



## Park South Family YMCA Child Care Program

2500 Romine Avenue • Dallas, Texas 75215 • (214) – 421 – 5301

|   |                   |                   |                                     |                             |       |
|---|-------------------|-------------------|-------------------------------------|-----------------------------|-------|
| Name of Child   | Date of Birth     | Social Security # | Home Phone                          | Age                         | Grade |
| Hours & Days in Care<br>M T W T H F ___am to ___pm  | Entry Day         | School            | School #                            | T-shirt Size(if applicable) |       |
| Child's Home Address  | City              | State             | Zip Code                            | Gender                      |       |
| Parent or Guardian Name   | Work Phone<br>( ) | Employer Name     |                                     | Emergency Number<br>( )     |       |
| Annual Household Income <i>(from all sources)</i> :   |                   |                   |                                     |                             |       |
| Last 4 digits of parents <b>Social Security # /code</b> ( ) used when releasing children to individuals not listed on this application (staff Verifying #   |                   |                   |                                     |                             |       |
| Are your child's immunization records on file at the YMCA and all immunization and tuberculosis test results current?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are your child's immunization records on file at your child's School? <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |                   |                                     |                             |       |
| Mother's Driver License / ID.Number   |                   |                   | Father's Driver License / ID.Number |                             |       |

I hereby authorize the YMCA to allow my child to leave the facility **ONLY** with the following persons (emergency contacts):

|  |  |   |
|--|--|---|
| Name<br>Driver License / ID. No.<br>Phone Number ( ) | Name<br>Driver License / ID .No.<br>Phone Number ( ) | Name<br>Driver License /ID. No.<br>Phone Number ( ) |
| Name<br>Driver License / ID No.<br>Phone Number ( )  | Name<br>Driver License / ID. No.<br>Phone Number ( ) | Name<br>Driver License / ID No.<br>Phone Number ( ) |

Parent's Marital Status: \_\_Married \_\_Separated \_\_Divorced \_\_Widowed \_\_Single  
 If separated, who has custody of the child \_\_\_\_\_ May YMCA release child to non-custodial parent? \_\_\_\_\_

**Transportation:** I hereby \_\_give \_\_do not give my consent for my child to be transported to and from the YMCA.  
**Water Activities :** I hereby \_\_give \_\_do not give my consent for my child to participate in water activities.  
**Field Trips :** I hereby \_\_give \_\_do not give my consent for my child to participate in field trips.

I certify that my child has been examined by a licensed physician in the past year.I have attached a Health Care Professional's Statement from his/her doctor to verify that he/she is able to participate in YMCA programs:\_\_\_\_\_

|   |   |
|---|---|
| List dietary restrictions:  | List all medical conditions,allergies and/or daily medications:   |
| __ I have received and agree to abide by YMCA's policies.<br>__ I have attached the Health Care Professional's Statement<br>__ I have attached a copy of my childs current shot record<br>__ I have attached a photo release form | By my signature, and of my free will, I do hereby agree to indemnity and save harmless the Young Men's Association from any and all or claims or demands, cost or expense arising out of any injuries or damage sustained by me or any party I am responsible to or for |
| _____<br>Signature of YMCA Staff Verifying info   | _____<br>Signature - Parent/Legal Guardian  |
|   | _____<br>Date   |

List any special problems that your child may have, such as previous serious illness, injuries during the past 12 months and any pertinent information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have:

- Convulsions
- Epilepsy
- Diabetes
- Asthma
- Hayfever
- Hyperactivity

Does your child have allergic reactions to:

- \_\_\_ Penicillin
- \_\_\_ Foods (specify)
- \_\_\_ Insect Bites

List any medications your child is taking \_\_\_\_\_

Parent's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

In the event that I cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer first aid and/or transport my child to the nearest hospital.

|                                   |                |                      |
|-----------------------------------|----------------|----------------------|
| <b>Name of Licensed Physician</b> | <b>Address</b> | <b>Telephone No.</b> |
|-----------------------------------|----------------|----------------------|

NOTARY PUBLIC:

SEAL

SWORN TO AND SUBSCRIBED BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

PRINT OT TYPE NAME OF NOTARY PUBLIC HERE

MY COMMISSION EXPIRES THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

I give consent for necessary medical treatment from physician and/or hospital/clinic.

\_\_\_\_\_  
Signature - Parent/Legal\Guardian

\_\_\_\_\_  
Date

**Office Use**

|              |            |
|--------------|------------|
| Source _____ | Date _____ |
| Source _____ | Date _____ |
| Source _____ | Date _____ |