

Must be returned to YWCA office. This information form cannot be accepted at the school or childcare site.

Childcare Information Form

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empowering women **ywca**

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 _____ Nickname _____
first middle last *Please give information for the 2019-2020 school year.*

Address _____ Child's school: _____

City _____ State _____ Zip _____ Grade _____

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

Ethnicity: (this information is for statistical use only) ____Arab or Middle Eastern ____Asian, South Asian, Asian American
____Biracial or Multi-racial ____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 _____

Parent/Guardian Emergency Information (It is crucial to your child's welfare that this information be current. In case of emergency, we will contact you based on the order of preference you list here.)
Unless the YWCA receives notification in writing, including supporting legal documents where applicable, Parent 1 and Parent 2 will have equal access to the child, records and documentation, and account information (balance, payment history, tax statements, etc.)

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Relationship _____ Relationship _____

Address _____ Address _____

Place of Work _____ Place of Work _____

Phone #1 _____ cell work home Phone #1 _____ cell work home

Phone #2 _____ Phone #2 _____

Phone #3 _____ Phone #3 _____

Email _____ Email _____

The YWCA will use your email address only for important notices and other communication concerning Y's Kids and we will accept information only from email accounts listed here.

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
 authorized to receive and/or sign for information (injury reports, behavior documentation, etc.)

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

Names 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

Travel & Activity Authorization

___ I give/ ___ do not give permission for my 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

Picture Release

___ Yes, I authorize that my child _____ may 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.*

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

➔ _____
 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 Childcare 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

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

