



YMCA OF SNOHOMISH COUNTY YOUTH INFORMATION FORM

Updated 6/13/15

Youth Information

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address		Apt	City	State	Zip Code	

Specific Medical, Behavioral, or Developmental Needs

Date of Last Physical / /	Date of Last Dental Exam / /	Date of Last Tetanus / /
Depending on your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can be best accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program.		
Dietary Modifications/Allergy	Chronic/Recurring Illness	
Current Medications (medication authorization may be required)	Operations/Serious Injury	
Physical Disability	Behavioral Disorder	
Developmental Delays	Other	
List any Activities from which your child should be exempted from for health reasons:		

Emergency & Insurance Information

Child's Physician	Full Address	Phone Number
Child's Dentist	Full Address	Phone number
Local emergency contact (other than Parents or doctor) & Phone Number	Out of Area Emergency Contact & Phone Number	
It is the responsibility of every individual, their legal parent or guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Snohomish County does not provide any accident or health coverage for its participants		
Medical Insurance Company	Policy number	

Parent or Guardian

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)		Apt	City	State	Zip Code	
Phone Number	Cell Phone	Work Phone	Does child live with you?			
Primary Email					Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name						

Parent or Guardian

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)		Apt	City	State	Zip Code	
Phone Number	Cell Phone	Work Phone	Does child live with you?			
Primary Email					Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name						

Persons Authorized to Pick Up Child (Other than Parent/Guardian)

Legal First Name	M	Legal Last name	Phone Number	Relation to child	
Address			Apt	City	State Zip
Legal First Name	M	Legal Last name	Phone Number	Relation to child	
Address			Apt	City	State Zip
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Legal First Name	M	Legal Last name	Phone Number	Relation to child	
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List any restrictions related to authorized pick up - this may include any special orders such as parenting plans or restraining orders. **Attach legal documentation.**

YMCA Policies

YMCA of Snohomish County Mission Statement: To inspire, nurture, and strengthen culturally vibrant communities through youth development, healthy living, and social responsibility.

Culturally Relevant/Anti-Bias Statement: The YMCA of Snohomish County youth programs are committed to providing developmentally and culturally appropriate services that: respect, reflect, and support children and families in our programs; cultivate understanding and caring among children, families, and staff and incorporate an anti-bias approach to curriculum.

Financial Assistance: If you cannot afford the full cost of a program, please ask for a confidential scholarship application. Financial assistance, to the extent possible, to those who qualify.

Personal Safety Discussions: Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior and encourage children to tell a trusted adult if someone touches them in way that makes them uncomfortable. The YMCA of Snohomish County respects the diversity and rights of the individuals it serves.

AUTHORIZATIONS

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its employees, boards, members, volunteers, or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the YMCA of Snohomish County and its branches.

Property Loss: The YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image, voice, or artwork for purposes of promoting or interpreting YMCA programs.

I have read and understand the above and have completed this form to the best of my ability.

Parent/Guardian Signature: _____ **Date:** _____

For internal use only:

Date Received: _____ Received By: _____ ICP: No Yes - Approval: _____ RSO Completed: / / Initials: _____ Site (Transport): _____
 Site Notified: _____ Sent to AO Billing: _____ Fwd to CC Dept: _____ Filed: _____
 Start Date: _____ Care Plan: School Days School Year Year Round Occasional End Date: _____



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YMCA OF SNOHOMISH COUNTY

HEALTH HISTORY & SAFETY INFORMATION

Child's Full Name: D.O.B.:

GENERAL HEALTH HISTORY

MEDICAL CARE PROVIDER	STREET ADDRESS, CITY, ZIP CODE	OFFICE PHONE
DENTAL CARE PROVIDER	STREET ADDRESS, CITY, ZIP CODE	OFFICE PHONE

NOTE: WITHOUT MEDICAL AND DENTAL CARE PROVIDER INFORMATION, YOU MUST COMPLETE THE EMERGENCY CONTACT PLAN SECTION.

Were there any complications during pregnancy or childbirth? Yes No If yes, explain:

Has your child ever been hospitalized? Yes No If yes, explain: Date: / /

Does your child take any medications on a regular basis? Yes No If yes, for what condition?

Does the tap water at your home contain fluoride or does your child take a prescribed fluoride supplement? Yes No

DOES YOUR CHILD HAVE ANY CONDITIONS LISTED BELOW? IF YES: LIST ITEM LETTER, SPECIFY & DESCRIBE & LIST CHILD'S AGE

a.	Asthma or breathing conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Example: h. surgery for tubes, age 4 ½
b.	Seizures or other neurological conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c.	Heart or other cardiovascular conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d.	Bladder or other urinary conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e.	Bowel or other GI conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f.	Bone or joint conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g.	Eczema or other skin conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h.	Chronic ear infections or tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i.	Other ear, nose or throat conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j.	Tuberculosis exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
k.	Diabetes or other endocrine system conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l.	Notable injuries, including dental injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m.	Instances of child abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
n.	Psychological or emotional conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
o.	Car or motion sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE IF YOU HAVE ANY CONCERNS FOR YOUR CHILD'S: IF YES: LIST ITEM LETTER - SPECIFY & DESCRIBE THE CONCERN

p.	Dental health concerns or pain in teeth or gums	<input type="checkbox"/> Yes <input type="checkbox"/> No	
q.	Behavioral	<input type="checkbox"/> Yes <input type="checkbox"/> No	
r.	Eating habits or nutritional intake	<input type="checkbox"/> Yes <input type="checkbox"/> No	
s.	Hearing, speech, sight, texture/other sensory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
t.	Physical development (height, weight, coordination)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
u.	Other concerns you would like your child's care provider to know:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NUTRITION

List any restriction to foods your child may consume. Indicate the restricted foods, reason for restriction in the appropriate column:
C/R = cultural/religious/philosophical – **MED** = medical reason (OTHER THAN ALLERGIES – SEE ALLERGY SECTION) Food restrictions require a written food plan that must be approved prior to implementation and may require a physician's approval.* – If none, write "NONE"

LISTS FOODS YOUR CHILD MUST NOT EAT *	C/R	MED	LIST DETAILS & NUTRITIONALLY EQUIVALENT SUBSTITUTION(S)

ALLERGY HISTORY

Does your child have any allergies or intolerances to animals, insect, food, medications or other substances:

Yes – Request an ICP Form Checklist My child has no known allergies, food restrictions or other individual needs.

ALLERGEN	DESCRIBE EXTENT OF REACTION	EMERGENCY MEDS REQUIRED? LIST

INDIVIDUAL NEEDS

My child has other individual needs and requires a Care Plan. Request an ICP Form Checklist to determine which forms to complete.



POLICY AND PROCEDURE REVIEW

Child care programs have health and safety related policies and procedures that staff (and participant families) must follow to ensure each child's health and safety. Documents detailing these policies and procedures are listed below and are available at the YMCA front desk, at each child care location and in the cloud. Policy and procedure documents must be reviewed annually and when changes are made. Please indicate that you have been given access to copies of these documents.

POLICY	EDITION	SIGNATURE - RECEIPT	DATE	EDITION	SIGNATURE - UPDATE	DATE
<input type="checkbox"/> Parent Handbook						
<input type="checkbox"/> Health Care Plan						
<input type="checkbox"/> Emergency Response Plan						
<input type="checkbox"/>						

POLICY	EDITION	SIGNATURE - UPDATE	DATE	EDITION	SIGNATURE - UPDATE	DATE
<input type="checkbox"/> Parent Handbook						
<input type="checkbox"/> Health Care Plan						
<input type="checkbox"/> Emergency Response Plan						
<input type="checkbox"/>						

PERMISSIONS - WRITE "NO" IN SIGNATURE LINE IF NO OR "N/A" IF NOT APPLICABLE	SIGNATURE	DATE		
I give my permission for my child to participate in water activities including swimming (always with certified lifeguards and adequate staffing when swimming) and at spray parks with or without wading pools.				
YMCA staff has my permission to discuss my child with school personnel for the purpose of collaboration with homework support.				
YMCA staff has my permission to discuss my child with school personnel and review records related to behavior and/or individual care/education plans pertaining to my child for the purpose of collaboration, consistency and my child's success in the YMCA program and in school.				
I give permission for my child to participate when visiting health professionals visit the program, such as a dental hygienist demonstration or behaviorist observing the program as a resource to the staff.				
Other individuals I give YMCA my permission to discuss my child with for the purpose of my child's care.				
Name	Relationship	Purpose for communication	Signature	Date
Name	Relationship	Purpose for communication	Signature	Date

EMERGENCY CONTACT PLANS

WA State Licensing Standards require us to have a written plan detailing how you may be contacted in the event of an emergency when you do not list an emergency contact. It is also required to provide staff with written plans for medical and/or dental injury or incident. If you are missing any one of these 3 emergency contacts, this section MUST be completed. 1- Personal Emergency Contact 2 - Medical Care Provider 3 - Dental Care Provider.

1 - COMPLETE THIS ONLY FOR MISSING EMERGENCY CONTACT - PERSONAL EMERGENCY CONTACT PLAN

We must be able to make contact with you while your child is in the program. Reasons staff may need to speak with you urgently include when your child becomes ill, is involved in an altercation with another participant, has not been picked up after closing time, or when an unauthorized person has attempted to pick your child up or in the event of an incident including lock-downs, fire, weather conditions requiring program closure, earthquake or power outage, etc. Describe below at least one method that will allow staff to reach you quickly. Attach another sheet of paper if more room is required.

2 - COMPLETE THIS ONLY FOR MISSING MEDICAL CARE PROVIDER CONTACT INFORMATION - MEDICAL EMERGENCY PLAN

Provide instructions here on how YMCA staff are to proceed in the event of any medical emergency. This may range from needing stitches to life-threatening incidents or occurrences. Attach another sheet of paper if more room is required.

3 - COMPLETE THIS ONLY FOR MISSING DENTAL CARE PROVIDER CONTACT INFORMATION - DENTAL EMERGENCY PLAN

Provide instructions here on how YMCA staff are to proceed in the event of any dental emergency. This may include a broken tooth or damaged gums, for example. Attach another sheet of paper if more room is required.

MEDICAL AND DENTAL EXAMS

RESERVE THESE SPACES FOR ANNUAL UPDATES

Date of last medical exam:	DATE	SIGNATURE	DATE	SIGNATURE
Date of last dental exam:	DATE	SIGNATURE	DATE	SIGNATURE

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE
		/ /



YMCA OF SNOHOMISH COUNTY

PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

Updated 5/31/15

The following information is important to the safety and protection of your child. Please read the information and sign this form.

I understand that the adult who registers the child for the program is responsible for payments to the YMCA.

I understand that all financial, attendance, enrollment, and other business documents will be provided only to the adult who signs the child up for the program and is responsible for payment.

I understand that YMCA staff are not allowed to babysit or transport children outside of the YMCA program.

I understand that I have free access, at all times, to areas of the program used by my child. I also understand that I will have opportunities to participate in program activities, and that participation may require me to go through a screening process. I also understand that if my participation obstructs the program in any way, this privilege will be revoked.

I understand that I am not to leave my child at the YMCA or program site unless my child is registered to attend and a YMCA staff is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program alone or with an unauthorized person.

I understand that YMCA staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior and encourage children to tell a trusted adult if someone touches them in way that makes them uncomfortable. The YMCA of Snohomish County respects the diversity and rights of the individuals it serves.

I understand that I will be provided information about my child's progress and/or any issues related to his/her care. However, both parents may receive this information upon request.

I understand that employees in all YMCA programs are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I also understand that YMCA staff are protected from liability for good faith reporting.

I understand that the Health Care Plan and Disaster Response Handbook are posted on-site and available for my review

I have read and understand the statements above and have access to copies of:

_____ **Parent Handbook** (containing all policies, procedures, philosophy, medical procedures and Statement for Prevention of Abuse).

_____ **Keeping Kids Safe brochure** is available at your YMCA branch or program site.

Child's Full Name (Please print)

Parent/Guardian Signature

Date



YMCA OF SNOHOMISH COUNTY POLICIES FOR CHILD CARE PROGRAM

Updated 5/31/15

(Please initial)

PAYMENT:

I agree to pay the monthly Child Care Fees no later than the last day of the month preceding care. I understand care will be suspended and a late fee of \$30 will be assessed if payment is not made on time. I understand that returned checks or drafts will be assessed a \$30 NSF processing fee that will be debited directly from my account. Other fees (e.g. late-pick up and occasional care) will be charged to my account. Child Care will be suspended when fees are left unpaid by the end of the month.

(Please initial)

REFUNDS/CREDITS/CHANGES:

A written request using the YMCA Child Care Change Request Form is required 15 days in advance to request credit for vacations (when eligible), changes in care or payment method, or withdrawal from the program. Refunds and credits will not be issued without 15 days prior notice. Refunds for Break or Summer Programs with early withdrawal from School-Year and Year Round Options will not be issued. See Parent Handbook for refund policy details.

(Please initial)

I HAVE READ AND UNDERSTAND THE NO TOLERANCE POLICY OUTLINED BELOW:

The following will NOT be tolerated in our child care programs:

- Abusive, harassing and/or obscene language or gestures
- Threats of harm, physical aggression, violent acts, or bullying
- Weapons of any kind
- Damaging or defacing YMCA property
- Offensive conduct
- Purposely leaving the area of supervision without permission
- Improper exposure

Failure to follow this code of conduct will result in disciplinary action, which may include a one-to-three day suspension. A parent conference will be scheduled to develop a behavior contract in order for your child to remain in the program. It may become necessary for the benefit of the child, as well as for the safety of the other children, to remove a child from our program.

(Please initial)

I HAVE READ AND UNDERSTAND THE SNACK, MEAL PLAN AND LUNCHES POLICY

I understand that if I would like to provide alternative for my child during snack times (e.g. food from home, extra food from their packed lunch) for dietary, health or other reasons I will ask for a YMCA Parent Meal Plan Agreement (WAC 170-297-7525- Parent or Guardian provided food).

(Please initial)

I HAVE READ AND UNDERSTAND THE PEANUT AND TREE NUT POLICY OF YMCA CHILD CARE PROGRAMS

To help the YMCA create a safe environment for children with life-threatening nut allergies, you will be asked to refrain from sending your child with food containing peanuts or tree nuts and/or foods manufactured in a plant that processes nuts.

(Please initial)

YMCA staff has my permission to discuss my child with school personnel for the purpose of collaboration with homework support and review records related to behavior and/or individual care/education plans pertaining to my child for the purpose of collaboration, consistency, and my child's success in the YMCA program and in school.

AGREEMENT: I have read and initialed the above information and fully understand all the policies of the YMCA's Child Care Programs.	
Child's Name: _____	
Parent/Guardian Signature: _____	Date: _____

Date Rec'd: _____	Rec'd By: _____	ICP: <input type="checkbox"/> No <input type="checkbox"/> Yes – PD Approval: _____	RSO Completed: / /	Initials: _____	Site (Transport): _____
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