



YMCA of Middle Tennessee
Fun Company Learning Through Discovery Program
Child Information Form

Child's Name: _____

ID # _____

Start Date ___/___/___

Child's Information *** please complete 1 form per child*

Name: _____ Attending: ___ Before ___ Summer
Date of Birth: _____ Gender: ___M ___F ___ After ___ YMCA Facility Member
School: _____ Grade in fall: _____ ___ Before & After ___ Pre-K
Height _____ Weight _____ Name / Address of Fun Co. Site: _____
Eye Color _____ Hair Color _____

Parent Information

Mother's Name: _____ DOB _____ Father's Name: _____ DOB _____
Address: _____ Address: _____
Phone: Home _____ Cell _____ Phone: Home _____ Cell _____
Work Address: _____ Work Address: _____
Work Phone: _____ Hours: _____ Work Phone: _____ Hours: _____
Email: _____ Email: _____

If parents are divorced, who is Custodial Parent? _____
If there are special circumstances involving visitation and pick up rights, you must provide the site Director with legal documentation for these arrangements.

Emergency Contact Information

In case of emergency, after attempting the above phone number(s) please list name of a responsible person who is authorized to act for the parent in an emergency.

Name: _____ Cell Phone: _____ Relationship: _____
Home Address: _____ Home Phone: _____
Work Address: _____ Work Phone: _____

Other than those listed above, who may pick up your child?

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Child's Medical Information

Physician's Name: _____ Phone: _____ *(required)*
Physician's Address: _____ Hospital of Choice: _____
Health Insurance / Coverage Provider: _____ Phone: _____

The YMCA is a non-discriminating organization, and we welcome all participants regardless of race, sex, origin or handicapping condition.

Child's Health History

Does your child have any ALLERGIES or MEDICAL CONDITIONS that should be considered? Yes No

If yes, please specify: _____

Are there any special instructions from you or the child's doctor as to treatment at the childcare site? Yes No

If yes, please list: _____

Does your child require a 1 on 1 or additional assistance participating in program? Yes No

History of Illnesses (Please check): This is not applicable to my child – Parent Initial _____

- | | |
|--|--|
| <input type="checkbox"/> Allergies or reactions to medicine, DPT, or insects | <input type="checkbox"/> Hemophiliac (free bleeder) |
| <input type="checkbox"/> Problems with skin rash | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Reaction (bumpy or swollen) to TB Skin test | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Trouble with eyes or sight | <input type="checkbox"/> Ever been knocked unconscious |
| <input type="checkbox"/> Wears glasses, contacts or protective eye wear | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Speech or Hearing problems | <input type="checkbox"/> Ever passed out during or after exercise |
| <input type="checkbox"/> Urinary tract infections (Bladder or Kidney) | <input type="checkbox"/> Ever been dizzy during or after exercise |
| <input type="checkbox"/> Frequent ear infections / tubes in ears | <input type="checkbox"/> Seizures / convulsions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma / breathing problems |
| <input type="checkbox"/> Abdominal (stomach) pain | <input type="checkbox"/> Lung disease / shortness of breath |
| <input type="checkbox"/> Problems with diarrhea / constipation | <input type="checkbox"/> Heart disease / heart murmur |
| <input type="checkbox"/> History of bed wetting | <input type="checkbox"/> Frequent colds / upper respiratory infections |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Frequent sore throat |

Please provide special instructions concerning any of the above: _____

Does your child have any special problems not indicated above? _____

Past Medical History (Please indicate the following): This is not applicable to my child – Parent Initial _____

- Medical condition / diagnosis: _____
- Chronic illness: _____
- History of serious injury or hospitalizations: _____
- Special dietary needs: _____
- Physical restrictions: _____
- When did your child last see a doctor? _____ (please list month / year)
- Immunization records are on file at _____ School and are up to date.

Allergies & Medications My child does not have allergies /is not taking any medications – Parent Initial _____

- | | |
|--|--|
| <input type="checkbox"/> Medications _____ | <i>Please list ALL medications taken routinely. Use back if necessary.</i>
Med. #1 _____ Taken for _____
Med. #2 _____ Taken for _____
Med. #3 _____ Taken for _____
Med. #4 _____ Taken for _____ |
| <input type="checkbox"/> Food _____ | |
| <input type="checkbox"/> Respiratory _____ | |
| <input type="checkbox"/> Bee Sting _____ | |
| <input type="checkbox"/> Other _____ | |

Statement of Understanding and Permission Statements

Please initial in designated spaces:

- ____ 1. My child has permission to participate in all YMCA activities, including field trips and transportation services where applicable. I will be notified of all field trips in writing in advance.
- ____ 2. I grant permission for photographs / videos, which include my child to be used in media releases and benefit the center to be taken.
- ____ 3. I understand the YMCA provides liability insurance on all its programs. The YMCA provides the required DHS medical insurance coverage. This requirement does not imply or admit guilt or liability of the YMCA.
- ____ 4. In the event of an emergency, I hereby give permission to the YMCA staff to secure the proper medical treatment for my child. *In the event that I cannot be reached*, I hereby give permission to the physician selected by the YMCA to order x-rays, routine tests and treatment for the health of my child. I give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child after all emergency contact attempts have been made.
- ____ 5. I understand that the trial period for all enrollees is two weeks at the beginning of each program session (YMCA Fun Company and Summer Odyssey).
- ____ 6. I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Site Director or Program Director. The discipline procedures that will be followed are:
1. Verbal warning
 2. Redirection
 3. Site Directors notified / meeting with child and caregiver
 4. Parents notified
- Suspension from our program from one day to five days can occur if the following inappropriate behavior is used:
1. Harming another child or staff person
 2. Stealing
 3. Damaging or destroying property
 4. Using foul language
 5. Being totally disruptive and uncontrollable in the group
- ____ 7. I understand that weekly fees must be paid on Friday in advance for the following week. A late fee of \$5.00 will be assessed if payment is made after Friday.
- ____ 8. I have completed a pre-placement visit to the site on _____.
- ____ 9. I understand my child or I may be asked to complete survey information regarding the program / classes for evaluation purposes and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.

The completion of the child information form officially enrolls my child in the YMCA Fun Company School Age Program. It is my responsibility to update the information contained in this form as needed. I have received and read the YMCA Fun Company Parent Manual and the Department of Human Services Regulations for Child Care Centers.

Signature: _____ Date: _____