

## YMCA CHILD CARE PARTICIPANT INFORMATION FORM

### GENERAL PARTICPANT INFORMATION:

Participant's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of Parent(s)/Guardian(s):  
\_\_\_\_\_

Primary Daytime Contact Person

(for emergency): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Secondary Daytime Contact Person: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### MEDICAL INFORMATION:

Please check those that apply and give approximate dates:

\_\_\_Hypertension      \_\_\_Heart Disease      \_\_\_Diabetes

\_\_\_Mononucleosis      \_\_\_Seizures      \_\_\_Asthma

\_\_\_Clotting Disorder      \_\_\_Behavior Disorder

Disability or chronic / recurring illness: \_\_\_\_\_

Known allergies we should be aware of:  
\_\_\_\_\_

Please fill out attached Allergy Form to give us more info about your child's allergy.

Other medical problems / diseases (please give dates):  
\_\_\_\_\_

Medications child is currently taking: \_\_\_\_\_

If your child needs medication administered during camp hours, please fill out the attached Medication Form.

Insurance Company: \_\_\_\_\_

Name of Child's Physician / Clinic: \_\_\_\_\_

Physician / Clinic Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Does your child have any special needs requiring an accommodation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby consent & authorize Marshall Area YMCA staff to take any & all action, including use of emergency medical transportation, medical services, & hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Marshall Area YMCA.

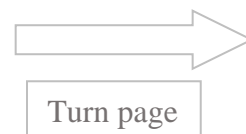
\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

I understand that any medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marshall Area YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



AUTHORIZATION TO PARTICIPATE:

\_\_\_\_ YES \_\_\_\_ NO I give my permission for my child to be included in pictures associated with the program.

\_\_\_\_ YES \_\_\_\_ NO I give my child, \_\_\_\_\_, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard or water safety instructor will be on duty.

\_\_\_\_ YES \_\_\_\_ NO I would like my child to swim in shallow water only.

\_\_\_\_ YES \_\_\_\_ NO My child has permission to swim in deep water and can successfully perform the following skills: can jump feet first into water and can tread water for 10 seconds & continue to swim for 1 length of the pool. I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

\_\_\_\_ YES \_\_\_\_ NO I give my permission for my child to have spray sunscreen and insect repellent applied to them for outdoor activities.

Next four must be "yes" for your child to attend.

\_\_\_\_ YES \_\_\_\_ NO My Child can change into and out of swim clothing on their own and is potty trained.

\_\_\_\_ YES \_\_\_\_ NO I give my permission for my child to participate in all trips or excursions. I understand that transportation for these trips or excursions may be by YMCA van, walking, public transportation, or leased bus.

\_\_\_\_ YES \_\_\_\_ NO I give my permission for my child to use all the equipment & participate in all activities of the program

\_\_\_\_ YES \_\_\_\_ NO I understand my child may be send home if they show signs of illness.

\_\_\_\_\_  
Signature Date

The following persons are **emergency contacts** and are allowed to sign out my child (listed above)

*Please Print*

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

PAYMENT OPTIONS

**Automatic weekly draft;** of payment methods on file. Weekly payments **will be drafted the Monday before each new week starts.** \*Please see the Parent Handbook for cancellation policies.\*

**In house/online** weekly payments will be made each week by the parent/guardian.

**Special Arrangement** Please let us know if you're unsure if your circumstances fall within this category.

\_\_\_\_\_  
Signature Date

<u>Staff Use Only:</u>	Check if turned in:
Date Received: _____	Code of Conduct _____
Received by: _____	Immunization history _____
Date entered in system: _____	



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Youth Code of Conduct Marshall Area YMCA Child Care Programs

### Purpose of Code of Conduct:

We want our childcare to be an enjoyable environment and a fun experience for all. This code of conduct will help build core values. We ask that parents read through the code of conduct with their child. Please explain what these values are and open a discussion about how to show our values at the YMCA.

### Our Expectations:

#### Be caring...

- Do not physically or verbally hurt others. This means that you should not bully, touch, gossip about, or throw something at another person.
- Offer to help when able

#### Be honest...

- Display the core value of honesty by telling the truth and make good choices

#### Be responsible...

- Leave the space or area better than found (keep a clean area)
- Ask permission to leave programming space with staff supervision

#### Be respectful...

- Listen and respond appropriately to counselors, other participants, and guests
- Appreciate Y property, staff, and program equipment/supplies

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Participant Signature

Date

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Parent/Guardian Signature

Date

By signing this document, you agree to abide by the above expectations and understand that failing to abide by said expectations can and will result in consequences as outlined on the reverse of this document.

Participants who choose not to sign this document will not be permitted to attend any camp activity and will still be subject to the consequences for misbehavior at activities.

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# Teachable Moments

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The consequences for misbehavior outlined below aim to exemplify grace and forgiveness. It is our goal that any participant who receives any offense takes responsibility, learns from it and returns to the program. We desire to have all participants participating in all activities and will not hold prior offenses against those who have already completed the consequences for such (assuming that a pattern does not emerge).

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## Consequences for Offenses:

1st Offense: The participant will receive a verbal warning. Reasoning and redirection will be applied here.

2nd Offense: The participant will be pulled aside by a counselor to discuss the offense. Continued reasoning and redirection will be applied. 2–5-minute break may be given depending on the offense. Parent(s)/guardian will be alerted of the offense by a counselor at pick up time.

3rd Offense: The participant will be pulled aside by a counselor and given a written Teachable Moment (copy to be given to parent). Counselor will choose severity and give child a consequence to practice a better choice/action.

*\*Once child has received more than 3 in one week, a phone call will be made to parents.*

*\*If child receives a severity score of 3 or more, parents will be called.*

*\*Once child has received 2 teachable moments of a severity of 3 or more. Parents will be called, and a break will be needed for student. Minimum break will be 3 days.*

*\*If a child receives a teachable moment of severity 4, parents will be called, and supervisor has discretion for the need of a break from Y programming.*

*\*\*Minimum break will be 3 days; refunds will not be given.*

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Staff and the Director of Community Programs reserve the right to determine the severity of misbehavior and may choose to skip or modify any of the above stated consequences.

Participants who reach 4<sup>th</sup> Offense multiple times may lose privileges including, but not limited to field trips and/or special events/activities.

Additionally, participants who reach 4<sup>th</sup> Offense multiple times may also be subject to required parent/guardian meetings with the Director, prior to being allowed back at any above stated events or activities.

Consequences for repeat offenses up to discontinuation of participation (depending on severity).

YMCA Child Care Medication Form

**Note: YMCA Staff cannot administer medication (prescription or over the counter) unless this form is completed and signed.**

**Prescription Medications:** must be signed by a parent or guardian and physician. The prescription bottle serves as the physician's signature. All prescriptions must be in the original container.

Staff will hold any medication in a locked cabinet and dispense medication according to physician instructions or instructions on over-the-counter medication. The YMCA will retain the medication for the duration of the session and return any unused medication at the end of each session (each week). Only send enough medication for ONE WEEK with your camper.

**Over-The-Counter Medications:** to be signed by the parent or guardian.

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_

Method of Administering (i.e., oral, inhaler, etc.) \_\_\_\_\_

Does Medication Require Refrigeration? \_\_\_ Yes \_\_\_ No

Diagnosis: \_\_\_\_\_ Is condition contagious? \_\_\_ Yes \_\_\_ No

Dates to be administered:

From \_\_\_\_\_ To \_\_\_\_\_

Time(s): \_\_\_\_\_

(Note: we will only dispense medication as per labeled instructions)

Parent/Guardian Signature: \_\_\_\_\_

Phone#: \_\_\_\_\_

**Valid for one week at a time for the length of the prescription as stated by the physician, e.g.: antibiotic 10 days, unless otherwise stated by physician.**

We will not administer medication without this completed form					
	Monday	Tuesday	Wednesday	Thursday	Friday
Time to be given: ____ AM					
Staff Signature:					
Time to be given: ____ PM					
Staff Signature:					



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

### YMCA Participant Allergy Information:

Participant Name: \_\_\_\_\_

Description of Allergy:

\_\_\_\_\_

Specific Triggers:

\_\_\_\_\_

\_\_\_\_\_

Avoidance Techniques:

\_\_\_\_\_

\_\_\_\_\_

Symptoms of Allergic Reaction:

\_\_\_\_\_

\_\_\_\_\_

Procedures for responding to an allergic reaction:

\_\_\_\_\_

\_\_\_\_\_

Do you plan to have YMCA staff administer medication if needed?

NO

YES (please fill out medication form)