YMCA CAPE COD
Y LEAVES PROGRAM
ENROLLMENT KIT
Child Information

Child's Name ___________________________________ Date of Birth_________

School: ______________________________________ Grade___________________

Teacher's Name: ______________________________ Date of Admission_________

Address______________________________________________________________

Eye Color: ___________ Hair Color: ______________ Skin Color: _______________

Gender(circle): Male or Female Height: ______ Weight: ___________________

Identifying Marks: _____________ Primary Language_________________________

Developmental History and Background Information

Regulations for licensed child care requires this information to be on file to address the unique needs of children while in care.

How would you describe your child? It’s time to BRAG!

____________________________________________________________________

Favorite foods/snacks:

___________________________________________________________________

Least favorite foods/snacks:

___________________________________________________________________

Favorite activities/hobbies:

___________________________________________________________________

Fears or strong dislikes:

___________________________________________________________________

Previous child care experiences:

___________________________________________________________________

How do you comfort your child when they are upset?

___________________________________________________________________

What is the method of behavior management at home?

___________________________________________________________________

Anything else you would like to share about your child’s behavior?

___________________________________________________________________

Registration Information

Please select days below:

Y LEAVES Before School Program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Y LEAVES Program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Y LEAVES After School Program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Requested Start Date:______________________________________________

(Must be a Monday or first school day of the week)

Deposit Amount $__________________________________________________

(First and Last Week)

How did you hear about the Y LEAVES program?

- Radio
- YMCA
- Direct Mail
- E-Mail
- Social Media
- Newspaper
- Magazine
- Place of Employment
- YMCA Member
- Former YMCA Member
- Friend/Family
- Other:_________________
**Family Questionnaire**

Please take a few minutes to complete this questionnaire about your family. The information provided will help our teachers develop an inclusive curriculum tailored to your child and all children and families in our program. Thank you!

Primary Language spoken at home ________________________________________

Traditions (cultural, religious or other) in your family:

Spring: ____________________________  Summer: ____________________________

Autumn: ___________________________  Winter: ____________________________

Family pets at home: _________________________________________________

Other members of your child’s household family:

______________________________________________________________

Child’s favorite books, toys, animals:

______________________________________________________________

Other family favorites or interests

______________________________________________________________

Interests in helping with the program: (i.e. Party planning, parent committee, special expertise to teach, etc.)

______________________________________________________________

Other YMCA programs participating in:

______________________________________________________________

**Parent/Guardian Information**

Parent/Guardian #1 Name ________________________ Relationship __________

Home Address ________________________________________________________

House/Apt #   Street Name   City/Town

Phone #: Home_______________ Mobile ______________ Work _______________

Personal Email: _______________________Work Email: ______________________

Work Name __________________________________________________________

Work Address _________________________________________________________

Parent/Guardian #1 Name ________________________ Relationship __________

Home Address ________________________________________________________

House/Apt #   Street Name   City/Town

Phone #: Home_______________ Mobile ______________ Work _______________

Personal Email: _______________________Work Email: ______________________

Work Name __________________________________________________________

Work Address _________________________________________________________

□ Custody agreements, court orders, and/or restraining orders pertaining to your child: __________________________________________ (please attach copy)

**Emergency Contacts/Authorized Pick up**

#1 Name ________________________ Relationship __________

First      Last

Phone ___________________ Address ____________________________________

Do you give permission for your child to be released to this person? (Circle) Yes or No

#2 Name ________________________ Relationship __________

First      Last

Phone ___________________ Address ____________________________________

Do you give permission for your child to be released to this person? (Circle) Yes or No

#3 Name ________________________ Relationship __________

First      Last

Phone ___________________ Address ____________________________________

Do you give permission for your child to be released to this person? (Circle) Yes or No
Child’s Medical Information/First Aid and Emergency Medical Care Consent

- I authorize the staff in the SACC program that are trained in the basics of First Aid and/or CPR to administer basic First Aid/CPR to my child and/or take my child to the hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child’s health. However, I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child.
- I understand before starting the program, I must provide an up-to-date physical and immunization record for my child. These records must be kept in his/her file and renewed annually.

Parent/Guardian Signature: ____________________________ Date______________

Child’s Physician’s Name: ____________________________________________

Physician’s Office _________________________ Physician Phone _________________

Address: ____________________________________________________________

House/Apt #   Street Name    City/Town

Insurance Provider: _______________________ Policy ID _____________________

Medication Allergies/Allergies/Special Diet:
____________________________________________________________________

Regular Medications:
____________________________________________________________________

Known complications at birth:
____________________________________________________________________

Serious illness and/or hospitalizations:
____________________________________________________________________

Special physical conditions and/or disabilities:
____________________________________________________________________

Special Limitations or concerns:
____________________________________________________________________

Describe Individual Health Plans for your child with any Chronic Health Conditions:
____________________________________________________________________

(Note: Please complete additional form we provide)

Other Parent/Guardian Authorization, Consents & Acknowledgements

Field Trips, Transportation Plan & Authorization
If your child does not arrive at the program at the time denoted, we are required to call the guardian or contacts on the Emergency List.

Select ALL that apply:
- I give permission for YMCA staff to walk my child to their classroom.
- I give permission for my child to be picked up from their classroom.
- My child has a special transportation plan: (please describe)

- I give the YMCA Cape Cod permission for my child to participate in all the regularly scheduled activities located offsite, on walking field trips on the grounds and on any additionally scheduled offsite trips.

Parent/Guardian Signature: ____________________________ Date______________

Media Release

- I give permission for the YMCA Cape Cod to use photographs, video, or any likeness of my child for media purposes.

Parent/Guardian Signature: ____________________________ Date______________

Topical Treatments

- I authorize the staff of the YMCA Cape Cod SACC to apply a DEET free bug repellent to prevent any insect or tick bites while outside.
- I authorize the staff of the YMCA Cape Cod SACC to apply a sunblock to my child before outdoor play.
- I authorize my child to use hand sanitizer provided by me.

Parent/Guardian Signature: ____________________________ Date______________

Parent Handbook/Health Care Consultant Acknowledgment

I, ________________________________________, acknowledge that I have received, read, and understand the YMCA Cape Cod School Age Program (SACC): Parent Handbook. Also, per state regulation I authorize the licensed YMCA Cape Cod Health Care Consultant to have access to my child’s medical information.

Parent/Guardian Signature: ____________________________ Date______________