



**GENEVA FAMILY YMCA
PRESCHOOL PROGRAM REGISTRATION
2023 – 2024**

ALL INFORMATION MUST BE COMPLETED/RETURNED BEFORE ATTENDING THE PROGRAM

Child's Name: _____

Age _____ Birth Date ____/____/____

Home Address: _____

Parent/Guardian Full Name: _____ Phone: _____

Email Address: _____

Place of Employment: _____ Phone: _____

Parent/Guardian Full Name: _____ Phone: _____

Email Address: _____

Place of Employment: _____ Phone: _____

If parents cannot be reached, please contact:

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Name of Primary Policy Holder: _____

Does your child have any specific fears? _____

Reasons for selecting the YMCA UPK/Preschool Program: _____

GENEVA FAMILY YMCA
2023/24 Preschool Program Waivers

_____ I understand that participants assume all risk of injury arising out of their presence on the premise of the YMCA and its program premises. The participant's use of the YMCA's equipment or facilities and my participation in Y activities, whether on Y premises or another location, for myself and my heirs and assign herby waiver, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in programs and activities of the YMCA

_____ The health history is correct to the best of my knowledge and participation herein described has my permission to engage in all prescribed activities except as noted by me. The participant is physically capable of participating in such programs and agrees not to participate in any activity that may injure participants or others.

_____ I give permission for my child to participate in the field trips taken by the YMCA Daycare program. I understand that I will be give prior notice. I hereby authorize the Geneva Family YMCA to provide transportation for my child via bus or by foot on various field trips, administer first aid (if needed) and transport to nearest hospital.

_____ In the event of an emergency, I authorize the Child Care Director/Preschool Teacher/Camp Director or their designee to act for me according to their best judgement in a situation requiring medical or surgical treatment and/or transportation to a medical facility. I understand that I will be notified prior to any medical treatment of my child whenever possible. If prior notification of medical treatment is not possible, I will be contacted at the earliest possible time. I agree to be responsible for any medical bill resulting from illness or injury during my child's attendance in the above program.

_____ In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.

_____ I give permission for my child to participate in swim while participating at the Geneva YMCA programs.

_____ I hereby authorize the Geneva Family YMCA, to take photographs, videotape, or digital recordings of the participant and to use these in any and all media. I further consent that the participants name and identity may be revealed therein or by descriptive text or commentary. I waive any rights, claims, or interest I may have to control the use of the participants identity of likeness in whatever media used and understand that there will be no financial or other remuneration for recording me either for initial or subsequent transmission or playback.

Name of Participant

Parent/Guardian Signature (if under 18 years of age)

HEALTH HISTORY

Circle all that apply:

Ear Infections

Allergies

Learning Problems

Rheumatic Fever

Hay Fever

Behavior Problems

Convulsions

Poison Ivy etc.

Foods

Diabetes

Penicillin

Chicken Pox

Mumps/Measles

Other Drugs

Insect Bites

Please FAX Immunization Records to the Y at: 315-789-4259

Operations or serious injuries: _____

Chronic or recurring illness: _____

Other diseases or details of above: _____

What medications does your child currently take: _____

Has your child been screened for lead?

If yes, please provide a copy of the 'lead screening certificate' with this registration packet.

Recommendations and Restrictions while at Preschool Program

Special diet _____

Swimming/strenuous activity _____

Other _____

Any Additional Information, concerns, or comments:

Parent Authorization

This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me.

In the event of an emergency, I authorize the Child Care Director/Preschool Teacher or their designee to act for me according to their best judgement in an emergency requiring medical or surgical treatment and/or transportation to a medical facility.

I understand that whenever possible, I will be notified prior to any medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

If an emergency, when the undersigned or any other person named in this form cannot be contacted, I hereby authorized the physician selected by the program staff to take any action necessary for the best interest of my child.

I agree to be responsible for any medical bill resulting from illness or injury during my child's attendance in UPK/Preschool at the Geneva Family YMCA.

Parent or Guardian Signature

Date

Child's Name: _____

Birthdate: ____/____/____

Age: ____

Sex: _____

Doctor's Name: _____

Phone: _____

Child Pick-Up Authorization Form – to be completed by Parent/Guardian

I give permission for my child to be released from the YMCA program to the people listed below at any time. I understand that YMCA staff may require these people to provide photo ID before releasing my child.

1. Print Name: _____

Phone: _____

Address: _____

2. Print Name: _____

Phone: _____

Address: _____

3. Print Name: _____

Phone: _____

Address: _____

4. Print Name: _____

Phone: _____

Address: _____

5. Print Name: _____

Phone: _____

Address: _____

