



SACC Parent Agreement & Child Health Form

One form per participant is required. Both sides must be filled out completely in order to process your registration.

PLEASE PRINT CLEARLY

Child's First Name _____ Last Name _____ Male Female

Child's Date Of Birth ___/___/___ Age _____ Grade Entering in Fall _____ Child's School: _____

Parent/Guardian 1: Name _____ Parent/Guardian 2: Name _____

Address _____ Address _____

Home Phone# _____ Cell Phone# _____ Home Phone# _____ Cell Phone# _____

Work Phone# _____ Email _____ Work Phone# _____ Email _____

Emergency Contact (Besides Parent/Guardian)

1. Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

PEOPLE ALLOWED TO PICK UP YOUR CHILD

NAME _____ PHONE # _____

NAME _____ PHONE # _____

NAME _____ PHONE # _____

IS THERE ANYONE **NOT** ALLOWED TO PICK UP YOUR CHILD

NAME _____ PHONE # _____

NAME _____ PHONE # _____

NAME _____ PHONE # _____

When will your child be attending SACC? _____ AM Session _____ PM Session Monthly Payment: \$ _____

Please initial each statement; this will indicate your understanding and acceptance of each statement.

_____ I understand that in signing this agreement I accept full responsibility for keeping my SACC bill current.

_____ I understand my SACC payment is due the 1st of each month

_____ I have read and understand the late payment policy; there will be a \$5 charge added if payment is not received by the 10th of the month.

_____ I understand my child will not be able to use the SACC program if my payments become delinquent.

_____ I understand it is my responsibility to cancel my child's SACC registration prior to the start of any month they will not be using SACC.

Parental / Guardian Consent

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the Oswego YMCA from any and all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

Medical Consent

As the parent, legal guardian, or authorized representative, I hereby give consent to the Oswego YMCA to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

Participation Agreement *Please go over these items with your child.*

Please initial each statement; this will indicate your understanding and acceptance of each statement.

_____ Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.

_____ All medications will be brought directly to the site staff in accordance with the Medications Policy.

_____ Willful destruction of property will be the responsibility of the participant's parent / guardian.

_____ Participants must remain within established boundaries wherever the program occurs on and off YMCA property.

_____ Participants are not allowed to be in possession of any tobacco, alcohol, illegal drugs, firecrackers, firearms, or knives.

_____ The YMCA is not responsible for lost, damaged or stolen personal belongings.

_____ I have read and understand the Progressive Discipline Policy in the SACC Handbook and I understand there will be no refund if it becomes necessary to dismiss my child from the program.

_____ Any participant who poses a threat to themselves or to others will be dismissed from the program with no refund.

_____ The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. We reserve the right to dismiss any participant from the program at the parent/guardian's expense and liability for violating any of the above.

Media Release

I give my permission for any pictures taken of my child(ren) participating in Oswego YMCA events to be used for publicity purposes in all media forms.

By Signing Below, I Agree That:

I have read and understand the parent/guardian consent.

I have read and understand the Medical Consent

The named minor has my permission to participate in the YMCA SACC program.

I give my permission for any pictures taken of my child participating in YMCA events to be used for publicity purposes.

Signature of Parent/ Guardian Or Authorized Representative

Print Name

Date

first name

last name

SACC: School Age Child Care

HEALTH INFORMATION

Child's Last Name _____ First _____ Middle _____

SECTION 1: TO BE FILLED OUT BY PARENT OR GUARDIAN:

HEALTH HISTORY (CHECK THOSE THAT APPLY)

Has your child had any of the following diseases?

- Sickle Cell []
- Chicken Pox []
- Rubella []
- Measles []
- Mumps []
- Rheumatic Fever []
- Scarlet Fever []
- Poliomyelitis []
- Tuberculosis []
- Epilepsy []
- Diabetes []
- Hepatitis []
- Other (please list) _____

Does your child have any allergies?

- Hay Fever []
- Poison Ivy []
- Bee Stings []
- Insect bites []
- Penicillin []
- Other (please list) _____

Does your child have a tendency to get:

- Constipation []
- Diarrhea []
- Eczema []
- Stomach Aches []
- Head Aches []
- Ear Infections []
- Eye Infections []
- Respiratory Infections []
- Other (please list) _____

- Does your child wear glasses? [] Yes [] No
- If your child is a girl, has she begun to menstruate? [] Yes [] No
- Does your child have any chronic or recurring illness? [] Yes [] No

- Does your child have hearing difficulty? [] Yes [] No
- If not, does she know about the menstrual cycle? [] Yes [] No
- If yes, what is the nature of this illness? _____

IS YOUR CHILD TAKING ANY PRESCRIBED MEDICATION REGULARLY? [] Yes [] No

Please list: _____

Psychiatric Treatment (explain) _____ Physician's Name _____

Activities to be encouraged or restricted by physician's advice? _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

I hereby certify the information contained herein is true and accurate.

Signature of Parent/Guardian _____

Print Name _____

Date _____

INCLEMENT WEATHER ALTERNATIVE PLANS

In the event all after school activities are cancelled or school is cancelled after the start of SACC, the Oswego YMCA would like to know that your children have an alternate place to go. Below please list two alternate plans for your children as a reference for the secretaries in the main office. Please make sure to include names, addresses, telephone numbers and a brief description of the people your child(ren) may be dismissed to. Also, please be sure these people know they may be called upon to pick up your child(ren) or be home for them in bad weather.

ALTERNATE PLAN #1

ALTERNATE PLAN #2
