Must be returned to YWCA office. This information form cannot be accepted at the school or childcare site. Standard costs due at the time of registration include a $20.00 registration fee and a $20.00 YWCA annual membership (per child). Preschoolers are also required to submit the most current Physical and Immunization Record at the time of registration.

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ywca
Black Hawk County

Y's Kids Childcare 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 _____ Nickname _____
first middle last

Address _____ Child's school: _____

City _____ State _____ Zip _____ Grade _____ ***for 2024-2025 school year***

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 _____

Relationship _____

Address _____

_____

Place of Work _____

	cell	work	home
Phone #1 _____	❑	❑	❑
Phone #2 _____	❑	❑	❑
Phone #3 _____	❑	❑	❑

Email _____

Parent/Guardian #2 _____

Relationship _____

Address _____

_____

Place of Work _____

	cell	work	home
Phone #1 _____	❑	❑	❑
Phone #2 _____	❑	❑	❑
Phone #3 _____	❑	❑	❑

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.

_____

_____

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/ ___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/ ___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

Health History

Does your child have any allergies? Yes____ No____

If yes, please list here: _____

Is your child currently 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.)

_____

_____

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

Preschoolers are required to submit both a current Physical and an Immunization Record at time of registration.

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

Start Date: _____

Y's Kids Program in which the child will be enrolled: School _____

Check one: Preschooler: _____ Kindergartener or older: _____

Times: Mornings only ____ Afternoons only ____ Both a.m. & p.m. ____

Which Days-A.M.? Mon. Tues. Wed. Thu. Fri. *(Circle as many as apply)*

Which Days-P.M.? Mon. Tues. Wed. Thu. Fri. *(Circle as many as apply)*

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 Y's Kids Program.

An Alternate Funding Source:

_____Head Start Wrap Around _____ Dept. of Human Services/Promise Jobs _____ Other *(please state who)*_____

➔ _____ _____

Parent/Guardian Signature Date

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

Comments: Please use the space below for any other information or comments that you want to share:

_____

_____

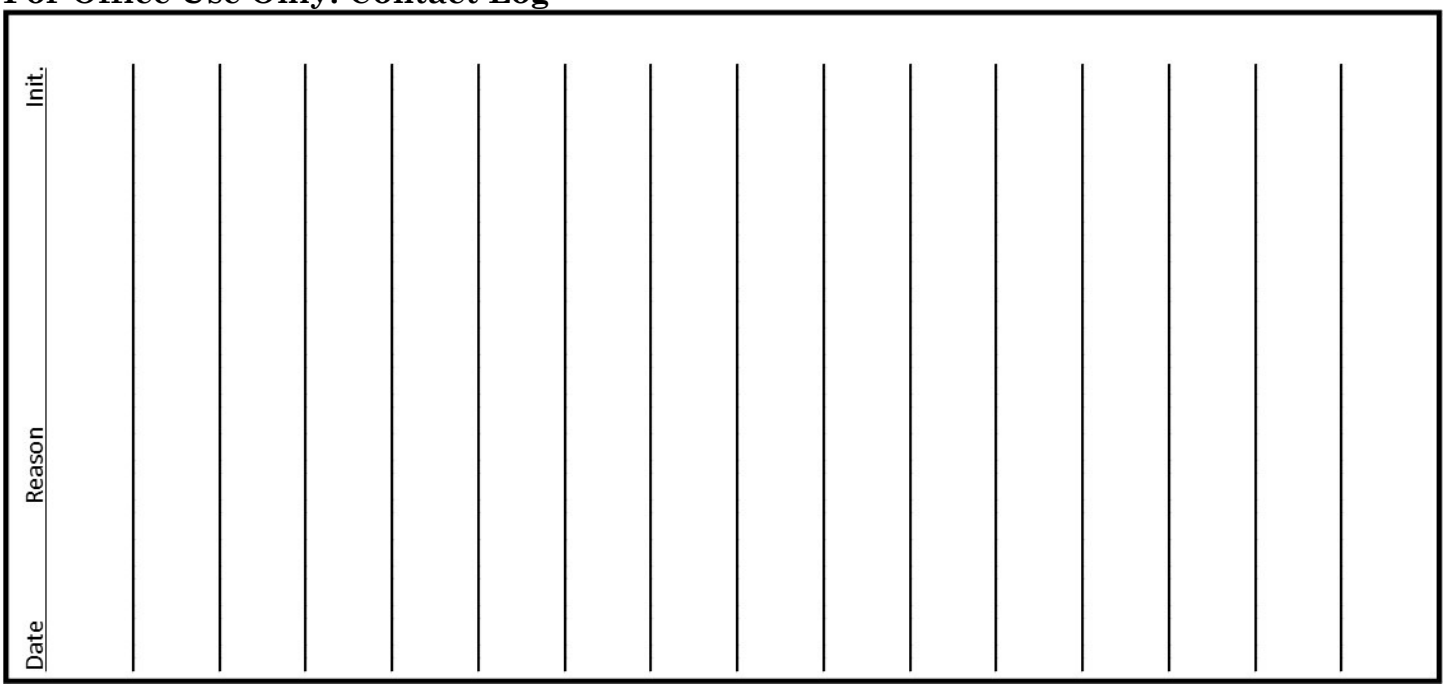
Handbook Agreement

I have received a YWCA Child Care parent handbook and I understand it is my responsibility to read and adhere to all YWCA policies and procedures.

➔ _____ _____

Parent/Guardian Signature Date

For Office Use Only: Contact Log



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