

Emergency Information (We are required to have all three of the following items on file.)

→ Doctor _____ Address _____ Phone _____
 → Hospital _____ Address _____ Phone _____
 → Dentist _____ Address _____ Phone _____

Authorization for people in addition to parents/guardians listed on page 1

The following person(s) have my permission to pick up my child from YWCA childcare sites. Children will be released only to those authorized. Photo identification must be provided and anyone on the list must be at least 16-years-old. Changes to the authorized list must be made in writing.

Name	Relationship	Phone	authorized for pick up	authorized emergency contact

If there is a separation or divorce custody condition which we should be aware, please explain.

Name/relationship of persons who may **not** pick up the child:

YWCA Childcare will, at all times, follow State of Iowa laws and judicial decisions regarding who may or may not have access to a child. All family situations are different, therefore, if you have specific questions or requests regarding this area, please contact the YWCA Childcare office immediately.

→ _____
 Parent/Guardian Signature Date

Picture Release

___ I give/ ___ do not give permission for the above child to be photographed at YWCA Childcare programming during normal childcare program hours, field trips or activities. I understand that these photographs may be used for promotional materials, either in print, media release or on the internet. *No names will be included.*

→ _____
 Parent/Guardian Signature Date

Travel & Activity Authorization

___ I give/ ___ do not give permission for the above child to leave the YWCA Childcare program area for trips in a car or on public transportation to special places, walks to the park, shopping trips, etc. Restrictions on such trips: _____

→ _____
 Parent/Guardian Signature Date

Health History

Does your child have any allergies? Yes____ No____

If yes, please list here: _____

Is your child currently on any medication? Yes____ No____

If yes, give name of medication(s) and dosage (If you need the YWCA Childcare Program to administer medication, please ask for a separate "Medication Release" form.)

Please inform us of any special needs your child has (hyperactivity; vision; speech, or hearing disorders; asthma; physical limitations; social or emotional problems).

Does your child have an IEP, I-Plan or 504 plan at school? Yes____ No____

If yes, please provide information that you feel would be helpful to our staff:

Immunization Statement

Preschoolers are required to submit both a current Physical and an Immunization Record at time of registration.

My child, _____, is current with all immunization requirements and the immunization information is on file and available in the nurse's office at _____ school.

→ _____
Parent/Guardian Signature Date

Statement of Health:

I hereby certify that my child, as named above, is free of communicable disease and that all allergies, medications, or acute or chronic conditions have been listed above.

→ _____
Parent/Guardian Signature Date

Medical Release

I am the legal guardian of _____ who is, with my permission, a participant in an activity sponsored by the YWCA of Black Hawk County. In the event that I am not in attendance when emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member to engage qualified medical personnel to initiate any necessary medical treatment or care. It is understood that I will be notified first in the event of an accident. Should I not be available, the emergency contact listed on my child's application will be notified.

I understand that if medical services are provided by a physician, hospital, and/or ambulance, these expenses will be covered by myself or my family's health insurance.

Insurance Company Policy # Name of insurance policy holder

→ _____
Parent/Guardian Signature Date

Start Date: _____

Y's Kids Program in which the child will be enrolled: School _____

Check one: Preschooler: _____ Kindergartener or older: _____

Times: Mornings only _____ Afternoons only _____ Both a.m. & p.m. _____

Which Days-A.M.? Mon. Tues. Wed. Thu. Fri.

Which Days-P.M.? Mon. Tues. Wed. Thu. Fri.

Payment will be made by:

_____ Parent or Guardian

I understand that each week's payment is due on the Thursday **BEFORE** the week that my child is to attend the Y's Kids Program.

An Alternate Funding Source:

_____ Dept. of Human Services/Promise Jobs _____ Other (please state who) _____



_____ Parent/Guardian Signature

_____ Date

I would be interested in learning more about YWCA financial aid _____

Comments: Please use the space below for any other information or comments that you want to share:

Handbook Agreement

****I have received a YWCA Child Care parent handbook, and I understand it is my responsibility to read and adhere to all YWCA policies and procedures and that payments are due the Thursday prior to the week of care. ****



Payment Agreement

****I understand that my childcare tuition is due weekly every Thursday. If I have not paid the balance by the time my account is 4 weeks past due, I authorize YWCA to automatically charge the credit card on file for the outstanding balance. If there is a balance by the end of the enrolled program, I authorize the YWCA to pull the past due amount.**



Parent/Guardian Signature

Date

Required: Income information is requested for grant reporting and DHS support service eligibility purposes only and will remain confidential.

Income (include all household members)

Less than 10k _____ \$35,000 - \$49,999 _____
\$10,000 - \$14,999 _____ \$50,000 - \$74,999 _____
\$15,000 - \$24,999 _____ \$75,000 - \$100,000 _____
\$25,000 - \$34,999 _____ Over \$100,000 _____

Primary Language

English _____
Spanish _____
French _____
Other (please list) _____

Household Size (# of people in household) _____