School Age Care 2023-2024
Child Information Forms

The YMCA of the Inland Northwest & Washington State Licensing requires all documents included in the registration packed be completed prior to accepting a child into any licensed program. Please write N/A where needed.

Location & Enrollment Information

School	Please Choose what your child will attend	Start Date:
	Before School Only ☐	
	After School Only ☐	End Date:
	Before and Afterschool ☐	

Children's Information Up to two children per form. Form must be filled out completely in order for the child to attend.

Child 1 First Name	M	Legal Last Name	Date of Birth	Age	Grade
Child 2 First Name	M	Legal Last Name	Date of Birth	Age	Grade

Home Address	City	State	Zip

Parent/Guardian Information

Name (Primary Contact)	Home Phone #	Cell Phone #	Email
Address	Work Phone #	*Authorized to pick up Yes ☐ No ☐	
Name (Secondary Contact)	Home Phone #	Cell Phone #	Email
Address	Work Phone #	*Authorized to pick up Yes ☐ No ☐	

*** Appropriate court documentation must be in place and a copy must be provided to deny parent/guardian access.**

Emergency Contact and Other Authorized Pick up Persons (at least one must be provided, must be local and at least 16 years of age)

Emergency Contact	Address	Contact #	Relationship to Child
Name	Address	Contact #	Relationship to Child
Name	Address	Contact #	Relationship to Child

Child(ren) Health Information

Physician/Clinic Name	Contact #	Date of last visit Child 1 Child 2
Dentist/Clinic Name	Contact #	Date of last visit Child 1 Child 2

Please explain any health conditions your child(ren) has, such as allergies bee stings and current medications. Please notify your onsite director of any special circumstances

Child's Name	Allergies	Other
Child's Name	Allergies	Other

Please list any limitations on activities or any other information our staff should be aware of

Child's Name	
Child's Name	

Parent/Guardian Signature	Date

Statement of Understanding, Field Trip and Transportation/Media

Medication Permission and Compliance

PLEASE READ AND INITIAL EACH STATEMENT

Initial Below	
	I understand that YMCA School Age Programs include both indoor and outdoor activities.
	To be Registered-You must, provide payment arrangement, complete the Child Information Packet (including the immunization form) others if applicable. Once all required forms/items are received, you will be notified via email, please bring confirmation email on the first day of day camp.
	Transportation-I give my permission for my child to go on supervised field trips in our YMCA Bus, YMCA Vans, or YMCA owned or leased vehicles. Children cannot be transported by YMCA staff in their personal vehicles.
	Immunization- I understand that for my child/ren to remain in the day camp, they must be up to date on all immunizations required by the DOH, given the established deadlines by DCYF and the YMCA.
	Safety and Behavior - I understand my child is expected to follow all safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. I understand that failure to adhere to our program and behavior policies could be cause for my child's dismissal without refund of program fees. ***I also understand it is my responsibility to ensure myself and any person authorized to pick up or drop off my child will abide by the values of the YMCA and be caring and respectful in all interactions.***
	Medical Permission for Hand Sanitizer or Hand Wipes I give my permission for my child to use hand sanitizer or hand wipes if soap and water is not available ☐ Yes, I give permission ☐ No, I do not give permission
	Medical Permission for Sunscreen-I give my permission for YMCA to apply or assist in applying sunscreen on, upon my request. ***The YMCA will provide sunscreen unless your child has an allergy. You will then need to provide your own and fill out an allergy and medication form.*** ☐ Yes, I give permission ☐ No, I do not give permission
	Consent for photo and/or video-by initialing here I give permission to the YMCA of the Inland Northwest to take picture or videos of my child during YMCA School Age and Summer Camps and Clubs Programs. I understand that pictures may be used for testimonials, videos or photos of activities and/or for marketing purposes for the YMCA of the USA. ☐ Yes, I give consent ☐ No, I do not give consent
	I give consent for my child's picture to be taken for activities only, photos will ***not*** be used on Social Media or for marketing purposes. ☐ Yes, I give consent ☐ No, I do not give consent
	Emergency/Medical Care Treatment- I give permission that my child may be given emergency/first aid treatment by a qualified staff member of the YMCA of the Inland Northwest. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care,treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary as advised by the physician to safeguard my child's health. ☐ Yes, I give permission ☐ No, I do not give permission
	Field Trips-I give permission for my child to attend planned filed trips. There will be written notice posted at the site prior to the field trip date. ☐ Yes, I give permission ☐ No, I do not give permission
	I understand DEL licensing information, the health care plan and Emergency Crisis plan are available for review upon request.

Parent/Guardian Signature With my signature below, I agree to the policies and permissions outlined in this form and the Parent Handbook (this can be found online or on site). **Date:**

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:	
Reviewed by:	Date:
Signed Cert. of Exemption on file? ❑ Yes ❑ No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: **First Name:** **Middle Initial:** **Birthdate** (MM/DD/YY)**:** **Sex:**

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required **Date**

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required **Date**

♦ Required for School and Child Care/Preschool
● Required Only for Child Care/Preschool

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
♦ **DTaP / DT** (Diphtheria, Tetanus, Pertussis)						
♦ **Tdap** (Tetanus, Diphtheria, Pertussis)						
♦ **Td** (Tetanus, Diphtheria)						
♦ **Hepatitis B** ❑ 2-dose schedule used between ages 11-15						
● **Hib** (*Haemophilus influenzae* type b)						
♦ **IPV / OPV** (Polio)						
♦ **MMR** (Measles, Mumps, Rubella)						
● **PCV / PPSV** (Pneumococcal)						
♦ **Varicella** (Chickenpox) ❑ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

❑ a verified history of Varicella (Chickenpox).

❑ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

❑ Diphtheria	❑ Mumps	❑ Other:
❑ Hepatitis A	❑ Polio	_____
❑ Hepatitis B	❑ Rubella	_____
❑ Hib	❑ Tetanus	
❑ Measles	❑ Varicella	

Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) Date

Printed Name