

YMCA Children's Center
Student Information

First Name of child _____ Middle Name _____ Last Name _____

Date of Birth _____ Ethnicity _____

Mother or Guardian: _____

Address _____ Phone _____ Cell _____

Email Address: _____ HCC student Yes No

Is the above an authorized pick-up for your child (please circle): Yes No

Father or Guardian: _____

Address _____ Phone _____ Cell _____

HCC Student Yes No

Is the above an authorized pick-up for your child (please circle): Yes No

Does your child have an IEP? Yes or No Does your child have a BIP? Yes or No

Emergency contacts who are authorized to pick up your child: *(under no circumstance will a child be released to anyone not on this list without written authorization from parent or guardian.)* Authorized person must be at least 16 years of age and posses a valid driver's license or state I.D.

Name	Relationship	Phone Number	(Day and Evening)
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have an Special need(s): _____

Does your child have any allergies / dietary restrictions: _____

Weekly Child Care Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Semester _____

Total hours per week _____

Total weekly payment _____

*You will be billed for these spots on a weekly basis, even if your child does not attend.

Authorized by Highland Staff: _____ Date _____

Mail to Stacey Moore at Stacey.moore@highland.edu or ATTN: Stacey Moore 2998 W. Pearl City Rd. Freeport, IL 61032

**YMCA / HCC Ccampis
Permission Form**

I hereby grant permission for my child to use all of the equipment and participated in all of the activities of the YMCA programs under staff supervision.

I hereby grant permission for my child to leave the day care premises for activities at the YMCA (which may include swimming) or on Highland Campus.

I hereby grant my permission for my child to be included in evaluations, pictures and videos connected with the program.

I hereby grant permission for a staff member from the YMCA Ccampis program to apply sunscreen to my child.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact parent/guardian through any of the persons listed on the emergency form.
4. Depending upon the nature of the emergency situation we will:
 - a. Call a physician. Name of Doctor _____ Phone number _____
 - b. Call an ambulance.
 - c. Have the child taken directly to the hospital in the company of a staff member.
 - d. Staff may perform emergency first aid, as needed.
5. Any expenses incurred under #4 above, will be borne by the child’s parent/guardian.

Children who have a fever higher than 101, have vomited will not be allowed to attend care in the CCAMPIS program.

On a day when HCC is in session and Elementary schools are closed, school age children may only attend if space permits. Pre-registration and additional fees will apply

PLEASE NOTE: THE YMCA WILL NOT BE RESPONSIBLE FOR A CHILD WHO HAS NOT BEEN PROPERLY CHECKED IN WHEN HE/SHE ARRIVES FOR THE DAY.

Date _____ Signed _____

Date _____ Signed _____