

**CHILD INFORMATION FORM: YMCA Child Care Services**

**All information blanks MUST BE COMPLETED in entirety! If any information is NOT included, YOUR CHILD IS NOT ENROLLED! This includes dates of birth, phone numbers, and addresses, for all persons listed – including doctor’s office and hospital. (Revised January 2020)**

**Child’s name** \_\_\_\_\_ Name called \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade (**going in 2019 - 2020**) \_\_\_\_\_  
School \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Mom / Guardian name** \_\_\_\_\_ Birth date \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work/School Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**Father / Guardian name** \_\_\_\_\_ Birth date \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work/School Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**Additional Parent numbers / Email address for notifications** \_\_\_\_\_  
If Parents are separated, which parent has custody of the child? \_\_\_\_\_

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List names and phone numbers of 3 people to contact in an emergency or who are authorized to pick up child (other than parents):

**1.) Name** \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work/School Address \_\_\_\_\_

**2.) Name** \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work/School Address \_\_\_\_\_

**3.) Name** \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work/School Address \_\_\_\_\_

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List any illnesses that affect your child’s activity: \_\_\_\_\_

List any physical disabilities that affect your child’s activity: \_\_\_\_\_

List any special medications or routines that your child requires: \_\_\_\_\_

Child’s current immunization form is on file at school: YES \_\_\_\_\_ NO \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Preferred Hospital \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

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Does your child get along well with others? Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, explain:

Please list some of your child’s interests and favorite activities:

Has your child had any of the following experiences during the past year? Change schools\_\_\_\_ Moving\_\_\_\_ Birth of a sibling\_\_\_\_ Death in family\_\_\_\_ Serious illness in family\_\_\_\_ Separation/Divorce\_\_\_\_ Other:\_\_\_\_\_

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- This information is correct as far as I know, and the child herein described has permission to engage in all activities and field trips except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the Director of the program or designee to secure emergency medical services including transportation and physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child as named above.

- I have received, read, and understand the PARENT AGREEMENT FORM and the PARENT HANDBOOK. I have received a copy of the State Child Care Licensing Summary and the Child Abuse Information Packet.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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FOR SOCIAL RESPONSIBILITY

## YMCA Afterschool Child Care Child Health History Checklist

\_\_\_\_\_

**Child's Name**

\_\_\_\_\_

**Birth Date**

\_\_\_\_\_

**Parent/Guardian Name**

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we are unable to reach you right away. Please select the appropriate answers and explain answers where needed.

### **Pregnancy and Birth**

- Yes No 1. Were there any problems with pregnancy or your child's birth?  
If yes, please explain: \_\_\_\_\_
- Yes No 2. Was his/her birth weight under 5 ½ pounds?
- Yes No 3. Did the baby have any problems in the hospital?  
If yes, please explain: \_\_\_\_\_

### **Medical Problems**

- Yes No 4. Has your child been in the hospital overnight? If yes, why? \_\_\_\_\_
- Yes No 5. Is your child taking any medicine? If yes, please list: \_\_\_\_\_
- Yes No 6. Any allergies or reactions to medicine, DTP or other shots, food, or insects?  
If yes, please explain: \_\_\_\_\_
- Yes No 7. Has your child had asthma or wheezing?
- Yes No 8. Does your child have speech or hearing problems?
- Yes No 9. Has your child had more than two ear infections in a year?
- Yes No 10. Has your child had tonsillitis?
- Yes No 11. Does your child have trouble with his/her eyes or seeing?
- Yes No 12. Has your child had a bladder or kidney infection?
- Yes No 13. Does he/she have burning when urinating?
- Yes No 14. Does he/she have seizures, fits or shaking spells?
- Yes No 15. Have you ever been told that your child has a heart murmur?
- Yes No 16. Is your child able to play as hard as other children?
- Yes No 17. Has your child ever had a bumpy, swollen reaction to the TB skin test?
- Yes No 18. Has your child ever been with anyone having TB?
- Yes No 19. Has your child ever had worms?
- Yes No 20. Does your child scratch his/her genital area?
- Yes No 21. Is his/her bottom or genitals red or sore?
- Yes No 22. Is your child a hemophiliac (free bleeder)?
- Yes No 23. Is your child on a heart monitor?
- Yes No 24. Does your child have tubes in his/her ears?
- Yes No 25. Is your child a diabetic?

### **Older Girls**

26. How old was your daughter when she had her first period? \_\_\_\_\_
- Yes No 27. Does she have any problems with her period? If yes, please explain: \_\_\_\_\_

### **General Development**

- Yes No 28. Is your child in a special education class in school? If yes, please explain: \_\_\_\_\_
- Yes No 29. Does your child get along with other children?
- Yes No 30. Is he/she usually happy?
- Yes No 31. Does your child have any special problems not indicated above?  
If yes, please explain: \_\_\_\_\_
32. When did your child last see a doctor? Month \_\_\_\_\_ Year \_\_\_\_\_



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## YMCA Afterschool Child Care Consent to Participate in YMCA Programs

\_\_\_\_\_

**Parent/Guardian Name**

\_\_\_\_\_

**Child**

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You release the YMCA of East Tennessee, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). **You agree that this Release is effective immediately (in compliance with all applicable laws of state of TN only).**

I fully understand and agree that in participating in one or more of the courses, or using the facilities that shall be maintained by the YMCA, there is the possibility of accidental or other physical injury. I agree to assume the risk of such injury to me or my minor child(ren), and further agree to release, hold harmless, and indemnify the YMCA from any and all liability attributable to the YMCA by either myself, my minor child(ren), or Third Parties as a result of my or my minor child(ren)'s use of the facilities and/or instruction as offered by the YMCA.

I give my permission to the YMCA of East Tennessee to use limitation and obligation, photographs, film footage, or tape recordings which may include my or my minor children's image or voice for the purposes of promotion or interpreting YMCA programs.

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

Date: \_\_\_\_\_

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