

## CHILD INFORMATION RECORD

### State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone (    )	Mother/Legal Guardian's Name		Home Phone (    )
Home Address (if not child's address)		Cell Phone (    )	Home Address (if not child's address)		Cell Phone (    )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone (    )	Employer Name		Work Phone (    )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (    )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 6-15) Previous edition 7-12 only may be used.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.		(    )	(    )		
2.		(    )	(    )		
3.		(    )	(    )		
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.		(    )	2.		(    )
3.		(    )	4.		(    )

<b>Parent/legal guardian must initial one of the following:</b> _____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. _____ I do not give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.		
Signature of Parent or Guardian		Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ENROLLMENT AGREEMENT

### School Age/Day Camp

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Restrictions \_\_\_\_\_

Parent/ Guardian's Name: Mother \_\_\_\_\_ Father \_\_\_\_\_

Marital Status \_\_\_\_\_ Child living with \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Weekly Schedule

Please fill in days/times (start and end) needed:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

START DATE \_\_\_\_\_

### Weekly Tuition Rate

Child One \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child Two \$ \_\_\_\_\_ 10% discount \$ \_\_\_\_\_

Child Three \$ \_\_\_\_\_ 10% discount \$ \_\_\_\_\_

Scholarship/ Third Party Payments \$ \_\_\_\_\_

Attach award letters (DHHS, YMCA FA, etc.) to this form.

**TOTAL TUITION DUE WEEKLY**  
(After scholarships/ third party payment deductions.)

\$ \_\_\_\_\_

### I agree:

1. I have received a copy of the Parent Handbook. I have read and agree to all of the policies and procedures outlined in the Parent Handbook.
2. I will sign my child/ren in and out daily.
3. I understand that this agreement may be changed or cancelled with 2 full weeks written notice.
4. I understand that tuition rates may change with 2 full weeks written notice.
5. I agree to pay \$ \_\_\_\_\_ weekly.
6. I agree to adhere to the YMCA's bank draft policy and understand the payment plan.
7. I am aware that the program maintains a licensing notebook that contains reports from all licensing inspections, renewal inspections, special investigations, and corrective action plans and I may review this material at any time. In addition, I may find this information on the licensing website at [www.michigan.gov](http://www.michigan.gov).

I am the parent or legal guardian of the child/ren I am enrolling and understand that it is my responsibility to keep all information, authorization, required forms, and health records pertaining to my child/ren, current and up to date.

Parent/ Guardian's Name (please print) \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## ALLERGY/ RESTRICTION/ MEDICAL CONDITION ALERT

### School Age/ Day Camp

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/ Guardians' Names \_\_\_\_\_

☐ My child has no health conditions or concerns at this time.

#### MEDICATIONS BEING TAKEN

All medication will be administered to the child only after the medication permission form is completed by the parent. Medication will only be given as directed in the parent handbook. Please list all medications (including over-the-counter or prescription drugs) taken routinely.

☐ Child takes no medication ☐ Child takes routine medication during the school year

#### The person takes the following medications:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Allergy/ Restriction/ Medical Condition: \_\_\_\_\_

Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instruction for care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Please submit emergency action plan from a health physician with enrollment materials.

I, the undersigned, give consent to post information about my child's allergy, restriction, and/or medical condition throughout the program for safety purposes. ☐ Yes ☐ No

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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# AUTHORIZATION FORMS

## School Age/Day Camp

Child's Name \_\_\_\_\_  
(First Name, Last Name)

### GENERAL LIABILITY RELEASE

#### Liability:

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids and Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

### PHOTO RELEASE

I give permission to the YMCA of Greater Grand Rapids and Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my child's image or voice for purposes of promoting or interpreting YMCA programs. Please check a box below to detail how and when the YMCA of Greater Grand Rapids has permission to use photographs, film footage, tape recordings or other media that may include your child's image or voice.

- ☐ I give permission for photographs, film footage, tape recordings or other media that may include my child's image or voice to be used in promotional material for the YMCA of Greater Grand Rapids in advance notifications and approval of event.
- ☐ I DO NOT give permission for photographs, film footage, tape recordings or other media that may include my child's image or voice to be used in promotional material for the YMCA of Greater Grand Rapids.

### SKIN CARE PRODUCT AUTHORIZATION

I give the YMCA authorization to use the following skin care products on my child, \_\_\_\_\_  
(Child First, Last Name)

Check all that apply:

- ☐ My child has permission to apply insect repellent if going outdoors.
- ☐ My child has permission to apply sunscreen if going outdoors.

**All products must be supplied by parents or guardians and labeled with the child's name.**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



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## AUTHORIZATION FORMS (continued)

### School Age/Day Camp

#### TRANSPORTATION AUTHORIZATION

My child \_\_\_\_\_, Child first, last name has my permission to be transported in the YMCA of Greater Grand Rapids' bus or contracted transportation service to and from any field trips scheduled. I understand that a notice will be sent home in advance of any field trip. If the YMCA is providing transportation, record of each child riding in the bus will be on site. All busses are checked annually by the Michigan State Police, and carry a first aid kit for emergencies.

#### HEALTH AUTHORIZATION

Child's Name \_\_\_\_\_

This is to certify that the child above is in good health and may participate in scheduled YMCA activities except as stated in the restrictions above (if any). As the child's parent/guardian, I will assume full responsibility for the child's health while the child is enrolled at the YMCA Day Camp or School Age program site. This means that I will keep my child home when he/she become ill while in the program.

My child's immunizations are up to date and a copy is on file at my child's school.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Signature (if minor, parent/ guardian signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

#### SWIM PROGRAM

Child's Name \_\_\_\_\_

The child listed above has my permission to participate in the YMCA Swimming Program.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

Please list on lines below, any previous experience your child has had with water or swim programs.

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