

# Northwest Family YMCA Preschool School Release Days 2009-2010

**When school is out, the Y is in!** The Northwest Family YMCA is offering optional care for full day Preschool program participants during winter and spring break. During these breaks you will pay for only the days that you register for. The dates for these breaks have been determined by your location's school calendar, Pre-registration is required if you plan to attend any of these dates.

Questions? Call the Northwest Family YMCA at 651-483-2671 • 3760 North Lexington Ave • Shoreview, MN 55126 or YMCA Customer Service Center • 612-230-9622 • 2125 E. Hennepin Ave. • Mpls, MN 55413 • Fax 612-465-0559

**Special Offer: Buy FIVE Get ONE Free**  
**Sign up for 5 School Release days and get the 6th day FREE!\***

*\*Non-transferrable and non-refundable • Only 1 free day per year  
• Payment for all 5 days is due Monday one week prior to the start of a 5 release day series*



ymcatwincities.org

**REGISTRATION FORM: One child per registration form.**

**To register:** Complete the attached registration form and Emergency/Health form and return to:  
YMCA Customer Service Center • 2125 E. Hennepin Ave. • Mpls, MN 55413 • Fax 612-465-0559

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 2nd Parent/Guardian \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**School Release Day Dates for Pike Lake Educatio Center and St. Odilia Catholic School:**

<u>2009</u>	<u>Location</u>
December: <input type="checkbox"/> 23 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	<input type="checkbox"/> Pike Lake <input type="checkbox"/> St. Odilia
December: <input type="checkbox"/> 24* <input type="checkbox"/> 31*	<input type="checkbox"/> Northwest Family YMCA
<u>2010</u>	
March: <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	<input type="checkbox"/> Pike Lake <input type="checkbox"/> St. Odilia

*\*Care is offered at the Northwest Family YMCA on December 24 & 31 from 6:30am - 2:00pm. For all other dates, care will be offered at your regular program location (please mark one) and will be open our normal hours: 6:30am - 6:00pm.*

**Sign me up for the Buy FIVE Get ONE FREE special!**

**COST:**     \$38 per child for early registration per School Release day.  
 \$48 per child for late registration (*fewer than 4 days in advance*) as long as openings exist.

**PAYMENT METHOD:**     EFT     Cash     Check    Credit Card:     Visa     MC     DI     AMX    Card # \_\_\_\_\_ Exp \_\_\_\_\_  
 Electronic Fund Transfer (EFT) will be processed on Tuesday, one week prior to the Release Day.  
 Payment for all 5 days of Buy FIVE Get ONE Free will be processed on Tuesday, one week prior to the 5 day series.

**AMOUNT:**    \$ \_\_\_\_\_

**SIGNATURE:** *The participant named above has my permission to participate in this activity. I authorize the YMCA staff to give my child reasonable first aid emergency services as needed, provided the parent/guardian cannot be reached.*

Parent or Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

# Northwest Family YMCA Emergency & Health Information Form 2009 – 2010

**Please use one form per child and print neatly. Please return this completed form with parental/guardian signature to:  
YMCA Customer Service Center • 2125 E. Hennepin Ave. • Minneapolis, MN 55413 • Fax 612-465-0559**

Child's name (please print) \_\_\_\_\_  Female  Male

Home phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_ School in Fall 2009 \_\_\_\_\_

Parent/Guardian\* \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian\* \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

How did you hear about us?  School  Word of mouth  Brochure: \_\_\_ received in mail \_\_\_ received at school \_\_\_ picked up at YMCA

\* Parent's/Guardian's address if different from child's \_\_\_\_\_

Are you a YMCA member?  Yes (Member # \_\_\_\_\_)  No

### **Emergency Contacts & Pick-Up Authorization** *The Parent/Guardian is authorizing the following people to be an emergency contact and authorized pick up for the child named above:*

1. Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Has child had any of the following, and if so, please explain:

Operations or serious injuries  
(date/s) \_\_\_\_\_

Chronic or recurring illnesses \_\_\_\_\_

Allergies or Asthma \_\_\_\_\_

Dietary restriction/s \_\_\_\_\_

Special needs \_\_\_\_\_

Is the child taking any medications?  Yes  No  
If yes, what kind and why: \_\_\_\_\_

***If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.***

Status of child's vision, hearing, and speech \_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others?  Yes  No

If yes, please comment: \_\_\_\_\_

Other significant information about your child's behavior that would be helpful to know:  
\_\_\_\_\_  
\_\_\_\_\_

#### **MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:**

DPT _____	Polio _____
Measles _____	Mumps _____
Rubella _____	HIB _____
Tetanus _____	

#### **Waiver of Liability**

I understand that The Young Men's Christian Association of Greater Saint Paul assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I give my permission for the YMCA to administer sunscreen as needed. I hereby release and discharge the YMCA to it's directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a result of participating in these activities.

#### **Parent/Guardian Authorization**

- In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
- I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
- My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
- I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
- I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

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