



START PROGRAM CONTRACT

YMCA of Downtown Manchester | All information must be filled out COMPLETELY - PLEASE PRINT

Child's Full Legal Name: _____ DOB: _____ Grade: _____ Male Female

Child's Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian 1: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Parent/Legal Guardian 2: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Who has legal custody of the child?* Parent/Legal Guardian 1 Parent/Legal Guardian 2 Shared

***If applicable, please provide copies of any documents pertaining to the custody of the child.**

Person to be notified in the event of any emergency when parent/guardian cannot be reached. Please list someone other than parents/guardians.

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell: _____ Work: _____

Additional pick-up person(s) other than parent/guardian or emergency contact:

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell: _____ Work: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell: _____ Work: _____

The YMCA Child Care Program has permission to:

- Include my child in trips using Y designated transportation: Yes No
- Utilize pictures of my child for print and electronic promotional purposes: Yes No
- Attend 21st Century Clubs during START Program: Yes No
- Attend Tutoring during START Program: Yes No
- Walk to Beech Street School for START events (Wilson only): Yes No
- Attend other supervised activities that are held within home school: Yes No

START Program Full Time Site: _____ School: _____ Start Date: _____

Discovery Academy of the Y (AM) School: _____ Start Date: _____ Select Days: M T W R F

Discovery Academy of the Y (PM) School: _____ Start Date: _____ Select Days: M T W R F

Who is responsible for the program payments? _____

Pre-qualified State Child Care Reimbursements or other outside source: Yes No

Chronic conditions, allergies, medication or other comments: _____

Child's Physician: _____ Phone: _____ Address: _____

Health Insurance Carrier: _____ Policy #: _____

Information is used for statistical purposes and grant applications.

Race of Child (check below)

White Black/African American Black/African American and White Asian/White

American Indian/Alaskan Native American Indian/Alaskan Native and White Native Hawaiian/Other Pacific Islander

Indian/Alaskan Native and Black/African American Asian Other/Multi-racial

Ethnicity of Child Hispanic Non Hispanic

Parent/Guardian Marital Status Single Married Separated Divorced Widowed

Family Size (please check one): Small family (2 - 5) Large Family (6+)

Female head of household? Yes No

- I hereby give permission for the staff of The Granite YMCA to provide first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/ rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.
- I/we understand if medication is required during program I must complete a Permission to Administer Medication form with Director.
- I/we the undersigned have read and agree to abide by all policies stated in the parent/guardian handbook and policy page online. Failure to comply with these policies may result in removal of the child from the program without notice or refund.
- I/we the undersigned swear that all the information provided in this application form is true as of the date noted below. I/we agree to notify the Y in writing immediately if any information on the application changes while the child is enrolled in the YMCA child care program.
- I/we understand the person(s) recognized as legal guardian(s) for this child and any other person signing this agreement is/are responsible for fulfilling all obligations of this contract.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____