

For Official Use Only

Receipt # \_\_\_\_\_ Member # \_\_\_\_\_ Verified by \_\_\_\_\_ Approved by \_\_\_\_\_ Site Director \_\_\_\_\_

**COWART FAMILY ASHFORD DUNWOODY YMCA  
2009-2010 PRIME TIME  
CHILD HISTORY ENROLLMENT FORM**

*Please complete ALL sections*

School Name: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Child lives with: \_\_\_\_\_

1. Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street Address (if different from Child's) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Income: \_\_\_\_\_

Employer's Complete Address: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street Address (if different from child's) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Income: \_\_\_\_\_

Employer's Complete Address: \_\_\_\_\_

**EMERGENCY CONTACTS & INFORMATION**

In the event of an emergency, the YMCA will take all possible steps to locate parent/guardians. In the event a parent/guardian cannot be reached I authorize the YMCA to contact the following people: (Please include two local contacts.) **\*\*TWO PEOPLE OTHER THAN THE PARENTS\*\***

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

**CHILD HEALTH INFORMATION**

Authorized Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Clinic/hospital: \_\_\_\_\_ Health Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

Does your child have any allergies? **Yes or No** If yes, please explain: \_\_\_\_\_

Does your child have any disability, chronic or recurring illness or conditions, i.e. asthma, diabetes etc.? **Yes or No** If yes please explain: \_\_\_\_\_

Current Medications: \_\_\_\_\_

My Child has the following Special Needs i.e. ADD, Autistic, Lactose intolerant etc.: \_\_\_\_\_

The following accommodations may be required to most effectively meet my child's needs in the Prime Time Program: \_\_\_\_\_

**PARENT PICK-UP AUTHORIZATION**

The YMCA staff will only release a child to the parent/guardians or contacts listed below. Any person picking up a child will be asked to show a picture ID.

1. Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

The following people are not authorized to pick-up my child. **(If this person is the child's parent you must include a court order)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **PROGRAM POLICIES & AUTHORIZATION**

**Please read and initial the following policies and authorizations:**

\_\_\_\_\_ The Cowart Family Ashford Dunwoody YMCA agrees to provide child care Monday-Friday from school dismissal until 6:30 PM. This care includes an afternoon snack.

\_\_\_\_\_ The YMCA agrees to keep parent/guardian informed of any incidents, including; illnesses, injuries, exposure to communicable diseases.

\_\_\_\_\_ I give permission for the YMCA to administer first aid, and in the event of an emergency, to secure a physician for emergency medical treatment for my child. I understand that a conscious effort will be made to contact the parent/guardian before seeking treatment. I understand and accept that this expense is my responsibility. I understand it is my responsibility to carry primary accident insurance.

\_\_\_\_\_ I give permission for the YMCA to contact the emergency contacts listed above in the event they are unable to reach the parent/guardian.

\_\_\_\_\_ I understand that my child must be signed and escorted out of the after-school program daily, by an adult over the age of 18.

\_\_\_\_\_ I understand the YMCA will only release my child to the parents/guardians and contacts listed on this form. I understand that I must provide in writing, authorization for my child to be picked up by someone other than the individuals listed on this form.

\_\_\_\_\_ I understand that before any medication is dispensed to my child, I must provide written authorization, which must include: date, child's name, name of medication, prescription number, if any; dosage, date and time to be dispensed and parent/guardian signature. All medication must be in its original container. The YMCA staff will keep a written verification log of date, time, and staff member who administered the medication and any reactions to the medication

\_\_\_\_\_ I acknowledge it is my responsibility to keep the YMCA advised of any significant changes to my child enrollment form to included but not limited to; addresses and phone numbers of all individuals, change in work location, family doctor, allergies and other health information. I agree to provide this information to the YMCA at the time of the changes.

\_\_\_\_\_ I understand that is my responsibility to know and abide by all policies and procedure included in the Prime Time parent handbook.

\_\_\_\_\_ I understand that failure to pay my After-school payments promptly will result in removal from the program.

By initialing the policies and authorization statements above and signing below, I acknowledge that I have read and understand the policies/guidelines and agree to abide by them.

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

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

**Director's Signature:** \_\_\_\_\_

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

2009/2010



YMCA

We build strong kids,  
strong families, strong communities.

Dear Prospective Prime Time Families,

Thank you for your interest in the Prime Time Program!

As a Bright From the Start licensed program, we are required by law to have all of the information on the following enrollment form complete and available at the site. Incomplete information causes the YMCA to be cited and fined for violations of state law. Continual fines can cause us to lose our license to provide child care. As a result, incomplete enrollment forms **CAN NOT BE ACCEPTED**.

## **The following information must be included:**

- Names, addresses, and phone numbers of both parents
- Names, addresses, and phone number of both parents employer
- Names, addresses, and phone numbers of two emergency contacts, other than the parents.
- Names, addresses, and phone numbers of individuals authorized to pick-up your child
- Name, address, and phone number of child's doctor/hospital
- Insurance provider name, group number, and policy number
- **\*\*New\*\* Immunization records for each child.**

We thank you in advance for your cooperation and understanding.

Sincerely,

Joanne Jourdan  
Child Care Director