



Tadpoles Leap Frogs Caterpillars Butterflies

PARTICIPANT EMERGENCY INFORMATION PACKET

PERSONAL INFORMATION (PLEASE PRINT)

Name _____ Birthdate _____ Age _____ Gender _____
Address _____ City _____ State _____ Zip _____
Family Email Address _____
Child /lives with: Both Parents Mother Father Other _____

PRIMARY PARENT/GUARDIAN INFO MOTHER FATHER OTHER _____

Parent/Guardian Name _____ Birthdate _____ Gender _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Cell Phone _____
Employer _____ Title _____ Work Phone _____

SECONDARY PARENT/GUARDIAN INFO MOTHER FATHER OTHER _____

Parent/Guardian Name _____ Birthdate _____ Gender _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Cell Phone _____
Employer _____ Title _____ Work Phone _____

ADULTS AUTHORIZED TO PICK-UP/EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN (Minimum 2 Required)

	Name/Age	Relationship	Address	Preferred Phone
1.				
2.				
3.				
4.				
5.				

AUTHORIZED PICK-UP/EMERGENCY PICK-UP: I, _____
authorize the people listed above to pick up my child and be contacted in the event of an
emergency from the Kishwaukee Family YMCA. Attempts will be made to reach the
parent/legal guardian(s) first. Initials _____

UNAUTHORIZED PICK-UP: (People who CANNOT pick up your child from Day Camp:)

1. Name _____ Relationship _____
2. Name _____ Relationship _____

PARTICIPANT MEDICAL INFO

Please answer the following questions so that we can better serve your child in programs. Any information that you choose to disclose is confidential.

- 1. While in preschool, are there any health conditions that you would like us to be aware of?
 No Yes _____
- 2. While in preschool, will your child need to take medication?
 No Yes _____ *Must fill out Medication Authorization Form
- 3. While in preschool, are there any allergies we should be aware of?
 No Yes _____
Allergic Reaction: _____
Treatment: _____
*Epi-pens require Medication Authorization Forms.
- 4. Does your child require a modification, due to a disability, in order to participate in preschool?
 No Yes Please describe _____
(Questions, please contact Melissa Johnson at mjohnson@kishymca.org.)
- 5. Are there activities your child should be exempt from due to medical reasons?
 No Yes Please
list: _____
- 6. Are all immunizations up to date?
 No (Must provide exemption letter.) Yes Date of last Tetanus Shot _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? No Yes
If Yes, please indicate carrier or plan name _____ Group # _____
Carrier Address _____ City/State/Zip _____
Name of Insured _____ Relationship to Participant _____
Primary Doctor _____ Phone Number _____

I certify that _____ has been examined by a licensed physician in the past 12 months and is able to participate in the Kishwaukee Family YMCA Preschool program. The above medical information is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and field trips, except noted by examining physician and me.

Parent/Legal Guardian Signature _____ Date _____

PARTICIPANT PERSONAL INFORMATION

Swimming Ability: Non-Swimmer Fair Swimmer Good Swimmer

Please Describe your child’s social interactions with children of the same age _____

How would you describe your child’s personality? _____

Does your child have any fears we should be aware of? _____

Is there any other information that you would like to share so that we may better understand and work with your child? _____

PARENT AGREEMENT/CONSENT

Please initial on each line below to indicate you have read and agree to each statement:

___ **TRANSPORTATION:** I give permission for my child to go on walking trips with Preschool Staff. Parents/Guardians will be informed of all planned walking trips.

___ **PHYSICAL ACTIVITIES:** I give permission for my child to participate in physical activities, such as sports and swimming, during the preschool program hours.

___ **MOVIES:** I give my child permission to view a Director approved G rated movie, though it is not part of the regularly scheduled curriculum.

___ **PHOTO RELEASE:** The Kishwaukee Family YMCA is hereby granted permission to use any individual or group photos/videos showing my child participating in YMCA activities for use in public relations, social media, promotional or advertising purposes. (If no, please contact Heather at hdunker@kishymca.org to have your child placed on the No Photo Release list.

___ **CUSTODY:** YMCA staff are not trained to review legal documents or court decrees. Decisions regarding authorized pick-up will be governed by the persons listed in this document. All authorized pick-up persons must be 18 years or older, and have a valid picture ID.

___ **YMCA CLOSURES:** I understand that the YMCA will be closed on select holidays listed in the parent handbook.

___ **SIGN-IN/PICK-UP:** I understand that I cannot sign-in my child if their registration and payments are not current, and that Preschool Staff will immediately refer me to Member Services to register and/or make payment.

I have read the above statements and fully agree to its terms. I have also received, read and accept the **Policies and Procedures** listed in the Parent Handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Kishwaukee Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party who I am responsible.

Parent/Legal Guardian Signature _____ Date _____

PAYMENT AGREEMENT

Payment Agreement	
INITIAL	I understand I must pay a \$25 registration fee per child. I also understand that if I am not a current member I must register as a program participant.
INITIAL	I understand I must pay in full at time of registration or by automatic draft and I will be charged on the due dates listed on the payment schedule. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and will owe a return fee of \$25.00 per item to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.
INITIAL	I understand payments are due on the first of the month, September through May. I also understand it is my responsibility to notify the YMCA of any changes to my situation or payment plan. Two-week written notice must be provided.
INITIAL	I understand if my payments are past due, I will not be able to sign my child into preschool, my registration will be cancelled, deposit forfeited and spot given to any wait-list participants.
INITIAL	I agree to give a two-week written notice to the YMCA if I plan to exit the program. I will complete a cancellation form at this time. If I fail to give a two-week written notice, or contact the Youth Development Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw.
INITIAL	I understand if I cancel the YMCA Preschool Program and my account has a past due balance, the balance will be drafted at the time of cancellation.
INITIAL	I understand the YMCA will continue to draft outstanding balances until the past due amount is paid in full.

Weekly Draft Account Information
MUST HAVE CREDIT CARD/DEBIT CARD ON FILE FOR DRAFT

Circle: Visa Mastercard Discover
Circle: Credit Card Debit Card

Name on Card/Account: _____

Billing Address: _____
State/City/Zip: _____

Last 4 Digits of Card: ____ _ _ _
Expiration Date: ____ / ____

CSV: ____ _ _

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all the policies in place. I understand that failure to uphold my payment agreement will result in my child being suspended from participating in the Preschool program, and that my Kishwaukee Family YMCA program privileges will also be suspended until my account is in good standing.

Parent/Legal Guardian Signature _____ **Date** _____