YMCA of Greater Boston
Enrollment Form

CHILD INFORMATION

Child's Name		Nickname	
Date of Birth	Gender	Age	Grade
Home Address		Phone	

DESCRIPTION OF CHILD (Required by the MA Department of Early Education and Care)

Eye Color		Hair Color	Skin Color
Height	Weight	Identifying Marks	Primary Language

Are you Hispanic or Latino? (Please circle) Yes No Don't know/Unsure
Which one or more would you say is your race? (Circle all that apply) White Black/African American Asian Native Hawaiian/Pacific Islander American Indian/Alaska Native Other (specify)_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Parent/Guardian Name	
Relationship to Child	Primary Language	Relationship to Child	Primary Language
Home Address City Zip Code		Home Address City Zip Code	
Home Telephone Cell		Home Telephone Cell	
Email Address		Email Address	
Business Address City Zip Code		Business Address City Zip Code	
Occupation		Occupation	
Work Hours	Work Phone	Work Hours	Work Phone

SCHOOL INFORMATION

Child's School **Conservatory Lab**	School Address **2120 Dorchester Ave, Dorchester, MA 02124**
School Office Phone **(617) 254-8904**	Dismissal Time **Wednesdays at**
Does your child have an I.E.P. (Individual Education Plan) or 504 Plan? _____ Yes _____ No If yes, please provide a copy to the program.	

PARENT SIGNATURE: _____ **DATE:** _____

YMCA of Greater Boston
Emergency Authorization and Consent Form

CHILD'S MEDICAL INFORMATION

INSURANCE INFORMATION

Child's Name	Date of Birth
Medical Insurance Company	Policy Number
Other Coverage (Include Dental)	
Child's Physician	
Phone	Address

MEDICAL HISTORY

Please write "NONE" if there are none.

Allergies/Health Conditions	Reactions	Treatment

Special Disabilities/Dietary Information/
Religious Restrictions

Current Medications:

	Yes	No
Home	____	____
School	____	____
Program	____	____

Behavioral Issues

Documentation of a physical examination, immunization record, and lead screening is on file at my child's school. **Yes____ No_____**

Children attending a DPH licensed summer or vacation camp must provide a copy of the above documents.

MEDICAL TREATMENT CONSENT

I hereby authorize certified staff of the YMCA of Greater Boston to give First Aid and CPR to my child as needed. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility as deemed appropriate by responding medical personnel, and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately.

I understand that if my child has medications available at the program I must complete annually a medication consent form

PARENT SIGNATURE:_____ **DATE:**_____

YMCA of Greater Boston
Emergency Contacts and Pick-up Authorization

EMERGENCY CONTACTS*

Please list yourself and three additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program unless otherwise noted.				
Parent/Guardian		Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #

PICK-UP AUTHORIZATION

Please list below individuals who are authorized to pick up your child from the program, but would not be contacted in case of emergency. (Example: coach, neighbor, etc.)				
Name	Relationship	Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #

**Biological parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. A license or other positive proof of identification must be shown at pick-up time if the person is not known by staff members as an authorized pick-up person. If you wish to change, add, or delete any of these authorizations, you must do so in writing. Please note below any special instructions regarding these individuals.*

_____

Child's Name: _____

PARENT SIGNATURE: _____ **DATE:** _____

YMCA of Greater Boston
Authorization and Consent Form

Child's Name: _____ **Date:** _____

PROMOTIONAL RELEASE

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote YMCA programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.

Parent/Guardian Signature:_____

SUPPORT STAFF CONSENT

YMCA programs have support staff that consist of resource advisors, family support specialists, and social service staff. In addition, student interns and/or volunteers may work within the program. I give permission for my child to interact with these support staff.

Parent/Guardian Signature:_____

WADING/SWIMMING CONSENT

I hereby grant consent for my child to participate in wading/swimming activities in life guarded locations, including at the YMCA. My child may also engage in sprinkler play under YMCA staff supervision.

Parent/Guardian Signature:_____

YMCA of Greater Boston
Arrival and Departure
Verification Form

AFTER SCHOOL - ARRIVAL	AFTER SCHOOL - DEPARTURE
My child will arrive at the YMCA program by: _X__ Public School Bus (check one) __X_ Supervised walk into program _____ Unsupervised walk into program _____ YMCA Bus or Van (check one) __ Supervised walk into program _____ Unsupervised walk into program _____ Public Transportation- Describe: _____ __ ___ Walking (check one) __ ___ Supervised _____ Unsupervised _____ Parent/Authorized Release Drop-Off _____ Other Please Specify: _____ _____ N/A	My child will depart the YMCA program by: _____ YMCA Bus or Van (need prior approval) _____ Supervised walk into home _____ Unsupervised walk into home _____ Public Transportation- Describe: _____ _____ Walking (check one) _____ Supervised _____ Unsupervised _X_ Parent/Authorized Release Pick-Up _____ Other Please Specify: _____ _____ N/A
Arrival Time:	Departure Time:

FULL DAY - ARRIVAL	FULL DAY - DEPARTURE
My child will arrive at the YMCA program by: YMCA Bus or Van (check one) _____ Supervised walk into program _____ Unsupervised walk into program _____ Public Transportation- Describe: _____ _X__ Parent/Authorized Release Drop-Off _____ Other- Please Specify: _____ _____ N/A	My child will depart the YMCA program by: _____ YMCA Bus or Van (need prior approval) _____ Supervised walk into home _____ Unsupervised walk into home _____ Public Transportation- Describe: _____ _X_ Parent/Authorized Release Pick-Up _____ Other- Please Specify: _____ _____ N/A
Arrival Time: 9AM	Departure Time: 4PM

Parents are reminded to contact the program in case of absence or late arrival.

Child's Name: _____

PARENT SIGNATURE: _____ **DATE:** _____

YMCA of Greater Boston
Hand Sanitizer/Topical Ointment Permission

Child's Name: _____ **Date of Birth:** _____

I give permission for my child to use hand sanitizer. I understand that they will still be required to wash hands with soap and water before eating, after using the bathroom, and if they sneeze into their hands, and they will not be required to use hand sanitizer at the program.

I understand that by signing below, I absolve the YMCA of Greater Boston of any responsibility, should a reaction occur from said product.

PARENT SIGNATURE: _____ **DATE:** _____

I give permission for the YMCA to apply sunscreen, bug spray, and other topical lotions/ointments to my child provided by me according to application instructions. I also understand that I will need to provide the above product in its original container.

If the sunscreen or bug spray I provide to the Y runs out, I give permission for the program to apply products purchased by the YMCA that meet Department of Public Health Guidelines. **Yes_____ No_____**

Application Instructions: _____

PARENT SIGNATURE: _____ **DATE:** _____

I give my child **(7 or older)** _____ permission to walk unattended to the non-public restroom as necessary. (For example: a rest room located in the school age area that is not used by any other groups or persons)

I understand that it is the policy of the YMCA to escort all children to the restroom when the possibility exists that a person not connected to the before/after school program may utilize that area. (For example: a rest room located in a public school basement)

PARENT SIGNATURE: _____ **DATE:** _____

YMCA of Greater Boston
Release of Information

I hereby authorize the staff from **CONSERVATORY LAB** and the staff professionals of the **YMCA of Greater Boston** to release and share information on my child, including, but not limited to attendance, report cards, IEPs, 504 Plans, progress reports and behavior charts. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance and overall afterschool/summer experience. No school records may be released to any other person or agency without my full permission.

Also, I will have the option of inviting YMCA of Greater Boston Educators to attend in-school conferences and to meet with school teachers and/or staff members to discuss my child's progress per my request.

Child's Name: _____

PARENT SIGNATURE: _____ **DATE:** _____

MEDICATION CONSENT FORM
(FOR CHILDREN WHO NEED MEDICATION @ PROGRAM)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms_____

Topical Non-Prescription (**applied to open wound/ broken skin)**_____

My child has previously taken this medication_____

My child has **no**t previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan_____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

_____

Child's Health Care Practitioner Signature _____**Date**_____

I, _____**, (parent or guardian) gives permission**
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date**_____
For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only)**