



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **YMCA CAPE COD Y LEAVES PROGRAM ENROLLMENT KIT**

**YMCA CAPE COD  
Y LEAVES PROGRAM  
LYNDON P. LORUSSO YMCA  
2245 IYANNOUGH ROAD  
WEST BARNSTABLE, MA 02668  
(508) 362-6500**

[WWW.YMCACAPECOD.ORG](http://WWW.YMCACAPECOD.ORG)

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**Child Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last MM/DY/YR

School: \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Date of Admission \_\_\_\_\_

Home Address \_\_\_\_\_  
House/Apt # Street Name City/Town

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 (7-9AM):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Y LEAVES Program (9AM – 3:30PM):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Y LEAVES After School Program (3:30 – 6 PM):

- 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?

<input type="checkbox"/> Radio	<input type="checkbox"/> Magazine
<input type="checkbox"/> YMCA	<input type="checkbox"/> Place of Employment
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> YMCA Member
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Former YMCA Member
<input type="checkbox"/> Social Media	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Newspaper	<input type="checkbox"/> 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 \_\_\_\_\_  
First Last

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 \_\_\_\_\_  
First Last

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 \_\_\_\_\_