



# Y Summer Program @ Lincoln Park June 19<sup>th</sup> – July 28<sup>th</sup> 2023

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✍ Please fill out in Blue or Black Ink ONLY! ✍

<b>Student's Full Name</b>				<b>Gender</b> (choose) M   F   Non-Conforming   Other		<b>Today's Date:</b>				
<b>Address / City / Zip</b>				<b>Telephone</b>		<b>Birth Date</b>				
<b>Current Grade Level:</b>		5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	<b>Grade <u>Entering</u> in Fall:</b>		6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
<b>Is the Student Hispanic or Latino?</b> Yes, Hispanic or Latino No, neither Hispanic nor Latino			<b>Select one or more of the following categories that apply to the student:</b> American Indian or Alaska Native   Black or African American   White   Asian Native Hawaiian or Other Pacific Islander   Other							
<b>Parent or Guardian (provide the information requested for EACH parent or guardian.)</b> <b>**NOTE: All parents/guardians will be permitted to visit during center hours unless access is prohibited or restricted by a court order**</b>										
<b>Legal Guardian #1 First and Last Name</b>				<b>Home Address / City / Zip</b>		<b>Home Phone #</b>		<b>Cell Phone #</b>		
<b>Work Name &amp; Address</b>				<b>Work #</b>		<b>Email Address</b>				
<b>Legal Guardian #2 First and Last Name</b>				<b>Home Address / City / Zip</b>		<b>Home Phone #</b>		<b>Cell Phone #</b>		
<b>Work Name &amp; Address</b>				<b>Work #</b>		<b>Email Address</b>				
<b>Student lives with: (choose)</b> Both Parents   Mother   Father   Grandparent(s)   Guardian										
<b>Special Custody Concerns:</b> This Section MUST be signed even if there are NO concerns										
Are there any custody concerns regarding this student that we need to be aware of while the student is in our care? <b>Please Attach any documentation (court order, etc.) to back up all custody concerns.</b>										
Yes   No   If YES, please explain   Attach a copy of your current court order										
<div style="text-align: right;"> _____ Signature of Parent or Guardian   Date</div>										
<b>Physician &amp; Medical Facility Information</b>										
<b>Physician Name</b>				<b>Address</b>			<b>Phone #</b>			
<b>Preferred Medical Facility – Please circle one or write other:</b> Aurora Medical – 10400 75 <sup>th</sup> St.   Center Kenosha Hospital – 6308 8 <sup>th</sup> Ave.   St. Catherine's – 9916 75 <sup>th</sup> St.   Other: _____										
I hereby give my consent for emergency medical care or treatment, to be used ONLY if I cannot be immediately reached.										
<div style="text-align: right;"> _____ Signature of Parent or Guardian   Date</div>										
<b>AUTHORIZED PEOPLE TO CALL &amp; EMERGENCY CONTACT FOR YOUR STUDENT.</b> <b>**Provide additional names &amp; information for people authorized to: Contact when parent/guardian cannot be reached who can receive information on your student and authorized as a pick-up person that staff can release your student into his/her care**</b>										
<b>Contact #1 First and Last Name</b>				<b>Home Phone #</b>		<b>Cell Phone #</b>		<b>Work #</b>		
<b>Home Address / City / Zip</b>				<b>Relationship to Child</b>						
<b>Contact #2 First and Last Name</b>				<b>Home Phone #</b>		<b>Cell Phone #</b>		<b>Work #</b>		
<b>Home Address / City / Zip</b>				<b>Relationship to Child</b>						
I give permission for my student to participate in Field Trips and other activities during operating hours. <b>Walking</b> – <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Transported*</b> – <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*Transported Field Trips always require an additional permission slip. This slip will include all details of the field trip.</small>										
<div style="text-align: right;"> _____ Signature of Parent or Guardian   Date</div>										

## HEALTH HISTORY & EMERGENCY CARE PLAN

1. Check any special medical condition that your student may have:

- ☐ **None**      ☐ Physical Handicaps      ☐ Epilepsy / Seizure Disorder      ☐ Asthma      ☐ Diabetes
- ☐ Cerebral Palsy / Motor Disorder      ☐ Emotional / Behavior Disorder including ADD, ADHD or ODD *(Please Circle)*
- ☐ Gastrointestinal or Feeding Concerns Including Special Diet and Supplements
- ☐ Other condition(s) requiring special care (Specify): \_\_\_\_\_

2. Does your student have any allergies?

- ☐ Food Allergies - ☐ **No**    ☐ Yes--Specify food(s): \_\_\_\_\_
- ☐ Non-Food Allergies - ☐ **No**    ☐ Yes--Specify: \_\_\_\_\_

**If Yes, Fill out a - e. Attach additional information if needed. If No, skip to #8.**

**a.** Triggers that may cause problems - Specify: \_\_\_\_\_

**b.** Signs or Symptoms to watch for - Specify: \_\_\_\_\_

**c.** Steps the child care provider should follow: \_\_\_\_\_

**d.** When to call parents regarding symptoms or failure to respond to treatment: \_\_\_\_\_

**e.** When to consider that the condition requires emergency medical care or reassessment: \_\_\_\_\_

3. Is there additional information that may be helpful to the child care provider? ☐ **None**    ☐ Yes

Specify: \_\_\_\_\_

4. Does your student take any medication (this information is needed whether they take medicine while in the program or at another time of the day, in case of emergency).

☐ Yes    ☐ No    If yes, what is the medication? \_\_\_\_\_

## INSURANCE INFORMATION

5. Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

6. Name of person holding insurance policy: \_\_\_\_\_ Group # \_\_\_\_\_

## MEDIA RELEASE

7. I understand that my child's/ward's picture/video may be taken by any YMCA staff, volunteer, sponsor or any other YMCA program colleague for media, promotional and/or public relations purposes including, without limitation, use on sponsor owned and operated websites, social media sites, and print and digital media, and allow for these images, videos, representations and other media to be used for promotional, media and/or public relations purposes unless I submit a statement to the contrary to appropriate YMCA staff.

YES, I grant the Kenosha YMCA permission to use photos/videos of my child. I understand the photos may be shared on the Kenosha YMCA website, in print and on Kenosha YMCA social media pages.

NO, please do not take or use any photos/videos of my child.



\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date