

**LEWISTOWN
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.