

**EASTVIEW**  
**CANTON YMCA SCHOOL AGE CENTER REGISTRATION FORM**

Please complete all information and return form to the YMCA.  
We must have this form returned before your child will be able to attend the School Age Center.

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE IN FALL 2009-10 \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

1ST EMERGENCY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2ND EMERGENCY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

LIST ALL WHO ARE AUTHORIZED TO PICK UP YOUR CHILD \_\_\_\_\_

DISCIPLINE: What type of problem solving approach do you find works best with your child? \_\_\_\_\_

**Any child, whose behavior continually disrupts the program and prevents the other children from learning or enjoying themselves, will not be allowed to continue in the program. The Site Director will work with parents to try and overcome these issues before we get to that point.**

We want your child to have a successful experience. Please add any comments about your child you feel would be helpful to the staff. \_\_\_\_\_

Start Date \_\_\_\_\_ Bus # \_\_\_\_\_ Teacher \_\_\_\_\_

**This information will only be used to help plan the best School Age Center experience for your child.**

**PLEASE TURN PAGE OVER**

# AUTHORIZATIONS

## MEDICAL AUTHORIZATION:

All information on the opposite side is correct so far as I know and the child herein described has permission to engage in all prescribed School Age Center activities, except as noted by me or an examining physician. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Site Director to hospitalize and/or secure proper treatment for my child as named.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

## AUTHORIZATION TO DISPENSE MEDICATION:

I hereby request and authorize the School Age Center staff to dispense any medication listed below to my child per my instructions. I understand that all prescription medication must be sent in its original container, which has my child's name on it as well as the prescribing physician. I understand that I must send a note with dispensing instructions and my signature for all medications.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

List any medications that your child takes on a regular basis

\_\_\_\_\_  
List any to be given at School Age Center \_\_\_\_\_

\_\_\_\_\_  
List any allergies or medical conditions that we should be aware of \_\_\_\_\_

## FIELD TRIP AUTHORIZATION:

I hereby give permission for my child to attend any and all field trips that may be taken during School Age Center. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## MEDIA AUTHORIZATION:

I hereby give permission for my child's name and picture to be used in the promotion or media coverage of School Age Center activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## HOMEWORK SUPPORT CENTER:

\_\_\_\_\_ YES, I want my child to complete his/her homework at the School Age Center.

\_\_\_\_\_ NO, I do not want my child to complete his/her homework at the School Age Center.