

Vacation Week Program Application

**IF YOUR CHILD IS A CURRENT STUDENT IN LITTLE Y'ERS OR LIVE Y'ERS
YOU DO NOT NEED TO FILL OUT THIS APPLICATION**

If you have any questions, contact Rebecca Raymond at: (617)244-6050 x 3022 or rebeccar@westsuburbanymca.org

Return completed forms to: West Suburban YMCA 276 Church St. Newton, MA 02458 Attn. Child Care

Child Information (Please fill out a separate form for each child)

Child's Name _____ Date of Birth _____

Home Address _____

Age _____ Primary Language _____

Physical Description of Child

Gender _____ Eye Color _____ Hair Color _____ Skin Color _____

Approximate Height _____ Approximate Weight _____

Allergies and/or Special Diets

Allergies _____

Chronic Medical Conditions _____

Special Diets _____

(attach additional information if needed)

Parent Signature

Date

Walking Field Trips

I give permission for the Vacation Program staff to take my child on walking field trips in the immediate vicinity of the West Suburban YMCA (including but not limited to the fire station and Underwood playground). This release form is effective from the date below through June 30th 2008.

Parent Signature

Date

Video and Photograph

I permit the representatives and employees of the West Suburban YMCA to take photographs of my child(ren). I authorize the West Suburban YMCA, its assignees and transferees to copyright, use and publish the same in print and / or electronically. I agree that the West Suburban YMCA may use such photographs of me with or without my name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising and web content.

 Parent Signature

 Date

Movie Permission for Planned Activities

I give permission for my child to view movies that are rated “G” (all) or “PG” (grades 1-5 only) during planned activities at the Child Care Vacation Week Program.

 Parent Signature

 Date

Swimming Experience

Has your child taken swim lessons before? _____ At the YMCA? _____

Does your child use bubbles/floaties? If yes, how many? _____

Can your child swim without an adult supporting him/her? _____

Please describe your child’s swim experience _____

I understand that my child will participate in FREE swim during the vacation week program and will be supervised by the Child Care Vacation Program staff

 Parent Signature

 Date

Important Information about your child:

PLEASE make sure you let us know of any important information that the staff should know about your child: *(ie. Recent death in family, new baby in the house, moving, etc..)*

Emergency Card: All Information is REQUIRED

Child's Name _____ DOB _____

Home PH _____ Primary Language _____

Home Address _____

How to reach parents / guardians (will be called FIRST in emergency) also authorized for pick up:

Name _____ Relationship _____

Home PH _____ Work PH _____ Cell PH _____

Email _____

Name _____ Relationship _____

Home PH _____ Work PH _____ Cell PH _____

Email _____

Emergency Contact Persons (list in order we should call in an emergency) also authorized to pick up

1. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

2. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

3. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

Other Persons Authorized to Pick Up

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Medical Emergency Treatment

I hereby give West Suburban YMCA Child Care program staff permission to administer basic first aid and/or CPR to my child and/or take my child to Newton / Wellesley or nearest hospital for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent / Guardian Signature

Date

Pediatrician _____ Phone _____

Insurance Company _____ **Policy #** _____

Special Instructions _____

Allergies _____

(continue on back if needed)

Parent / Guardian Signature

Date