

2006-07 PRE-SCHOOL INFORMATION

Youth's Name _____, _____ Birth date _____
 (first) (last)
Age _____ Grade _____ School _____ Current YMCA member _____
Address _____ Home Phone # _____

Please mark how many days per week your child will be attending Pre-School:

____ 2 days per week ____ 3 days per week ____ 4 days per week ____ 5 days per week

Please mark the days of the week that your child will be attending Pre-School:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

My child will attend the after care program (12:00 – 5:30) ____ Yes ____ No

PARENT/ LEGAL GUARDIAN INFORMATION

Mother's name _____ Home phone # _____

Home address _____ Work phone # _____

Company Name _____ Car/Cell phone# _____

Father's name _____ Home phone# _____

Home address _____ Work phone# _____

Company Name _____ Car/Cell phone# _____

***If both parents reside at the same address fill in one area only.**

Parent's marital status _____ In Emergency Call _____

Emergency phone _____ Relationship _____

The Pre-School instructors are trained in safety issues that include proper authorization for child sign-out. We will only let a child leave with authorized adults. Please fill out this authorization form. Others can be added if needed.

Pick-up persons:

Name: _____ Name: _____

Name _____ Name: _____

If you have anyone that **cannot** pick up your child please indicate below.

Name: _____ Name: _____

EMERGENCY MEDICAL INFORMATION

(To be filled out by Physician)

_____, is being enrolled in Pre-School at the YMCA. Supervision is provided by a professional Youth Director and a trained staff in First Aid, CPR, and Child Abuse Prevention. The daily program involves both vigorous and relaxing play, indoors and out. We would like to make sure that the above named youth will be able to comfortably succeed in our Pre-School environment, physically. Please aid us in this matter by filling out the following questionnaire.

- 1. Does this youth have any physical condition of which we should be aware? ___ Yes ___ No
- 2. Does this youth have any physical conditions that may alter their ability to participate in camp? ___ Yes ___ No
- 3. Does this youth take any form of medication or require special attention on matters of their health? ___ Yes ___ No
- 4. In your opinion is this youth physically and emotionally able to participate in a Pre-School program? ___ Yes ___ No

Parents Please Fill Out

- 5. Has this youth ever taken swimming lessons? ___ Yes ___ No What year? _____
- Were they successful in completing the course? ___ Yes ___ No Do you believe this child has basic swimming skills?
___ Yes ___ No

Thank you for this valuable information. We stress our #1 goal of safety for your child and staff.

IMMUNIZATIONS

Has this youth received any of the following immunizations? Please give dates of most recent?

Diphtheria_____	Pertussis_____	Polio 1_____
Tetanus_____	Rubeola_____	Polio 2_____
Small pox_____	Rubella_____	Polio 3_____
Others_____		

Date of last Tuberculin test _____ Results _____

Date of last physical examination _____ Physician's signature _____

The YMCA staff plan and implement safe activities for youth and strive to provide a safe environment as well. Unfortunately accidents occur and when they do we want to react quickly. We will always call to inform you about any illnesses or injuries no matter the severity. We thank you for this valuable information.

EMERGENCY TRANSPORTATION AUTHORIZATION

Name of physician or clinic _____ Phone _____

Address _____

Name of Dentist or Dental office _____ Phone _____

Address _____

Please fill out either part I or part II below. **DO NOT COMPLETE BOTH!**

I give the YMCA Staff my permission to transport my child

_____ to CAMC General Division for medical emergency care, or to _____ (dentist or office) for emergency dental care, or to the nearest available source if you currently do not have a dentist.

Parent or guardian signature _____ Date _____

Refusal to grant permission to transport.

I do not give permission to YMCA Staff to transport my

child _____ for medical emergency or dental emergency care.

Parent or guardian signature _____ Date _____