



Litehouse YMCA Summer Day Camp 2019

Child Information Forms

The YMCA of the Inland Northwest requires all documents included in the registration packet be completed prior to accepting a child into childcare or day camp. Please write N/A when applicable

Location & Enrollment Information

Child's Age 10 11 12	<ul style="list-style-type: none"> Please complete a separate form for each child that will be attending camp. Bring this form to the Litehouse YMCA BEFORE camp begins. This is NOT a registration form. You must register online at ymcainw.org <p>Location Litehouse YMCA 1905 Pine Street Sandpoint, ID</p>
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Children's Information Form must be filled out completely in order for the child to attend

Child First Name	M	Legal Last Name	Date of Birth	Age
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-authorized to pick up 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 (authorized pickup only)	Address	Contact #	Relationship to Child
Name (authorized pickup only)	Address	Contact #	Relationship to Child

Child Health Information

Physician/Clinic Name	Contact #	Date of last visit
Dentist/Clinic Name	Contact #	Date of last visit

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

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

Physical Limitations	Activity Limitations
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Parent/Guardian Signature	Date
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STATEMENT OF UNDERSTANDING, FIELD TRIP AND TRANSPORTATION PERMISSION, MEDICATION PERMISSION AND COMPLIANCE

PLEASE READ AND INITIAL EACH STATEMENT

Initial
Below

	I understand that Summer Day Camps include both indoor and outdoor activities.
	Field Trips -I give my permission for my child(ren) to attend planned field trips, there will be written notice at the site prior to the field trip date.
	Transportation -I give my permission for my child to go on supervised field trips in YMCA owned or leased vehicles. Children cannot be transported by YMCA staff in their personal vehicles.
	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 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. <i>If I do not want my child to be photographed or videotaped I will not initial here.</i>
	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. <i>If I do not want my child to be photographed or videotaped I will not initial here.</i>
	I give my child permission to sign him/herself in at 9am and out at 4pm. Yes _____ No _____
	Medical Permission for Sunscreen I give my permission for YMCA to apply or assist in applying sunscreen on upon my request. I will supply my own sunscreen and notify staff if I want it to be applied. <i>If I do not want my child to use sunscreen I will not initial here.</i>
	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. <i>If I do not want my child to use hand sanitizer or hand wipes I will not initial here.</i>
	Safety and Behavior -I recognize 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.
	EMERGENCY AND 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.
	I have read and agreed to the YMCA School Age Programs General Waiver, I may also request a copy of the waiver as needed (this can also be found online).
	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 hard copies are available at the site).
Parent/Guardian Signature	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.			I certify that the information provided on this form is correct and verifiable.	
Parent/Guardian Signature Required			Parent/Guardian Signature Required	
Date			Date	

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Date Date Date Date Date Date
 MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY

Required Vaccines for School or Child Care Entry	Date	Date	Date	Date	Date	Date
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)	Date	Date	Date	Date	Date	Date
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.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

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

Printed Name _____