



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BOOTHBAY REGION YMCA FIT KIDZ REGISTRATION FORM

FIT KIDZ REGISTRATION CHECKLIST	
<input type="checkbox"/>	Fit Kidz Registration Form
<input type="checkbox"/>	Payment or Payment Program Established
<input type="checkbox"/>	Immunization Records

Select Child's School

Boothbay Region Elementary School Edgecomb Eddy School Southport Central School

Program Start Date: _____

Child Information (Please Print)

Child (1) First Name: _____ Last Name: _____

Circle One : BOY GIRL Date of Birth: ____/____/____ Grade (2017-2018): _____

In order to best meet your child's needs, we require that you list any special needs that your child may have. This includes items such as physical limitations, emotional or behavior issues, allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long term continuous use, and any other information of which the staff should be aware of: _____

Child (2) First Name: _____ Last Name: _____

Circle One : BOY GIRL Date of Birth: ____/____/____ Grade (2017-2018): _____

In order to best meet your child's needs, we require that you list any special needs that your child may have. This includes items such as physical limitations, emotional or behavior issues, allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long term continuous use, and any other information of which the staff should be aware of: _____

Parent/Guardian Information

PRIMARY PARENT/GUARDIAN INFORMATION

Person listed as Primary Parent/Guardian will be the sole person authorized to request changes to information and/or cancellation of care

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work: (____) _____ - _____

Authorized to Pick Up (circle one): YES NO

SECONDARY PARENT/GUARDIAN INFORMATION

Please check box if Secondary Parent/Guardian is authorized to make changes to childcare account

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work: (____) _____ - _____

Authorized to Pick Up (circle one): YES NO

EMERGENCY CONTACT/ AUTHORIZED PICK-UPS

Must list as least one local emergency contact, over the age of 16 with valid state issued ID, other than the parents/guardians listed above

Emergency Contact: (1) Name: _____ Cell: (____) _____ - _____ Home: (____) _____ - _____

Full Address: _____

Emergency Contact: (2) Name: _____ Cell: (____) _____ - _____ Home: (____) _____ - _____

Full Address: _____

Medical Data

Physician's Name _____ Address: _____ Phone: (____) _____ - _____

Dentist's Name: _____ Address: _____ Phone: (____) _____ - _____

Parental Consent (Please provide your initials acknowledging each item below)

_____ **CONSENT FOR TREATMENT:** I give consent for any and all necessary treatment when my child(ren) is in the care of his physician or hospital.

_____ **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personal selected by the YMCA to order and/or perform any medical attention deemed necessary., if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.

_____ **Allow my child(ren) to attend all Y FitKidz fieldtrips and off site activities.**

_____ **Allow my child(ren) to swim in the YMCA pool and Camp Knickerbocker.**

_____ **IMMUNIZATION:** I can provide the immunization record and/or records that are on file at my child's school. If not, please provide a copy of your child's immunization upon registration. All required immunizations and/or tuberculosis tests are current. If your child attended

Parent and Participation Statement of Agreement

I/We understand that all registration fees and deposits are non-refundable and non-transferable and fees of campers who leave camp for behavioral reasons will not be refunded. I/We understand that snow days, holidays and school cancelations are non refundable. I/We also understand that all cancellations, other than verifiable medical reasons, require a 30 day written notice stating the reasons for withdrawal. By signing this application I/We give permission for the applicant to participate in all of the activities for his/her age group. I/We also grant permission for the YMCA to use photographs of the applicant for marketing and general public relations purposes. I/We understand that the YMCA does not provide camper accident insurance. I/We hereby give permission to the medical personal selected by the YMCA staff to transport the applicant to a medical facility and secure treatment for the applicant. I/We understand that I/We will be responsible for payment of all medical bills. I/We also hold the Boothbay YMCA and the staff harmless for any accident or injury that might occur. The YMCA is not responsible for lost, stolen or damaged personal articles. The Boothbay YMCA is not responsible for lost, stolen or damaged personal articles. I/We understand that by registering for this afterschool program that I/We are reserving a spot for your child(ren) whether our child(ren) attend on a given week or not. School vacation weeks will be paid separately due to changes in schedule.

PLEASE SIGN HERE TO INDICATE THAT YOU AGREE TO THE TERMS ABOVE:

Signature of Parent/Guardian

Date

Bank/Credit/Debit Draft Agreement

We require weekly payments: now you can set it up automatically!

I understand that Daxco has been authorized as an agent on behalf of Boothbay YMCA to initiate debit entries against my Checking/Savings Account or Credit/Debit Card. And that debit to my account will be presented in your bank statements as "Daxco" and that these funds will be electronically transferred to the Boothbay YMCA and posted to your childcare account weekly, and that the Boothbay YMCA, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will received at least 30 day notification prior to any such change.

OPTION 1: CREDIT/DEBIT CARD:

Name of Card/Account Holder: _____ Cell/Work Phone: (____) _____ - _____

Credit/Debit Card Number: _____ Expiration Date: ____/____/____

Credit Card Full Billing Address: _____

Please circle one: VISA MASTERCARD

I authorize my bank to honor preauthorized Electronic Funds Transfer (EFT) or Credit/Debit Cards against my account for payments of Afterschool program. Should any preauthorized EFT or Credit/Debit Cards not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payments plus service charge. It is further understood that if such payment is not honored by the bank or credit card institution then the YMCA at its discretion, may resubmit the amount due for payment on future date. Cancelation of this agreement requires a 30 day written notice to the program director.

Signature of Parent/Guardian

Date

For Internal Use Only

Fit Kidz Registration Form: _____

Food Form: _____

Payment or Payment Program Established: _____

Immunization Records: _____