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

# Summer Daze Information Form

## Everyone is welcome!

The YWCA 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 2019

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 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 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): Off Site - or - YWCA

Check the weeks in which the child will be enrolled:

Week 1 6/10-6/14 _____	Week 2 6/17-6/21 _____	Week 3 6/24-6/28 _____	Week 4* 7/1-7/3 _____	Week 5 7/8-7/12 _____
Week 6 7/15-7/19 _____	Week 7 7/22-7/26 _____	Week 8 7/29-8/2 _____	Week 9 8/5-8/9 _____	Week 10 8/12-8/16 _____

\*YWCA closed July 4 & 5

**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

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