

Y BELL POWER SCHOLARS ACADEMY

Scholar's name: _____
 My child enjoys: _____ My child dislikes: _____
 Helpful hint about my child: _____
 Group my child with: _____

Please be sure both sides are filled out completely. Registrations are processed on a first come, first served basis. Thank you.

SCHOLAR'S INFORMATION

Scholar's name: _____
 Home address: _____ Town/City: _____ State: _____ Zip: _____
 Home phone: _____ Male: _____ Female: _____ d/o/b: _____ Age: _____
 Grade completed as of June 2020: _____

Please circle one:

Race: African American/Black Hispanic/Latino Caucasian/White Asian Pacific Islander Other
 Does your child receive free or reduced lunch? Yes or No Does your child have an IEP? Yes or No
 What is the primary language spoken at home? English or Spanish Are there other languages spoken at home? _____
 Does your child receive ELL Services during the school year? _____
 What will be your child's age during program? _____

PARENT / GUARDIAN INFORMATION

| | |
|----------------------------------------|----------------------------------------|
| First name: _____ | First name: _____ |
| Last name: _____ | Last name: _____ |
| Relationship to child: _____ DOB _____ | Relationship to child: _____ DOB _____ |
| Address: _____ | Address: _____ |
| Town: _____ | Town: _____ |
| State: _____ Zip: _____ | State: _____ Zip: _____ |
| Home phone: _____ | Home phone: _____ |
| Cell phone: _____ | Cell phone: _____ |
| Work phone: _____ | Work phone: _____ |
| Employer name: _____ | Employer name: _____ |
| Email address: _____ | Email address: _____ |

EMERGENCY CONTACT INFORMATION

In case of emergency, and the YMCA staff is unable to reach the parents/guardian listed above, the following individuals have permission to make decisions regarding the care of my child. The emergency contacts listed below are also authorized for pick-up at end of day. Photo identification will be required in order for camper to be released.

1. Name _____ DOB _____ Relationship to child _____
 Address _____ Town/City _____ State _____ Zip _____
 Home phone _____ Work phone _____ Cell phone _____
 2. Name _____ DOB _____ Relationship to child _____
 Address _____ Town/City _____ State _____ Zip _____
 Home phone _____ Work phone _____ Cell phone _____
 3. Name _____ DOB _____ Relationship to child _____
 Address _____ Town/City _____ State _____ Zip _____
 Home phone _____ Work phone _____ Cell phone _____

Are there any special health or concerns we should note? _____
 Name of insurance company _____
 Policy holder's name _____ Policy holder's d/o/b _____
 Policy number _____ Name of physician _____ Phone# _____

PARENT OR GUARDIAN AGREEMENT

Late pick-ups: Children picked up after their designated pick-up time will be subject to a **\$1 per minute** late fee per child.

I hereby grant permission for the applicant to participate in all planned camp activities and programs including out of camp trips using camp transportation understanding that competent leadership will be provided and to receive medical attention (if parent or guardian is unavailable). I authorize the YMCA to have and use the name, photographs, slides, and videotape of the person named on this application in camp promotional materials.

Parent/Guardian signature _____ Date _____

☐ If you do not grant permission for the YMCA to provide medical attention for your child.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hartford Public School

Y BELL POWER SCHOLARS ACADEMY

HEALTH INFORMATION - Indicate "yes" where it applies and explain as necessary.

HEALTH

| | | | | | |
|--------------|-------|-------------|-------|---------------------|-------|
| Asthma | _____ | Convulsions | _____ | Emotional | _____ |
| Diabetes | _____ | Hearing | _____ | Psychological | _____ |
| Special Diet | _____ | Vision | _____ | Learning Disability | _____ |
| Physical | _____ | Illness | _____ | ADD/ADHD | _____ |
| Restraints | _____ | Injury | _____ | Operations | _____ |
| Other | _____ | | | | |

ALLERGIES

| | |
|------------|-------|
| Hay Fever | _____ |
| Poison Ivy | _____ |
| Insect | _____ |
| Medication | _____ |
| Food | _____ |

Please explain details of above "yes" answers _____

Special health or emotional note _____

Is this child currently taking prescribed or over-the-counter medication? Yes ___ No ___ Why? _____

Are you covered by any hospitalization/medical care policy? Yes ___ No ___ Preferred Hospital _____

Name of Insurance Company? _____ Phone (_____) _____ - _____

Address _____ Town/City _____ ST _____ Zip _____

Policy Holder's Name _____ Policy Holder's D.O.B. _____ / _____ / _____

Policy Number _____

Name of Physician _____ Phone (_____) _____ - _____

Name of Dentist _____ Phone (_____) _____ - _____

Special Services received through school or other agency _____

PARENT/GUARDIAN AGREEMENT

I understand:

1. The YMCA assumes responsibility for my child's well-being during the hours of operation in which my child attends the program.
2. I am responsible for the cost of all medical treatment and care.
3. The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care of my child's needs.
4. I must notify the YMCA staff in writing immediately of any changes to this form.
5. It is my responsibility to notify the YMCA if my child will be absent from this program.
6. YMCA staff is not allowed to baby-sit or transport children at any time outside of the YMCA program.

Please check each additional statement with which you agree:

The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, television/videos, YMCA website, or newspaper releases. I will not be informed or reimbursed for such photographs.

I give permission to the YMCA staff to administer First Aid in case of injury. In the event my child needs immediate attention and I cannot be contacted I give the YMCA staff permission to authorize medical treatment for my child.

I give the YMCA permission to transport my child for daily camp schedule, in the event of an emergency, and for field trips. Prior written notice will be given for all field trips.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature _____

Date _____