



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT/GUARDIAN CONSENT FORM

- I understand that the Y's responsibility for my child begins after s/he has entered the program area and has been signed in and ends when s/he leaves the program area and is signed out. I understand that I and/or an authorized adult must sign my child in and out of the program each day. ____
- I give my permission for my child to participate in photographs that may be taken for YMCA promotional purposes or program updates and social media communication. ____
- I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the Y. ____
- Children with special needs will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires substantial one on one attention, whether due to special needs or behavior, my child may be removed from the program. ____
- I give the YMCA permission to render emergency care as needed and for EMS to be contacted (even before I am contacted), if the nature of the emergency warrants it. ____
- Public/private transportation by van or bus may be provided as needed to my child for program purposes including to and from field trips. (All children 7 and under riding in vans will use a booster seat provided by YMCA, unless otherwise noted by parents.) ____
- I give permission for records and information about my child to be accessed and shared by employees and agencies involved in YMCA childcare in a confidential manner to better meet his/her needs. ____
- I hereby acknowledge that the YMCA will assume that either parent/guardian of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise. ____
- I understand that written cancellations for program registrations are required at least 2 weeks in advance to receive credit and need to be sent to childcare@winonaymca.org. ____
- I understand that I need to notify the program site staff of all extra-curricular activities and illnesses that may affect my child's attendance by 12 PM the day of. ____
- I understand payment is due upon registration for all daily programs and the 1st of each month for all monthly programs, unless other arrangements have been authorized with billing. If my child is enrolled in the Monthly Child Care Program I must have a payment plan form on file.
- I give my permission for my child to watch movies with G or PG ratings. ____

WAIVER OF LIABILITY

I understand that all community agencies, staff, and volunteers involved in the YMCA School Age Programming assume no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from their participation in these activities. If my child requires use and administration of an EpiPen, inhaler, or other medication it is my responsibility to ensure that the EpiPen, inhaler, or other medication is on my child or within their personal belongings every day of the program. I give my permission for the YMCA to administer sunscreen and authorized medications as needed. ____

PARENT/GUARDIAN SIGNATURE

I have carefully read and initialed each of the above parent/guardian consent sections as well as the waiver of liability. I fully understand that by signing this form I have given consent for my child on all sections initialed within.

Print Name: _____ Signature: _____ Date: _____

Contact (507)454-1520 ext. 113 or childcare@winonaymca.org with any After School Care questions.

OFFICE USE ONLY

M.S.: All forms completed and turned in Registration in Daxko Payment processed or plan on file Turned in to office
School Age Programs Office: Confirmation email sent Copies made for each program Info. entered into spreadsheet



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ASC 2018 REGISTRATION AND EMERGENCY CONTACT FORM

PROGRAM ATTENDANCE (PLEASE CHOOSE ONLY ONE)

- | | | |
|--|---|--|
| <input type="checkbox"/> Central Site (YMCA) Monthly | <input type="checkbox"/> East Site (St. Martin's) Monthly | <input type="checkbox"/> West Site (Bluffview) Monthly |
| <input type="checkbox"/> Central Site (YMCA) Daily | <input type="checkbox"/> East Site (St. Martin's) Daily | <input type="checkbox"/> West Site (Bluffview) Daily |

CHILD INFO

Child's Full Name: _____ School Attending: _____
 Birthdate: _____ Age: _____ Fall 2018 Grade: _____ Gender: Male or Female
 Home Address: _____
 Dental Clinic: _____ Dentist: _____ #: _____
 Medical Clinic: _____ Doctor: _____ #: _____

PARENT/GUARDIAN INFO

Name (Primary): _____ E-mail*: _____
 Home Address: _____
 Phone Numbers: H _____ W _____ C _____
 Name (Secondary): _____ E-mail: _____
 Home Address: _____
 Phone Numbers: H _____ W _____ C _____

***Program communication will be sent to primary contact via email, unless otherwise specified**

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name*: _____ Relationship: _____
 Phone numbers: H _____ W _____ C _____
 Name: _____ Relationship: _____
 Phone numbers: H _____ W _____ C _____

ADDITIONAL NAME(S) OF ALL OTHER PERSONS AUTHORIZED TO PICK UP CHILD

1. _____ Phone: _____ Relationship: _____
 2. _____ Phone: _____ Relationship: _____

***Must provide at least one emergency contact**

ADDITIONAL INFO

Allergies/dietary restrictions/medications/needs we should be aware of:

Information to help us best support your child this school year:
