



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Yonkers Family YMCA Afterschool Registration Form

## Thank you for your interest in the Yonkers Family YMCA Afterschool Program

We offer a quality, licensed After School program where children participate in a balanced program of play & learning. (Nutritious meals & snacks are provided and follow to C.A.C.F.P guidelines.)

### Schedule begins September 7, 2023

Daily Afterschool (2:30-6:30 pm)	\$30.00 per day
Weekly Afterschool (2:30-6:30 pm)	\$125.00 per week
Late fee (each minute after 6:30 pm)	\$1.00 per minute

\*We do provide service for families receiving financial assistance (ex. DSS, Westchester Works Scholarship & 1199, etc.) Financial Assistance through the YMCA is also available by asking our SACC Director for an application.

## Follow Us!



Visit Our Website: [www.yoymca.org](http://www.yoymca.org)



"Like" Us on Facebook: [Yonkers Family YMCA](#)



"Follow" Us on Instagram: [@yonkersymca](#)

## Child's Information

Name: \_\_\_\_\_  
First Middle Last

Birthdate: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Medications: If yes, be sure to include in health history ☐ Yes  
☐ No

Allergies: If yes, be sure to include in health history ☐ Yes  
☐ No

Does your child have any special needs, Individualized Education Plan or a 504 plan? ☐ Yes  
If yes, please share your child's IEP plan and/or important information to ensure a positive experience on a separate sheet. ☐ No

## Child's Personal History

Names/ages of other children in the family:	Does your child have a nickname?
What are your child's favorite activities?	Are there specific methods you use when dealing with difficult behavior from your child?
Does your child have any specific fears or phobias?	What do you hope your child will gain from this experience?
Do you want your child to begin homework at the afterschool program? ( ) YES ( ) NO	Please share any other information that would be helpful:

Yonkers Family YMCA  
17 Riverdale Avenue, Yonkers, NY 10701  
914-963-0183 | [info@yoymca.org](mailto:info@yoymca.org)

**Parent/Guardian Pick up Authorization****Parent/Guardian 1: Authorized to Pick Up?**☐ **Yes****Name:**☐ **No****Cell Phone:****Work Phone:****Email (for updates, newsletter) PRINT CLEARLY****Parent/Guardian 2: Authorized for Pick Up?**☐ **Yes****Name:**☐ **No****Cell Phone:****Work Phone:****Email (for updates, newsletter) PRINT CLEARLY****Custody Arrangements: if there is a court order restricting pickup per state law a copy must be provided to the YMCA.****Emergency Contacts, Pick up Authorization and Additional Authorized Pick up****Emergency Contact and Pick up Authorization: (May not be the primary mother/father/guardian)**

In an emergency situation, parents/guardians will be contacted first, Emergency Contacts will only be contacted if parents/guardians listed above can not be reached. Please list in order to be contacted. All individuals authorized to pick up your children from the program must be at least 18 years of age. Children will not be released to minors. A license or other positive proof of identification must be shown at pick up. Please make sure the individuals on this list are aware that they may be called in an emergency to pick up your child.

I give permission for the emergency contact persons listed below to authorize medical treatment or to pick up and/or transport my child from the program in my absence. I understand that persons listed as "Emergency Contacts" are automatically authorized to pick up my child from the afterschool program.

In emergency situations only, I will give and/or written permission for an individual, who is not on this list to pick up my child. I understand no child will be released without emergency verbal/written permission.

I further understand and agree that once my child is released into the custody of any designated individuals, the Yonkers Family YMCA and its staff are no longer has any responsibility for my child.

**Additional Authorized Pick up and Emergency Contacts**

<b>Name:</b>	<b>Relationship:</b>	<b>Cell Phone Number:</b>	<b>Home/Work Number:</b>
1.			
2.			
3.			

**Please list in order to be contacted**

**\*\*NOTE Completing this application does NOT mean your child is automatically registered/accepted into the program. Prior to the start of the program, you will be contacted by the SACC Director to confirm we have the required completed documents, discussed fee(s) and to confirm your child's anticipated start date\*\***

## Child's Health History Information (required for participation)

**\*\*\* A copy of your child's Immunization Records, most recent Physical and this Registration form are required prior to the first day of attendance. All documents must be within year of the program start date\*\*\***

Does your child have any allergies? Please list. Explain any reactions. Please complete forms OCFS-6029 and LDSS-0792a (attached)

Any Dietary Restrictions? Please list.

To respect religious practices a pork alternative will be provided

Any chronic/recurring illness or medical conditions? Please list and explain. Please complete LDSS-7006 (attached)

Any activities your child cannot participate in?

Please complete

Is your child covered by medical/hospital insurance?  
( ) YES ( ) NO

Name of Family Physician:

Indicate name of carrier:

Phone Number:

Name of Family Dentist:

Is your child currently on any medication? Please note the Yonkers Family YMCA is NOT permitted to administer medication.

Phone Number:

## Absent Parent Consent for Emergency Treatment of a Minor

**Please initial the grey shaded boxes and sign/date at the bottom:**

These steps may include but are not limited to the following: Contacting parent/guardian; an authorized alternate person(s); child's physician/dentist  

I hereby authorize the staff of the Yonkers Family YMCA to give first aid and CPR to my child if needed. I understand this will be carried out by a staff member trained in the basics of first aid and CPR  

In the event of an emergency, I hereby authorize the YMCA staff to have my child transported to the nearest medical facility to secure necessary medical treatment  

I give permission for the emergency contact persons to authorize medical treatment or to pick up and/or transport my child from the program in my absence  

In the event that I cannot be reached, I hereby authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform emergency surgery for my child. I give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in emergency treatment, deemed advisable by the treating physician.  

I understand the Yonkers Family YMCA Staff will make every effort to immediately notify me of the emergency.  

I hereby grant permission for the staff to take any steps necessary to obtain medical or dental care if warranted.  

The Yonkers Family YMCA shall not be held responsible for anything that may happen as a result of false information given at the time of enrollment  

**I declare, I understood and agree to the conditions stated above.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Code of Conduct

The Yonkers YMCA is committed to providing a safe and welcoming environment for all. In the interest of the safety and comfort of those who are in our facility, participating in our programs, or on our grounds, we ask individuals to act in a manner that upholds our guiding principles of Caring, Honesty, Respect and Responsibility at all times.

To ensure the safety and well-being of our members, participants, parents and guests, we may suspend, cancel, or terminate a membership, and/or prohibit individuals from having access to our facilities, programs, events or program spaces in the event the individual's behavior or conduct appears contradictory to the associations core values and safety requirements. The YMCA also reserves the right to deny facility access or membership to any person who is a sexual offender, who has been convicted of (or who has been charged with) any crime involving sexual abuse. YMCA Management will investigate all reported incidents.

**Members, program participants, parents and guests are not to engage in the following activities:**

- Harassing or intimidating words or gestures, body language, or menacing behavior
- Wearing inappropriate attire
- Loitering inside or outside of the YMCA facility
- Engage in physical contact with another person in an angry or threatening way.
- Demonstrate any sexual activity or engage in sexual contact with another person.
- Carrying or concealing any weapon, device, or object that maybe used as a weapon.
- Using or possessing illegal chemicals, drugs, or alcohol in or on YMCA property, or at YMCA sponsored programs.
- Stealing personal property or any property of the YMCA or engaging in behavior that results in destruction of property.
- The YMCA is a tobacco free environment. Use of tobacco products is not permitted inside the YMCA, this includes e-cigarettes and vaping products.

**Members, program participants, parents and guests are encouraged to be responsible for their personal comfort and safety by asking any person whose behavior threatens their comfort to stop. If a member, program participant, parent or guest feels uncomfortable confronting the person directly then they should report it immediately to a staff person or a director on duty. Members, program participants, parents and guests should not hesitate to notify a staff person if assistance is needed.**

**I declare, I understood and agree to the conditions stated above.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Photography/Video Release and Property Loss

**Please initial the grey shaded boxes and sign and date at the bottom**

I understand that the Yonkers Family YMCA may photograph, videotape, and/or interview my child for the purpose of YMCA promotional use

I understand the Yonkers Family YMCA is not responsible for personal property lost, damaged or stolen while using the YMCA facilities or participating in YMCA Programs and events

**I declare, I understood and agreed to the conditions stated above.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Release and Waiver of Liability and Indemnity Agreement

**PLEASE READ CAREFULLY. This section affects your legal rights and is legally binding. By signing this agreement you are releasing the Yonkers YMCA from all liability and forever giving up any claims therefore.**

### **ASSUMPTION OF RISK:**

I acknowledge and agree that any use of the Yonkers YMCA facilities, services, equipment and premises (Facilities) and any participation in Yonkers YMCA programs and activities (Programs) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of the Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and not relying on all such risks being described in this document.

### **WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE:**

In consideration of the use of the Facilities and participation in Programs I, the undersigned, agree that the Yonkers YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives (Releasees) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HERBY DO RELEASE, WAIVE AND COVENANT TO NOT SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of the Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

**I have read, understood and agreed to the conditions as stated above.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any questions regarding this application or need assistance completing it, please contact our SACC (School Aged Child Care) Director Sylvia Alvarez at [sylviaa@yoymca.org](mailto:sylviaa@yoymca.org) or 914-963-0183 x20.

**THE Y: WE'RE FOR YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY.**

<b>**For Office Use Only**</b>		
<b><u>Name of Document</u></b>	<b><u>Completed</u></b>	<b><u>Not Completed</u></b>
<b>SACC Registration</b>		
<b>OCFS-LDSS-4433</b>		
<b>OCFS-LDSS-7066</b>		
<b>OCFS-6010</b>		
<b>OCFS-6029</b>		
<b>City of Yonkers Intake Form</b>		
<b>CACFP Income Eligibility Form</b>		
<b>Provided Parent Handbook</b>		

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NON-MEDICATION CONSENT FORM**  
**Child Day Care Programs**

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

**PARENT TO COMPLETE THIS SECTION (#1 - #14)**

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____		
<b>OR</b>		
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply)		
<b>AND/OR</b>		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent _____		
Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
<b>AND/OR</b>		
10B. Additional special instructions: _____		
11. Reason(s) for use (unless confidential by law): _____		
12. Parent name (please print):		
13. Date authorized:		
14. Parent signature:		
<b>X</b>		

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)**

15. Program name:	16. Facility ID number:	17. Program telephone number:
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		
19. Staff's name (please print):		20. Date received from parent:
21. Staff's signature:		
<b>X</b>		

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

**Tests**

Tuberculin Test Date: / / Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative mm			
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.			
Lead Screening Date: / /			
Attach lead level statement			
<b>Lead Screening (Include All Dates and Results)</b>			
1 year / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Most recent date of lead screening (if different from above):</b>			
/ /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.</b>			
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.			

(Continued on reverse side)



**CHILD IN CARE MEDICAL STATEMENT** *(continued)***Health Specifics****Comments**

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address	
_____ Please Print Name	_____ City, State, Zip	
_____ Title	(     )     - Phone	/   / Date

Caregiver's Name	Credentials or Professional License Information (if applicable)

Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

[illegible]

PROGRAM NAME:	FACILITY ID NUMBER:	PROGRAM TELEPHONE NUMBER: (      )
CHILD CARE PROVIDER'S NAME (PLEASE PRINT):		DATE: /      /
CHILD CARE PROVIDER'S SIGNATURE: <b>X</b>		

I give consent to share information about my child's allergy with all program caregivers in a non-discreet way. I support the strategies the program implements to keep my child from being exposed to known allergen(s). I acknowledge these strategies may include visual reminders that may result in the disclosure of my child's confidential allergy information to non-child care staff.

Yes ☐ No ☐

<b>X</b>	DATE:        /        /
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