

**PROVIDENCE YMCA YOUTH SERVICES
OUT OF SCHOOL TIME AND SUMMER CAMP APPLICATION**

Date of Enrollment _____

CHILD AND FAMILY INFORMATION

Child's Name: _____ **DOB:** _____
Gender: _____ Race: _____
Grade fall 2009: ____ School: _____ Teacher: _____ Homeroom: _____
Primary Language: _____ Child's Email: _____
Child Lives With: _____
Parents' Marital Status: ____ Married ____ Divorced ____ Separated ____ Widow ____ Single

Parent/Guardian Name: _____ **DOB:** _____
Relationship: _____ Ok to Pick UP: ____
Address: _____
City _____ State _____ Zip _____
Home Phone: _____ Cell/Other: _____ Work: _____
Email: _____ Parent Primary Language: _____
Place of Employment/School _____
Occupation _____ Business Phone w/ Extension _____
Days/Hours of Work _____

Parent/Guardian Name: _____ **DOB:** _____
Relationship: _____ Ok to Pick UP: ____
Address: _____
City _____ State _____ Zip _____
Home Phone: _____ Cell/Other: _____ Work: _____
Email: _____ Parent Primary Language: _____
Place of Employment/School _____
Occupation _____ Business Phone w/ Extension _____
Days/Hours of Work _____

EMERGENCY CONTACT INFORMATION

The following people may be contacted if there is an emergency regarding my child and I am unable to be reached, and are also authorized to pick-up my child. I understand that they MUST be at least 18 years old, and present a photo ID and sign out my son/daughter when they pick-up my child.

Please note: State licensing requires at least one adult, other than a child's parents, to be listed in case of emergency.

Child Emergency Contact #1 Relationship: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell/Other: _____ Work: _____

Child Emergency Contact #2 Relationship: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell/Other: _____ Work: _____

PARENT AUTHORIZATION FOR PICK-UP

The following people, in addition to those listed above, may pick up my child should I be unable to do so. I understand that these individuals MUST present a photo ID and sign out my son/daughter when they pick-up my child. In addition, *we will release your child to those listed above as parents and emergency contacts unless otherwise specified.*

Authorized Pick Up #1 _____ Relationship: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell/Other: _____ Work: _____

Authorized Pick Up #2 _____ Relationship: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell/Other: _____ Work: _____

Authorized Pick Up #3 _____ Relationship: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell/Other: _____ Work: _____

Parent/s Signature

Date

**YMCA OF GREATER PROVIDENCE
AUTHORIZATION FOR EMERGENCY TREATMENTS**

Medical Concerns: _____

Allergies: _____

Medications Child Currently Taking: _____

In consideration of admittance, I hereby authorize the YMCA of Greater Providence to arrange for medical examination and/or treatment of my child, (*child's name*) _____ should an emergency arise at the child care site or on a field trip. It is also understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises (*hospital*) _____. I understand the choice of hospital may be limited by service of local rescue squad.

Print Physician's Name _____ Phone Number _____

Address _____

Health Insurance Coverage _____ Policy # _____

Parent/s Signature

Date

REGISTRATION INFORMATION

Registering For:

____ **Summer Learning Program** 9 a.m.-12 pm. (June 29-August 7)

Any planned vacations? Date: _____

Morning 21st CCLC Camp: Sliding Fee Scale. No child will be denied the opportunity to register for this camp based on their ability to pay.

____ **Afternoon Care** 12-6:00. (June 29-August 7)

\$142.00 member, \$163 non member

Transportation Summer Learning Program

Drop Off Location ___ Bailey 6:30-8:45
 ___ Carnevale 8:00-8:15

Pick Up Location ___ Bailey 12:00
 ___ Bailey 5:30-6:00
 ___ Carnevale: 12:30
 ___ Carnevale: 5:15-5:30

____ **Camp Massasoit** (August 10-August 14) \$163 (Register before May 15, \$142)

____ **Camp Massasoit** (August 17-August 21) \$163 (Register before May 15, \$142)

____ **Camp Massasoit** (August 24-August 28) \$163 (Register before May 15, \$142)

BEFORE AND AFTER SCHOOL INFORMATION

____ Out of School Time Academic Year 2009-2010

Location: ___ Carnevale ___ Bailey ___ Woods ___ Lima ___ MLK

Period of Time Needed: ___ BOTH ___ AM ONLY ___ PM ONLY

WAIVER OF LIABILITY

The YMCA of Greater Providence recommends that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-9 of the Rhode Island General Laws (Entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events," I hereby waive any liability that the Greater Providence Young Men's Christian Association (YMCA), its officers, directors, trustees, agents, servants, or employees might have for, and agree that said YMCA, its officers, directors, trustees, agents, servants, and employees shall not be liable for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic, or sports nature sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by me while practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA sponsored program and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YMCA sponsored program activities.

Parent/Guardian's Signature

Date

STOP HERE IF YOUR CHILD PARTICIPATED IN OST DURING 08-09 ACADEMIC YEAR

Continue if you would like to change your current information.

Child's Identifying Information (optional information, for emergency use only):

Sex _____ Eye Color _____ Hair Color _____ Skin Color _____
Height _____ Weight _____ Identifying Marks _____
Ethnicity _____

SOCIAL INFORMATION

Please tell us about how your child plays with other children? _____

Please tell us how your child expresses happiness? Sadness? Frustration? _____

Does your child have any fears? _____

What are your expectations for your child in our program? _____

Other Information that would help us better understand your child _____

**YMCA OF GREATER PROVIDENCE
CHILD CUSTODY AGREEMENTS**

Are there any Court Orders, Decrees or Agreements in regard to the child's custody or physical possession?

No Yes

If yes, please provide the following information:

Please indicate which parent has custody:

Father Custody Mother Custody Joint Custody Other

If other, please specify: _____

Please indicate which parent has physical possession:

Father Possession Mother Possession Other

If other, please specify: _____

If there is any other information that the YMCA should be aware of pertaining to custody and/or physical possession of the child, please provide the information and attach any Court Orders, Decrees or Agreements that reflect that information.

Parent/Guardian Signature

Date

*Any changes to this form must be made in person by the person whose signature appears above.

**YMCA OF GREATER PROVIDENCE
PHOTOGRAPH AND PUBLICATION GENERAL RELEASE**

The undersigned hereby gives the Young Men's Christian Association of Greater Providence (YMCA of Greater Providence), a Rhode Island nonprofit corporation with principal offices located at 222 Richmond Street, Suite 302, Providence, Rhode Island, 02903, its legal representatives, successors, and assigns, all persons and corporations acting with its permission or upon its authority or for whom it is acting, the absolute right and unrestricted permission to take, copyright, use, and publish photographs of or concerning the undersigned for any purpose the YMCA of Greater Providence deems desirable.

The undersigned accordingly releases, discharges, and agrees to hold harmless the YMCA of Greater Providence, its legal representatives, successors, and assigns, and all persons or corporations acting with its permission or upon its authority or for who it is acting, from any liability for or arising out of taking, copyrighting, using and publishing photographs of the undersigned for any purpose the YMCA of Greater Providence deems desirable.

___No Photos Please

Parent/Guardian's Signature

Date

RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the disclosure and release of information from the Providence Public School Department to the YMCA of Greater Providence and it's partner organizations, including but not limited to demographic information, school health records, IEPs, School Report Cards, and behavior reports.

In addition, I authorize the exchange of information including but not limited to demographic information, school health records, IEPs, School Report Cards, and behavior reports, from the YMCA of Greater Providence it's partner organizations to the Providence Public School Department.

Parent/Guardian Signature

Date

FIELD TRIP PERMISSION

I give permission for my child to participate in YMCA field trips and/or special events after written notice of any field trip.

Parent/Guardian's Signature

Date

Thank you for your interest in the YMCA Out-of -School Time program. You will be contacted in 24 hours of receipt to make arrangements to meet with the site director and tour the Out-of-School Time program. If you have any questions or concerns, please fill free to contact the Family Engagement Office at 456-0604.