

ywca
black hawk county
425 Lafayette
Waterloo, IA 50703

phone: (319) 234-7589
fax: (319) 234-3462
www.ywcabhc.org
e-mail: ywcakids@ywcabhc.org

eliminating racism
empowering women
ywca
Black Hawk County

Summer Daze Information Form

Everyone is welcome!

The YWCA of Black Hawk County encourages participation by everyone. If you or a family member have a special need and would like to participate in a program, we will be happy to make accommodations to meet your needs. Please indicate below if you would like more information regarding programs and or accommodations for program participants according to the Americans with Disabilities Act.

_____ *Yes, please call with information.*

Child's name _____ Nick Name _____
 first middle last

Address _____

City _____ State _____ Zip _____ Home Phone _____

Date of Birth ____/____/____ Age _____ Gender M ____ F ____

Ethnicity: ___Arab or Middle Eastern ___Asian, South Asian, Asian American ___Biracial or Multiracial
 ___Black or African American ___Hawaiian Native or Pacific Islander ___Latina or Hispanic
 ___Native American or Native Alaskan ___White or European American

Family Unit: Parents together___ Separated___ Divorced___ Widowed___ Single___

Child lives with: Mother ___ Father ___ Other, please specify _____

Other members of household:

_____ Age _____
_____ Age _____
_____ Age _____

School Child Attends

Grade _____
as of the Fall of the year 2017

Parent/Guardian Emergency Information (It is crucial to your child's welfare that this information be current)

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Address _____ Address _____

Place of Work _____ Place of Work _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Emergency Contacts (Important: Notify us of any changes.)

1. Name _____ Phone () _____ Relationship _____

2. Name _____ Phone () _____ Relationship _____



Parent / Guardian Signature

Date

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

➔ Doctor _____ Address _____ Phone _____
➔ Hospital _____ Address _____ Phone _____
➔ Dentist _____ Address _____ Phone _____

Pick-up Information

In addition to parents and guardians, the following person(s) have my permission to pick up my child from YWCA child care sites. Children will be released only to those authorized by the parent/guardian. The Program Supervisor will not dismiss a child to any person not listed below unless the parent both calls the supervisor and sends in a note with the child.

1. Name _____ Phone () _____ Relationship _____
2. Name _____ Phone () _____ Relationship _____
3. Name _____ Phone () _____ Relationship _____

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

Names of persons who may not pick up the child: (if a parent, legal documentation must be provided)

➔ _____
Parent/Guardian Signature Date

Travel & Activity Authorization

___ I give / ___ I do not give permission for my child _____, to leave the YWCA Child Care 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

Picture Release

Name of child: _____

___ Yes, I give permission for my child's photograph to be taken for use by the YWCA of Black Hawk County in promotional materials and for release to the media.

___ No, I do not want my child to be photographed.

➔ _____
Parent/Guardian Signature Date

Sunscreen Release

Name of child: _____

___ I authorize / ___ I do not authorize YWCA Child Care staff to apply sunscreen to my child when participating in outdoor activities. Comments/ restrictions _____

➔ _____
Parent/ Guardian Signature Date

Health History

Does your child have any allergies? _____

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

Is your child presently on any medication? Yes____ No_____

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

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

A current immunization card with a physician's signature is required by ALL Summer Daze participants (even if the child has attended this program in the past).

My child, _____, is current with all immunization requirements and the immunization information is on file and available at the YWCA.

→ _____
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

Site Location (circle one): Highland - or - YWCA

Check the weeks in which the child will be enrolled:

Week 1 6/12-6/16 _____	Week 2 6/19-6/23 _____	Week 3 6/26-6/30 _____	Week 4* 7/3, 7/5-7/7 _____	Week 5 7/10-7/14 _____
Week 6 7/17-7/21 _____	Week 7 7/24-7/28 _____	Week 8 7/31-8/4 _____	Week 9 8/7-8/11 _____	

*YWCA closed July 4

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 Summer Daze Program.

→ _____
Parent/Guardian Signature Date

Alternate Funding Sources:

_____ Head Start Wrap Around _____ JPTA
_____ Dept. of Human Services _____ Other (please state who) _____

If receiving funding from a service agency, name of case worker

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

Comments:

You are invited to use the space below for any other information or comments that you want to share:

Handbook Agreement

I have been given a copy of the YWCA Summer Daze Parent Handbook. I agree to follow all policies and procedures.

→ _____
Parent/Guardian Signature Date

**eliminating racism
empowering women**
ywca
Black Hawk County

ywca
black hawk county
425 Lafayette
Waterloo, IA 50703

phone: (319) 234-7589
fax: (319) 234-3462
www.ywcabhc.org
e-mail: ywcakids@ywcabhc.org