

# San Angelo YMCA

## After School Day Camp '10-'11



School Attending:		ASDC Site:	
Start Date:		Withdrawal Date:	
<b>Child's Information:</b>			
First Name:		Last Name:	
Date of Birth:		Gender:	
Grade:		Age:	
Home Address:		Home #:	
City/State/Zip:		Parent's Marital Status:	
Child Resides with:	Mother	Father	Both Other (explain)
<b>Primary Parent / Guardian's Contact Information:</b>			
Name:		Cell #:	
Employer:		Work #:	
Date of Birth:		Home #:	
Home Address:		City/State/Zip:	
Email Address:			
<b>Other Parent / Guardian's Contact Information:</b>			
Name:		Cell #:	
Work #:		Home #:	
Home Address:		City/State/Zip:	
<b>Emergency Contacts and People Authorized to Pick up My Child OTHER THAN PARENT / GUARDIAN!:</b>			
<i>State Licensing requirements state a person who is not the parent must be listed as an emergency contact. This person does not need to be in the San Angelo area.</i>			
Name:		Relationship:	
Work #:		Cell #:	
Home Address:		City/State/Zip:	
<b>Name:</b>			
Name:		Relationship:	
Work #:		Cell #:	
<b>Name:</b>			
Name:		Relationship:	
Work #:		Cell #:	

# SPECIAL NEEDS AND CIRCUMSTANCES

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

## Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical attention, I give consent for this facility to secure all necessary emergency medical care for my child and I authorize the person in charge to transport my child to:

Physician:	Address:	Phone #:
Hospital:	Address:	Phone #

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**Parent / Guardian Signature**

**Date**

## Allergies:

Does your child suffer from any allergies? \_\_\_\_\_

Severity: Mild Moderate Severe

Does your child use an epi-pen? \_\_\_\_\_ For what reason: \_\_\_\_\_

What other symptoms may signal a reaction? \_\_\_\_\_

Does your child have dietary restrictions? \_\_\_\_\_

Please explain? \_\_\_\_\_

## Behaviors or Disabilities:

Can your child participate in a 1:15 ratio? \_\_\_\_\_

Does your child have an IEP at school? \_\_\_\_\_

Does your child frequently run and hide from adults? \_\_\_\_\_

Is your child prone to breakdowns or fits? \_\_\_\_\_

What is your child's diagnosis? \_\_\_\_\_

What are triggers for your child? \_\_\_\_\_

What are your child's limitations? \_\_\_\_\_

Are there foods that your child should avoid? \_\_\_\_\_

*\*please refer to our posted snack menus\**

Would you like to meet with the camp director to orient her to your family and child and help her better understand your situation?

Yes No

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

**Please initial all that apply. By leaving blank you are denying consent.**

\_\_\_\_\_ I do hereby give my consent for my child to participate in water activities, including but not limited to swimming pools, sprinklers, and splash pools.

\_\_\_\_\_ I do hereby give my consent for my child to be transported and supervised by facility staff in case of emergency, on field trips. **(Mandatory to participate in Summer Day Camp.)**

\_\_\_\_\_ I give permission for my child to be photographed or video taped participating in the program for YMCA or United Way purposes. No names will be released.

\_\_\_\_\_ I acknowledge I have received and agree to follow all policies in the Parent Handbook which includes **YMCA operational and parent policies. (Mandatory.)**

\_\_\_\_\_ I understand that the YMCA Childcare staff may not babysit or transport children at anytime outside of the program.

\_\_\_\_\_ I understand that only the persons listed on the enrollment form may pick up my child. I understand that any person picking up my child may be asked to present identification at any time.

\_\_\_\_\_ My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Health.

Name of School \_\_\_\_\_ Grade: \_\_\_\_\_ Address: \_\_\_\_\_ School ph # \_\_\_\_\_

**Signature of Parent or Legal Guardian**

**Date**

## **After School Day Care Questionnaire**

Please take the time to answer the following questions to help us serve you better, market our program and include the things that you and your child want to see! We appreciate your time and opinion in this matter. This information will only be used for data collection.

### **How did you hear about the YMCA Summer Day Camp Program?**

Newspaper Mailing                      Internet                      Word of Mouth                      Attended After  
School

### **What is your number one reason for choosing the YMCA After School Program?**

Programming      Location      Affordability      Reputation      Safety

### **Are you a member of the YMCA?**

Yes    No

### **What activities do you value that are offered at the After School Program?**

Character Development      Social Interaction      Physical Activity      Homework Assistance

### **Has your child attend the YMCA After School Program before?**

Yes    No

### **What is your child looking forward to the most during the program?**

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# 2010-'11 After School Day Care

## Fee Information

### **Registration Fee: \$15**

All families pay the registration fee unless waived by the program director.

### **Fees:**

Fees for the After School Program are \$160/month for YMCA member and \$190/month for non-members. Payments may be made monthly or semi-monthly. Payment must be made in advance of care. Children will not be allowed if the account is not current.

Monthly payments are due on the 25<sup>th</sup> for the following month. (Example: Payment for November is due on October 25<sup>th</sup>.)

Semi-Monthly payments are due on the 25<sup>th</sup> and 10<sup>th</sup> of the month. (Example: Payment for November 1-14<sup>th</sup> is due on October 25<sup>th</sup>. Payment for November 15<sup>th</sup> -30<sup>th</sup> is due on November 10<sup>th</sup>.)

### **Payment Options:**

Please choose which method you will be paying for Summer Day Camp.

YMCA – Payments are accepted at the Y front desk. Cash, check, debit/credit card payments are accepted.

At the site – Payments made by check/money order may be made at the ASDC site on Fridays.

Phone – Phone payments are accepted at the Y front desk. Debit/credit card payments are accepted.

### **Financial Assistance:**

Financial assistance is available to families who qualify. Applications are available at the YMCA front desk or on our website, [www.ymcasanangelo.org](http://www.ymcasanangelo.org).

We are an approved vendor for the Child Care Services program. For further information about that program, and for qualification requirements, please call 653-2321.