



School Age 2019-2020 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 Before School Only After School Only Before and Afterschool
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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
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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
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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 School Age Programs 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 our YMCA Bus, YMCA Vans, or 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>
	Medical Permission for Sunscreen I give my permission for YMCA to apply or assist in applying sunscreen on my children, upon my request. I will supply my own sunscreen and notify staff if I want it to be applied.
	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 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 understand DEL licensing information, the Health Care Plan and Emergency Crisis Plan are available for review upon request.
	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.



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 **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

◆ 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)

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



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| <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