



# YMCA OF METROPOLITAN CHICAGO SCHOOL-AGE CHILD CARE PARTICIPATION PACKET

This form must be completed upon enrollment in any YMCA of Metropolitan Chicago School-age Child Care program including Before and After School Care, camps, sports, STEAM enrichment, and aquatics programs. The following questions are being asked so that our program staff can better serve your child and all other participants. Your answers are strictly confidential. Please be as specific as possible.

**TO COMPLETE THE FORM:**

1) Log into your YMCA of Metro Chicago Community account and complete the form online (located in "Forms").

Print the form and take clear photos of all completed pages OR complete it electronically and save a copy of the document. Submit the completed version of the form either in-person to program leadership or to your location's relevant email address.

PARTICIPANT INFORMATION (PLEASE PRINT)					
Child's First Name:		Child's Preferred Name:			Child's M.I.:
Child's Last Name:		Address:			
City:	State:	ZIP:	Email:		
Age:	Birthdate:	Gender:	Male	Female	Nonbinary
					Pronouns:
School Child Attends:		Child's Grade in Fall:	Primary Family Email Address:		
Race:	Ethnicity:	T-Shirt Size:	Household Income*		

\*Optional: We collect this information to support grant-funded programming reports.

PARENT/GUARDIAN #1 INFORMATION (PLEASE PRINT)					
First Name:		Preferred Name:		M.I.:	Last Name:
Address:		City:		State:	ZIP:
Email:		Cell Phone:		Employer:	
Title:		Work Hours:		Work Phone:	

PARENT/GUARDIAN #2 INFORMATION (PLEASE PRINT)					
First Name:		Preferred Name:		M.I.:	Last Name:
Address:		City:		State:	Zip
Email:		Cell Phone:		Employer:	
Title:		Work Hours:		Work Phone:	

**CHILD LIVES WITH:**    Both Parents    Parent 1    Parent 2    Other:

Do you have a custody arrangement?    No    Yes    If yes, please share any relevant details that pertain to youth pick-up and responsibility of payments:

YMCA TRANSPORTATION POLICY
<p>Transportation between YMCA program sites and/or off-site field trips is either provided by approved bus vendors with safety compliance letters, or on Y mini buses driven by Y staff who have gone through a background check and applicable driver training. When applicable, staff may walk youth to program or field trip locations. Transportation takes place at the end of the school day to the program location and before/after field trips, if applicable.</p> <p>Staff maintain staff to youth ratios when on buses and ensure safe behavior with youth when riding on buses. Youth are not permitted to stand, move about, or disrupt the bus environment to ensure safety of all passengers and the driver.</p>

**BUS RULES:**

- |  |   |
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| <ol style="list-style-type: none"> <li>1. All passengers must wear a securely fastened seat belt if available.</li> <li>2. Children must be seated and facing forward at all times.</li> <li>3. No food or drinks are to be consumed on the bus/van.</li> <li>4. Children must keep their hands and feet to themselves and inside the bus at all times.</li> </ol> | <ol style="list-style-type: none"> <li>5. Destruction of seats or any other property on the bus is not allowed.</li> <li>6. No yelling, screaming, or distracting the bus driver.</li> <li>7. No throwing objects inside the bus, or out of the bus windows.</li> <li>8. Staff will be dispersed throughout the bus for maximum supervision.</li> </ol> |
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**By enrolling your participant in YMCA programming, you are providing expressed written permission to transport your child as necessary within the guidelines in this policy.**

**AUTHORIZED PICK-UP**

**Adults Authorized to Pickup My Child/Emergency Contact**

\*Other than parents/guardians \*Minimum of 2 required  
 Authorized pick-up individuals, also serve as emergency contacts if parents or guardians cannot be reached.

**1. AUTHORIZED PICK-UP**

First Name:	Preferred Name:	M.I.:	Last Name:	
Address:	City:		State:	ZIP:
Email:	Cell Phone:	Relationship: Is this person also an emergency contact?    No    Yes		

**2. AUTHORIZED PICK-UP**

First Name:	Preferred Name:	M.I.:	Last Name:	
Address:	City:		State:	ZIP:
Email:	Cell Phone:	Relationship: Is this person also an emergency contact?    No    Yes		

**3. AUTHORIZED PICK-UP**

First Name:	Preferred Name:	M.I.:	Last Name:	
Address:	City:		State:	ZIP:
Email:	Cell Phone:	Relationship: Is this person also an emergency contact?    No    Yes		

**4. AUTHORIZED PICK-UP**

First Name:	Preferred Name:	M.I.:	Last Name:	
Address:	City:		State:	ZIP:
Email:	Cell Phone:	Relationship: Is this person also an emergency contact?    No    Yes		

**5. AUTHORIZED PICK-UP**

First Name:	Preferred Name:	M.I.:	Last Name:	
Address:	City:		State:	ZIP:
Email:	Cell Phone:	Relationship: Is this person also an emergency contact?    No    Yes		

**UNAUTHORIZED PICK-UP**

1. Name:	Relationship to participant:
2. Name:	Relationship to participant:

**I authorize the people listed above to pick up my child and be contacted in the event of an emergency from the YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its community hubs and employees of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first.**      Initials\_\_\_\_\_

## HEALTH INFORMATION

The following questions are asked so that we may best serve your child in programs. Any information you disclose is confidential to YMCA staff, as needed for your child's participation.

While in program, are there any health conditions that you would like us to be aware of?	No    Yes: _____
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While in program, will your child need to take medication? Please complete the Permission to Dispense Medication form.	No    Yes: _____
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While in program, are there allergies we should be aware of?	No    Yes: _____
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Are all immunizations up to date*?	No    Yes: _____
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\*If you are receiving CCAP funding, please submit full immunization records to program leadership.

Are there any activities that your child should be exempted from for health reasons?    No    Yes:	
Description: _____	

**IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:**  
If your child has an IEP or a 504 plan during the school year, you may choose to connect with our Inclusion Department. Doing so creates a partnership to determine and plan for support, including accommodations that may be needed to promote the most successful summer experience for your camper. If you would like to connect, please select "yes" to the accommodation request below. The Inclusion Department can also be reached at [inclusion@ymcachicago.org](mailto:inclusion@ymcachicago.org).

Does your child require an accommodation due to disability in order to participate in programs?	No    Yes: _____
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Is there anything else we should know? \_\_\_\_\_

## RELEASES

<p><b>MEDICAL RELEASE</b></p> <ul style="list-style-type: none"> <li>I do hereby give my permission for the YMCA of Metropolitan Chicago staff to secure proper medical treatment and care for child/children named below, and further, if deemed appropriate by the YMCA of Metropolitan Chicago staff, to transfer child/ children named below off site by ambulance to secure medical treatment and care.</li> </ul>	Initials _____
<p><b>AUTHORIZATION FOR SUNSCREEN</b></p> <ul style="list-style-type: none"> <li>I acknowledge that I will sufficiently apply sunscreen to all of my child's exposed skin, and agree that YMCA of Metropolitan Chicago Staff may reapply the sunscreen that I provide, labeled with my child's name.</li> </ul>	Initials _____
<p><b>YMCA BEHAVIOR MANAGEMENT PROCEDURES</b></p> <ul style="list-style-type: none"> <li>My child and I have read and understand the behavior expectations and procedures, found in the parent handbook.</li> </ul>	Initials _____
<p><b>YMCA CHILDCARE &amp; TRANSPORTATION POLICIES</b></p> <ul style="list-style-type: none"> <li>I/We acknowledge that I have received a copy of and agree to YMCA policies and procedures (via the parent handbook) for the YMCA childcare programs, including but not limited to transportation, program rules, and parent/guardian conduct. If necessary for this YMCA program, I give the YMCA permission to transport my child.</li> </ul>	Initials _____

## TALENT RELEASE

In consideration of my participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning me, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display distribute, transmit and/or otherwise exploit any and all such reproductions containing my voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me at any time in connection there with.

I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein. The release shall be governed by Illinois law without regard to its conflict of laws principles.

**ACCEPT    DECLINE**