YMCA Winchester Kid's Club Registration

	Child's	Informatio	on (Please fill	out for each chi	ld.)
Child's Full Legal Name					
Date of Birth	_ Age	_ Gender	School_		_ Grade
Home Address					
City		State & Z	Cip Code		
Home Phone		_ Cell Phone	(s)		
Name of Mother or Guardia	າ				
Place of Employment	, , , , , , , , , , , , , , , , , , , 		_Work Phone_		
Name of Father or Guardian	<u> </u>				
Place of Employment			_Work Phone_		
Marital Status of Parents:	Married	_ Single	Separated	Divorced	_ Other
Custody/Visiting Arrangeme	nts				
		rgency In			
Person(s) Authorized to Pick	(Up Your Ch	ild or to be I	Notified in an	Emergency:	
The staff will not allow you	ur child to l	eave with a	nyone who is	not listed on t	this form!
1.Name	I	Phone		Relationship_	
2.Name		Phone		_Relationship_	
3.Name		Phone		_Relationship_	
4.Name		Phone		_ Relationship_	

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Permission Form

I wish to have my child attend the Randolph County YMCA Kid's Club program from August 15, 2011 - June 4, 2012. I understand that the registration fee is non-refundable and the weekly fees are due the Friday before the next week. I agree to pay all fees incurred in a timely manner. I also give permission for

pictures to be taken of my child while participating in activities in the YMCA Kid's Club program. Such pictures may be used for instructional and promotional purposes such as brochures, flyers, the YMCA website or Facebook page. I give permission for my child to participate in Field Trips with the YMCA Kids Club program. I understand that he/she will be traveling by bus, van and/or car. I give permission for my child to participate in all scheduled activities. I will not hold the Randolph County YMCA, its employees or volunteers responsible for any accident, injury or mishap that may occur during any of the activities. ♦ Signature of Parent or Guardian Date Registration Fee Check # Weekly Fee Check # Medical Emergency Information & Permission Form In the event reasonable attempts to contact parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed Physician, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two licensed physicians, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery. ♦ Signature of Parent or Guardian Date • Please attach a copy of your child's immunization records and a copy of your insurance card. WE MUST HAVE FOR YOUR CHILD TO BEGIN PROGRAM. Please explain any health problems (allergies, asthma, etc...) your child has that we should be aware of. Please explain any medications your child is taking.

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Schedule of	Days	Your	Child	Will	Be	Attending	Kid's	Club
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My child will be attending: Full-time (at least three days a week) Part-time (two or less days a week)					
□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	
Kid's Club is available 2:45 PM - 5:30 PM Monday - Friday on Regular School days					
We do not provide care on any day school is cancelled due to snow, fog or any other unscheduled closing.					

We do provide a Spring Break Camp the week of March 26-30, 2012 at the YMCA for \$16.00 a day.

Registration and Weekly Fees

There is an annual registration fee of \$30.00. This fee is due with the registration form and will reserve a spot for your child. This is a non-refundable fee and does not apply to any other costs. Please pay the weekly fees on the Friday before the week attending. Please indicate on the check which week(s) you are paying for.

Registration Fee	\$30.00
Weekly Fees	\$23.00
Part-Time (2 days)	\$14.00

If you have any questions please call the YMCA at 584-9622 or email shellyp29@ymail.com