

ADMISSION INFORMATION

Operation Name <u> </u> Jackson Roosevelt –YMCA Afterschool Program 1512 Jackson St. Port Lavaca TX 77979		Director's Name <u> </u> Roland Zepeda	
<u> </u> HJM Elem. YMCA Afterschool Program 605 N. Commerce Port Lavaca TX 77979		Site # 361-220-0114 JR	
		Site # 361-220-0306 HJM	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Registration Fee _____ Date pd _____ Amout _____	
		Weekly Fee _____ Scholarship% _____ CCMS _____	
		Grant _____ Transport Fee _____ Sib Disc _____	
		Transportation Fee _____ Other _____	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name _____	Name _____	Name _____	
Phone _____	Phone _____	Phone _____	

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
<input type="checkbox"/> for emergency care		<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from Church classes
			<input type="checkbox"/> to and from YMCA Programs
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
<input type="checkbox"/> sprinkler play		<input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools
			<input type="checkbox"/> water table play
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN Afterschool care 3-6pm: <input type="checkbox"/> PM snack(4pm)			
During All Day Care 7am-6pm: <input type="checkbox"/> AM Snack (10am) <input type="checkbox"/> Lunch12pm (parent provides sack lunch) <input type="checkbox"/> PM Snack(3pm)			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from: _____	to: _____	My child attends tutorials from _____ to _____ on the following days : _____
<input type="checkbox"/> Tuesdays	from: _____	to: _____	
<input type="checkbox"/> Wednesdays	from: _____	to: _____	
<input type="checkbox"/> Thursdays	from: _____	to: _____	
<input type="checkbox"/> Fridays	from: _____	to: _____	
			Other info: _____



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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph. #:
Name of Emergency Medical Care Facility:	Address:	Ph. #:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that a such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph. #

CHECK ALL THAT APPLY:

- His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.
- My child has permission to ride a bus,
 walk to and from school, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date
- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date