responsibility or liability for any damages arising from personal injuries or property damage or loss relating to his / her participation in, use or operation of, equipment related to the activities of said report.

I verify that the above minor has no physical handicaps or impairments that might inhibit his / her participation in sports activities. I also verify that he / she will abide by all YWCA and applicable sports regulations.

Parent / Legal Guardian Signature: _____ **Date:** _____

Emergency Contacts for Children

Child's Name _____

Address _____

Birthdate _____ Home Phone # _____

Primary Contact _____

Employer _____ Phone # _____

Cell Phone# _____

Alternate Contact _____

Employer _____ Phone # _____

Cell Phone # _____

Alternate Contact _____

Employer _____ Phone # _____

Cell Phone # _____

Special Medical Health Need(s): _____

Parent's Signature: _____

Date: _____

This form or one similar to it should be posted and will be verified by your LLEP Consultant during the Provider Eligibility Standards Certification visit.

DISCIPLINE/GUIDANCE POLICY

Provider Name YWCA of Northwest Indiana

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name

Date of Birth

Additional techniques to be used with my child:

Parent/Guardian Signature _____ Date _____

**IMPORTANT NOTICE!!
PERMISSION TO TRAVEL**

Dear Parent / Guardian:

On _____, I will be taking your child(ren) to
(Date, including year)

_____ located at _____.
(Name of Place) (Address of Place)

We will leave at _____ and return at _____.

Your child needs to bring: _____.

Child's Name _____

Child's Name _____

Child's Name _____

I give my permission for my child(ren) listed above to go on _____
(Date)

to _____
(Location of travel)

I understand my child will be transported safely using the appropriate equipment (car seat, booster seat or lap belt).

Parent / Guardian Signature: _____

Permission Slip

1. CHILD #1

THIS IS A REQUIRED FORM

Facility Name YWCA of Northwest Indiana

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prevnar								
Hep A								

Child has documented history of Varicella Disease _____ No _____ Yes If yes, age _____

Please check the appropriate response.

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: *(Please list immunizations excluded for medical reasons)* _____

Parent comments: *(Please indicate religious objection, if any)* _____

Signature _____ Date _____
(Medical Professional Signature and Date is **required**.)

Printed Name and Title _____
(Printed Name and Title is **required**)

This form must be updated annually.

2. CHILD # 2

THIS IS A REQUIRED FORM

Facility Name YWCA of Northwest Indiana

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
 Street Address City State Zip

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prevnar								
Hep A								

Child has documented history of Varicella Disease ____ No ____ Yes If yes, age _____

Please check the appropriate response.

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: *(Please list immunizations excluded for medical reasons)* _____

Parent comments: *(Please indicate religious objection, if any)* _____

Signature _____ Date _____
 (Medical Professional Signature and Date is **required**.)

Printed Name and Title _____
 (Printed Name and Title is **required**)

This form must be updated annually.