

MIDDLESEX YMCA KIDS' KORNER
2010-2011 SCHOOL YEAR

PLEASE FILL OUT ONE REGISTRATION PACKET FOR EACH CHILD

ELEMENTARY SCHOOL AND KIDS' KORNER PROGRAM SITE _____

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____ GRADE _____

HOME PHONE _____ HOME ADDRESS _____

PARENT/GUARDIAN 1 _____ OCCUPATION _____

PLACE OF BUSINESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ EXT _____ CELL PHONE _____

PARENT/GUARDIAN 2 _____ OCCUPATION _____

PLACE OF BUSINESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ EXT _____ CELL PHONE _____

EMAIL ADDRESS (1) _____ EMAIL ADDRESS (2) _____

The YMCA will send information regarding Kids' Korner and other Y programs through email.

MARITAL STATUS: _____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED

SIBLINGS (NAME/AGE) _____

PARENT'S ADDRESS (if different than above): _____

EMERGENCY / PICK UP NUMBERS: Adults that have permission to pick up your child and/or be called during an emergency to pick up your child. Positive I.D. must be shown. **Each child must have at least two non-parental adults listed as emergency contacts.** A parent can change this list at any time. Additions to the list must be made in advance. A child can not be released to any adult other than parent/guardian if the adult is not included on this list.

Name	Relationship to child	Phone Numbers
1. _____	_____ (Work) _____	(Home) _____
2. _____	_____ (Work) _____	(Home) _____
3. _____	_____ (Work) _____	(Home) _____
4. _____	_____ (Work) _____	(Home) _____

TRANSPORTATION:

I give permission for my child to be transported on scheduled field trips, and in the case of an emergency evacuation by school bus or YMCA van. I understand I will be provided a separate permission slip in advance of all field trips away from the Kids' Korner site.

Parent/Guardian Signature

Date

Health Report

The State of Connecticut requires that each child have a current health report on file. Parent's can include a copy of your child's most recent school health report or provide us with permission to request a copy from the school. If the school denies our request the parent will be responsible for providing the Kids' Korner Program with a copy.

I have provided a copy of my child's most recent health report with the completed application. Cromwell families must provide a copy of the most recent health report to the YMCA.

I give permission for school personnel to provide Kids' Korner with a copy of my child's health report.

Parent/Guardian Signature

Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize Kids’ Korner staff to obtain emergency medical treatment, including transportation via ambulance to the closest emergency room for my child when in attendance at the Northern Middlesex YMCA Kids’ Korner Program. I also authorize any treatment deemed necessary by the attending physician. I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that if staff cannot reach me they will notify the designated emergency contact person and then if necessary, the family physician. I will be notified at the earliest possible time should prior notice prove impossible. I agree to assume all financial responsibility incurred for medical treatment.

Parent/Guardian Signature

Date

Physician

Dentist

Address

Address

Phone Number

Phone Number

Insurance Information _____

Parents are required to notify the staff when their child is ill with a communicable disease

Does your child have any special medical or behavioral concerns that will need to be addressed during care? _____ Yes _____ No

In an effort to help us better serve your child, please describe the above mentioned needs in the space below.

Will your child require any medications to be administered by staff during our Kids’ Korner Program? _____ Yes _____ No

ADMINISTRATION OF MEDICATION:

All medication administered to children by Kids’ Korner staff must be accompanied by:

1. A completed Administration of Medication form signed by both the child’s physician and parent/guardian.
2. Medication must be given to staff in the original labeled container.
3. A locked box to hold the medication in if the site does not have one available. Parents must personally deliver medications to the Site Director. The program can only administer medication if staff are trained and meet the licensing requirements. The program reserves the right to refuse responsibility for administering medication.

The YMCA receives a grant from the Department of Social Services to support the Kids’ Korner Program. To meet the grant requirements we must report information on the following questions. The information provided will be considered confidential.

Please indicate the race of your child: _____ Caucasian _____ Black _____ Hispanic _____ Asian _____ Other

Do you work? _____ Yes _____ No Does your family receive TANF? _____ Yes _____ No

Does your family income place you below the 75% state median income: _____ Yes _____ No

75 % State Medium Incomes

Family Size	Gross Income	Family Size	Gross Income	Family Size	Gross Income
1	\$38,106.12	4	\$73,281.00	7	\$98,929.35
2	\$49,831.08	5	\$85,005.92	8	\$101,127.78
3	\$61,556.04	6	\$96,730.92	9	\$103,326.21

In registering your child to participate in the YMCA Kids’ Korner Program you agree to and understand the following parent/guardian responsibilities:

1. To pay the monthly tuition bill by the first day of each month.
2. To provide a two-week written notice of withdrawal and/or change of attendance schedule or forfeit security deposit.
3. To notify program staff when your child will be absent from the program.
4. To allow your child to participate in occasional fieldtrips or to make additional arrangements for care on those days.
5. To allow the YMCA to take photographs and video of your child to use in displays and advertisements.
6. To sign your child in each am and sign out each pm respecting the program hours of 7am opening and 6pm closing.
7. To pay for any medical expenses including transportation as a result of emergency medical care.
8. To read the parent handbook, notices, newsletters and information posted in the parent’s area to remain informed.
9. To inform the staff of situations in the child’s life that may contribute to changes in behavior or special needs.
10. To meet with and address any concerns program staff may have with your child’s behavior, safety, and participation.
11. To pay for damages your child may incur to YMCA and School property, equipment, or another participants belongings if the damage is the result of inappropriate behavior.

Parent/Guardian Signature

Date