

Summer Daze 2021 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 _____	Child's School _____
_____	Age _____	Grade _____ as of Fall 2021
_____	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 _____ cell work home

Phone #2 _____ cell work home

Phone #3 _____ cell work home

Phone #3 _____ cell work home

Email _____

Email _____

The YWCA will use your email address only for important notices and other communication concerning Summer Daze and we will accept information only from email accounts listed here.

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 _____

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.

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

Name	Relationship	Phone			

If there is a separation or divorce custody condition which we should be aware of, 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/ ___I do not give permission for my 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/ ___I do not give permission for my child _____, to leave the YWCA Child Care program area for trips in a bus, car or on public transportation to special places, walks to the park, shopping trips, etc.

Restrictions on such trips: _____

➔ _____
 Parent/Guardian Signature Date

Sunscreen Release

___I give / ___I do not give permission for YWCA Child Care staff to apply sunscreen to my child _____, when participating in outdoor activities. Comments/ restrictions _____

➔ _____
 Parent/ Guardian Signature Date

Bug Spray Release

___I give / ___I do not give permission for YWCA Child Care staff to apply bug spray to my child _____, when participating in outdoor activities. Comments/ restrictions _____

➔ _____
 Parent/ Guardian Signature Date

Health History

Does your child have any allergies? Yes____ No____

If yes, please list here: _____

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.)

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

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

