



**Lattof YMCA Youth Programs  
(Kindergarten Klub & Extreme Afternoons)  
Mandatory Emergency Packet**

**YMCA Name** \_\_\_\_\_ Lattof \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Program Child is enrolled** \_\_\_\_\_

**Required Information**

**Completed**

**Registration Form** \_\_\_\_\_

**Child Care Draft Form** \_\_\_\_\_

**Participant Emergency Information Packet (4 pages)** \_\_\_\_\_

**Authorization for Student Records** \_\_\_\_\_

**Medical/Immunization Form**  
\*Parent signature required on middle of 2<sup>nd</sup> page \_\_\_\_\_

**Birth Certificate (DCFS required)** \_\_\_\_\_

**\*\*All paperwork is mandatory and must be completed and at the YMCA prior to the start of the program.**

**2017-18 Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**2017-2018 Academic Year Registration Form**  
**Kindergarten Klub & Extreme Afternoons**  
 Provided by the Lattof YMCA • Not a District 57 or 62 Sponsored Activity

PLEASE PRINT CLEARLY

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Mother's/Guardian EMAIL \_\_\_\_\_ Father's/Guardian EMAIL \_\_\_\_\_

Age as of 8/17 \_\_\_\_\_ Grade as of 8/17 \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Wk Phone \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Wk Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is this child a YMCA member? (please circle) Yes No Membership # \_\_\_\_\_  
 Membership must remain valid from the time of registration through June 15, 2018 to receive member rate.

Please circle the days for each week you would like your child registered for:

Kindergarten Klub				
Monday	Tuesday	Wednesday	Thursday	Friday
AM PM	AM PM	AM PM	AM PM	AM PM
Extreme Afternoons K – 8 <sup>th</sup> Grade				
Monday	Tuesday	Wednesday	Thursday	Friday

What school does your child attend? \_\_\_\_\_ Teacher? \_\_\_\_\_

What time does your child's school day end? \_\_\_\_\_

Would you like your child to be picked up by our bus? YES No-I will drop my child off

\*If YES to be picked up, we require 5 students per school to guarantee pick up. Once we reach 5 students, parents will be notified that their child will be picked up. All parents will be notified by Friday, August 18 of transportation status.

**Parent/Guardian Waiver**

- I understand that my registration fee and first month's payment are due at the time of registration. I understand that I will be billed monthly for 8 remaining months (October 2017 - May 2018) with payments due by the 1<sup>st</sup> of each month.
- I understand that if I am receiving any financial assistance, that I am responsible for any fee not covered by the assistance, including co-pay, at the time of registration.
- I understand that I am responsible for submission of all of the required emergency forms distributed to me at registration.
- I give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising.

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ By Whom: \_\_\_\_\_ Payment: \_\_\_\_\_



# 2017-2018 Academic Year Registration Form

## Kindergarten Klub & Extreme Afternoons

Provided by the Lattof YMCA • Not a District 57 or 62 Sponsored Activity

### Philosophy of Kindergarten Klub & Extreme Afternoon Program

The Lattof YMCA school age program helps strengthen the foundation of lifelong learning through a child directed environment. The Y encourages friendships among children and teaches them to be sensitive to the needs of others. Children are given ample opportunities to develop and complete their own projects and are offered activities that promote the development of large and small motor skills.

### Information about the Program

The Goals of the Kindergarten Klub and Extreme Afternoon Programs are:

- To provide an environment that is child centered; an environment that is safe and healthy, that allows for a hands-on creative exploration during out of school time.
- To provide opportunities for children to engage in child initiated activities through choices in a flexible environment.
- To provide experiences for successful interactions among peers in a mixed age group setting, while encouraging cooperation and peer play.
- To encourage and children to solve their own conflicts, by guiding them in the principles of interpersonal communication.
- To encourage children to gain independence and autonomy.
- To help children develop empathy and compassion by modeling understanding and respect for individual differences while teaching them to value themselves and others.
- To provide a balance between active and quiet play.
- To develop and promote each child's overall health and well-being.
- To provide children with experiences that will increase their understanding of the community in which they live.
- To develop a community where children, families and staff work cooperatively.

### Cost per child per month

Program runs on all days that school is in session. The fee is paid monthly based on 9 equal payments throughout the school year.

### Included in Your Fee:

Transportation, activities and lunch for Kindergartners/snack for Extreme Afternoons. Not only will your child participate in curriculum based activities, but they will also reap the benefits of being in a program at the YMCA: swimming, rock climbing, maze time, gym time, field house fun and MORE!

### Kindergarten Klub

**AM or PM Option. Please contact the director for specific times.**

2 days/week	\$168.00 Mem/\$192.00 Non-Mem
3 days/week	\$252.00 Mem / \$288.00 Non-Mem
5 days/week	\$410.00 Mem/\$468.00 Non-Mem

### Extreme Afternoons (3:30-6:00pm)

2 days/week	\$125.00 Mem / \$145.00 Non-Mem
3 days/week	\$180.00 Mem/\$210.00 Non-Mem
5 days/week	\$263 Mem / \$312 Non-Mem

### Payment Schedules

Registration fee of \$25 plus first month's payment due at time of registration. Each month a bill will be sent out at the beginning of the month with payment's due the 1<sup>st</sup> of the month.

### How To Register:

Complete the registration forms (one set per child) and attach registration fee and first month's payment. Credit cards, checks or money orders made out to the Lattof YMCA are accepted. Credit card payments and drafts must be made in person or via phone by customer service.

### **Kindergarten Klub Schedule**

Kindergarten Klub will include transportation, a catered lunch, large motor activities and center based learning. The curriculum includes an author and artist study, character development, literacy, science, math, service-learning and conflict resolution. Large motor activities include the use of the Gym, Rock Climbing Walls, Pool, Maze and Indoor Soccer Field.

### **Extreme Afternoons Schedule**

Extreme Afternoons will include transportation, afternoon snack, homework time, large motor activities and weekly clubs. Creative arts, science and nature, cooking and more are offered weekly. Large motor activities include the use of the Gym, Rock Climbing Walls, Pool, Maze and Indoor Soccer Field.

\*\*\*Space is limited to 25 spots.

**Activity Fee:** Families will be required to pay a **\$12 a month activity fee**. Additional activities, on-site speakers and fieldtrips will be offered throughout the year.

**Additional programs** such as Spanish, STEAM, Tumbling and Sports that take place during Extreme Afternoon days will be available at a discounted fee. The discount will be applied toward the following month's tuition on Extreme Afternoon. Please speak with the director to take advantage of the discounted rate.

**School Day Out and Half Day Programs** will be offered at an additional fee on days when there is an early dismissal or school is not in session. Please see the calendar for dates.

### **School Age Program Calendar of Events:**

Kindergarten Klub and Extreme Afternoon start and end will be determined upon the district 57/62 calendar. Should school be cancelled for a half day or a full day due to holidays, extreme weather or institute days, our regular program will be cancelled for that day as well, but we will offer School Day Out Camps!

### **Child's Mandatory Emergency Packet:**

Can be picked up at the Member Service Desk and **MUST BE** filled out and returned to the Director by August 4, 2017. If registering after August 4, 2017, emergency packet must be completed upon registration.

If you have any questions please feel free to contact Susie Wapnairski, Youth Development Director at the Lattof YMCA at 847-410-5297.

February 7, 2017

Dear Parents,

Enclosed is an invoice for the childcare program that your child is enrolled in for the 2016-2017 school year. It represents one-ninth of the total fees due, plus any past due balances. Your monthly payment is due by the 1<sup>st</sup> of each month. Your last payment for the school year will be due May 1, 2018.

As a convenience, you may participate in our payment drafting program. If you are interested in enrolling in this plan, please complete the bottom portion of this letter and return no later than August 15th. You will be authorizing a monthly charge to your Visa, MasterCard, Discover, American Express, or checking account. If electing a draft from a checking account, please attach a voided check. Your first auto draft will be on 10/1/17.

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Credit Card Payment Drafting Agreement

Membership # \_\_\_\_\_

I, \_\_\_\_\_, (parent) agree to participate in the payment drafting program for the 2017-2018 school year for fees due for my child/children named below:

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

\$\_\_\_\_\_ Monthly amount to be drafted the first of each month, October 2017 - May 2018.

Last 4 Digits of Credit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## LATTOF YMCA 2017-2018 Child Care Payment Agreement

We are thrilled that you have chosen to enroll your child in our child care program at the YMCA! To ensure proper communication, we have outlined our policy related to child care payments. If you have questions, please feel free to contact us at **Lattof YMCA 847-296-3376**.

### **PLEASE READ CAREFULLY, SIGN AND RETURN WITH YOUR FIRST PAYMENT**

1. A registration fee is due at the time of registration to reserve your spot if you wish to enroll your child. The amount of the fee is dependent upon the program and YMCA membership status.
2. **Registration fees are non-refundable or transferable.**
3. We ask that you sign up for automatic draft payments. You will be provided a draft letter with your first billing. Fees are drafted the 1<sup>st</sup> of each month of service. There will be 9 monthly drafts with the first being October 1 and the last draft being May 1.
4. If for some reason you cannot do automatic draft, you will be billed on approximately the 15th of each month for the following month and your payment is due on or before the 1<sup>st</sup> of that month. For example, you will receive on approximately October 15 your bill for the month of November, with payment due on or before November 1. There is a \$10 late payment fee if the payment is not paid on or before the 1<sup>st</sup>. If fees are not paid by the end of the month before the new month begins, your child will not be allowed to attend until fees for that month are paid in full.
5. School Day Off (SDO) programming is not included in the price but we do offer School Day Off (SDO) on most days school is not open. Those days need to be registered and paid for at the front desk.
6. **If you wish to cancel your child's enrollment you must give two weeks paid notice.**
7. There is a \$25.00 fee due for all NSF checks. The missed payment and the NSF fee must be made with cash, credit or a money order. After two NSF checks, personal checks will no longer be accepted for payments.
8. **There are no credits or refunds for missed days** except for medical absences of one week or more and must be accompanied by a doctor's note.

I have read and understand the above statements. I fully understand my responsibility for payment of my child's fees. I also understand that my child may be released from the program if I have not met my financial obligations.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**YMCA of Metro Chicago  
 PARTICIPANT EMERGENCY INFORMATION PACKET**

**PERSONAL INFORMATION PLEASE PRINT**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Parent/Guardian#1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian#2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

**ADULTS AUTHORIZED TO PICK-UP MY CHILD/EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN**

(minimum of 2 are required)

	Name/Age	Relationship	Address	Preferred Phone
1.				
2.				
3.				
4.				
5.				
6.				

**UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from YMCA Session program:**

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**AUTHORIZED PICK-UP/EMERGENCY PICK-UP:** 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 centers 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 \_\_\_\_\_

**INSURANCE INFORMATION**

Is the participant covered by family medical/hospital insurance?  Yes  No

If yes, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Doctor name \_\_\_\_\_ Phone number \_\_\_\_\_ Carrier address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

The following questions are asked so that we may best serve your child in programs.

Any information that you choose to disclose is confidential.

While in program, are there any health conditions that you would like us to be aware of?

No  Yes, \_\_\_\_\_

While in program, will your child need to take medication?

No  Yes, \_\_\_\_\_

While in program, are there allergies that we should be aware of?

No  Yes, \_\_\_\_\_

Allergic reaction (describe) \_\_\_\_\_

Treatment \_\_\_\_\_

Does your child require a modification, due to disability, in order to participate?

No  Yes If you have any questions, please contact [inclusion@ymcachicago.org](mailto:inclusion@ymcachicago.org)

Are there activities that your child should be exempt from due to health reasons? \_\_\_\_\_

Are all immunizations up to date?

No (please provide exemption letter)  Yes Date of last Tetanus \_\_\_\_\_

### MEDICAL RELEASE:

I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off property for the purpose of medical care as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, to secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Initials \_\_\_\_\_

Please describe your child's interactions with children of the same age \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

### SWIMMING ABILITY

Non Swimmer  Fair Swimmer  Good Swimmer

Does your child have any fears that we should be aware of? \_\_\_\_\_

Is there any other information that you would like to share so that we may better understand and work with your child? \_\_\_\_\_

### YMCA CHARACTER CONTRACT

At Y day camp, it is our goal to create an exciting and safe learning environment for everyone to have an unforgettable summer of fun! We ask everyone at camp to agree to certain safety and behavioral guidelines so all of our participants are able to have an enjoyable summer camp experience. As a family, please read, discuss and sign the Character Contract together.

#### BE KIND

Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff.

One way I will be kind is to \_\_\_\_\_

(please have your child share how they will be kind at camp- ie. sharing, smiling etc.)

#### BE SAFE

At the Y we maintain an emotionally and physically safe environment. We stay with our group and follow staff's directions. We use equipment and materials in the way they are intended to be used. We use appropriate and productive words to settle our differences and keep our hands and feet to ourselves.

One way I will be safe is to \_\_\_\_\_

(please have your child share how they will be safe at camp- ie. keeping their hands to themselves, using walking feet etc.)



## YMCA CHARACTER CONTRACT

### BE HONEST

At the Y we tell the truth and are able to be our genuine self.

I will be honest when \_\_\_\_\_

(Please have child your child share an example of when they will be honest- ie. when they get out in tag, when they make a mistake etc.)

### BE RESPECTFUL

At the Y we listen to each other, follow directions and use appropriate language/communication.

One way I will be respectful is to \_\_\_\_\_

(please have your child share how they will be respectful at camp- ie. following directions, use appropriate language etc.)

### HAVE FUN

At the Y we are open to new experiences! We try new things and make new friends! We have fun in ways that do not harm others physically or emotionally.

I have fun when I am: \_\_\_\_\_

(please have your child share what they like to do to have fun!)

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If this contract is broken or if there is a conflict/interaction that involves strong feelings or serious negative behaviors the following steps will be taken.

Step 1: YMCA staff will talk with campers in order to acknowledge feelings, gather information and create a plan to repair any harm that has been caused. This will be documented in the behavior log.

Step 2: If negative behavior persists or the plan to repair harm is not followed, parents will be asked to come to the program as a partner to discuss the issues and work toward a solution together with their child and YMCA staff. A written plan will be created and signed by parent, youth and staff.

Step 3: YMCA staff will monitor behavior closely and provide regular feedback to the camper and his/her parents.

Step 4: If the problem persists or camper does not follow the plan created and agreed upon, the parent may be contacted immediately to pick up their child from camp. The following morning, parents, staff and child will meet to discuss any additional supports that the child might need to be successful in the program.

Step 5: If the prior interventions are not successful AND youth behavior is impacting the physical or emotional safety of themselves, Y staff or other campers an alternative placement will be discussed and the child may be dismissed from the program for the remainder of session.

\*We reserve the right to dismiss your child from the program immediately in extreme circumstances where physical, emotional or other harm is occurring or may occur to themselves, other children, staff or members.

I have read and understand the expectations in the character contract to ensure a safe summer for all!

Camper Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Y Staff Signature \_\_\_\_\_

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## YMCA PARENT HANDBOOK

I/We have read and understand and adhere to the policies and procedures set forth in the Parent Handbook. Initials \_\_\_\_\_

**TALENT RELEASE FORM**

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.

**SIGNATURE OF PARENT/LEGAL GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT CONSENT FOR ASSESSMENT**

The YMCA of Metropolitan Chicago ("YMCA" or "we") is asking to collect assessments (i.e. surveys) from your child during the program day. We use these measures to evaluate how our programs currently serve the academic and social needs of your child and to plan ways to continue nurturing their development. Assessments often happen in the beginning and the end of the programming session, this way we can measure the growth of your child's development. The results of the assessment will be used to inform how YMCA staff trains and plans to best support your child.

We will use assessments widely utilized in child and youth programming that can provide reliable, valid scores to tell us more about a child's development across our mission anchors: Academic Readiness, Character Development, Violence Prevention, and Fitness and Healthy Living.

To allow your child to participate in the assessment, please fill in the form below. Results will be stored anonymously with the YMCA. Your child's name and any other identifying information will never be shared with parties outside the YMCA or published with information identifying your child. Results will not impact your child's participation or enrollment in YMCA programs.

Thank you for your participation!

I (Print your name) \_\_\_\_\_, the parent/guardian of  
(print child's name) \_\_\_\_\_ give my consent to  
YMCA's Learning and Evaluation staff and other professionals secured by the YMCA to conduct the assessments:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Staff: Please return to Learning and Evaluation at [lande@ymcachicago.org](mailto:lande@ymcachicago.org)

**FACILITY USER/FIELD TRIP AGREEMENT:**

I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NO LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any Facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any injury damage or loss that is caused solely by the YMCA's gross negligence.
2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA or Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damage or loss that I or my minor child/ward may incur whether in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
3. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur

from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any loss, liability, damage or cost that is caused by the YMCA's gross negligence.

I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the remaining Agreement shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY YMCA FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS FACILITY USE/FIELD TRIP AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Legal Guardian \_\_\_\_\_

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### **AUTHORIZATION FOR SUNSCREEN**

By signing this form, 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 spray sunscreen that I provide, labeled with my child's name.

Parent/Guardian Name: \_\_\_\_\_

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

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_



**STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level /ID#</b>
Last	First	Middle	Month/Day/Year			

<b>Address</b>	<b>Street</b>	<b>City</b>	<b>ZIP code</b>	<b>Parent/Guardian</b>	<b>Telephone # Home</b>	<b>Work</b>
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**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

VACCINE/DOSE	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Haemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubeola)																		
Rubella (3-day measles)																		
Mumps																		
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23
Check specific type (PCV7, PPV23)																		
Other (Specify hepatitis A, meningococcal, etc.)																		

Comments

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis is acceptable if verified by physician. \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. Laboratory confirmation (check one)  Measles  Mumps  Rubella  Hepatitis B  Varicella

Lab Results Date MO DA YR (Attach copy of lab report, if available.)

**VISION AND HEARING SCREENING DATA**

Pre-school - annually beginning at age 3; School age - during school year at required grade levels

Date																
Age/Grade																
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision																
Hearing																

Code:  
P = Pass  
F = Fail  
U = Unable to test  
R = Referred  
G/C = Glasses/Contacts

Printed by Authority of the State of Illinois  
(Complete Both Sides)

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year			

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night coughing	Yes	No		Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No		Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No		TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No		Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other		
Dizziness or chest pain with exercise?	Yes	No		Other concerns?		
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor				Information may be shared with appropriate personnel for health and educational purposes		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Parent/Guardian Signature		
Ear/Hearing problems?	Yes	No		Date		
Bone/Joint problem/injury/scoliosis?	Yes	No				

**Entire section below to be completed by MD/DO/APN/PA (\*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING</b> BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				

**LEAD RISK QUESTIONNAIRE**\* Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.  
Blood Test Indicated? Yes  No  Blood Test Date \_\_\_\_\_ Blood Test Result \_\_\_\_\_ (Blood test required in Chicago and other high risk zip codes.)

**TB SKIN TEST** Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read / / Result mm

LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES	Date	Results	Date	Results
Hemoglobin * or Hematocrit *				Sickle Cell * (as indicated)
Urinalysis				Other

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
skin			Endocrine	
ears			Gastrointestinal	
eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optomestrist Yes <input type="checkbox"/> No <input type="checkbox"/>			Genito-Urinary	LMP
nose			Neurological	
throat			Musculoskeletal	
mouth/Dental			Spinal examination	
cardiovascular/HTN			Nutritional status	
respiratory			Mental Health	

<b>NEEDS/MODIFICATIONS</b> required in the school setting	<b>DIETARY</b> Needs/Restrictions
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**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?  
you would like to discuss this student's health with school or school health personnel, check title:  Nurse  Teacher  Counselor  Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
is  No  If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in  
**PHYSICAL EDUCATION** Yes  No  Modified  **INTERSCHOLASTIC SPORTS** (for one year) Yes  No  Limited

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

(Complete both sides)