



**YMCA of Greater Boston  
Enrollment Form**

FOR OFFICE USE ONLY

Initial Start Date: \_\_\_\_\_  
 Branch: Dorchester (334)  
 Location: \_\_\_\_\_  
 Age at Admission: \_\_\_\_\_

**CHILD INFORMATION**

Child's Name		Nickname	
Date of Birth	Gender	Age	Grade
Home Address		Phone	

**DESCRIPTION OF CHILD**

Eye Color		Hair Color		Skin Color	
Height	Weight	Identifying Marks	Primary Language		

Are you Hispanic or Latino? (Please circle)    Yes    No    Don't know/Unsure

Which one or more would you say is your race? (Circle all that apply)    White    Black/African American    Asian  
 Native Hawaiian/Pacific Islander    American Indian/Alaska Native    Other (specify) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name		Parent/Guardian Name	
Relationship to Child	Primary Language	Relationship to Child	Primary Language
Home Address		Home Address	
City	Zip Code	City	Zip Code
Home Telephone	Cell	Home Telephone	Cell
Email Address		Email Address	
Business Address		Business Address	
City	Zip Code	City	Zip Code
Occupation		Occupation	
Work Hours	Work Phone	Work Hours	Work Phone

**SCHOOL INFORMATION**

Child's School	School Address
School Office Phone	Dismissal Time
Does your child have an I.E.P. (Individual Education Plan) or 504 Plan?    _____ Yes    _____ No If yes, please provide a copy to the program.	

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**YMCA of Greater Boston  
Emergency Authorization and Consent Form**

**CHILD'S MEDICAL INFORMATION**

<i>INSURANCE INFORMATION</i>		<i>MEDICAL HISTORY</i> <i>Please write "NONE" if there are none.</i>		
Child's Name	Date of Birth	Allergies/Health Conditions	Reactions	Treatment
Medical Insurance Company	Policy Number			
Other Coverage (Include Dental)		Special Disabilities/Dietary Information/ Religious Restrictions		Current Medications: Yes      No
Child's Physician				Home      _____ School      _____ Program      _____
Phone	Address	Behavioral Issues		

Documentation of a physical examination, immunization record, and lead screening is on file at my child's school. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 Children attending a Y program or camp must provide a copy of the above documents.

**MEDICAL TREATMENT CONSENT**

I hereby authorize certified staff of the YMCA of Greater Boston to give First Aid and CPR to my child as needed. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility as deemed appropriate by responding medical personnel, and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately.

**I understand that if my child has medications available at the program I must complete annually a medication consent form and an Individual Health Care Plan signed by me and my child's doctor.**

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**YMCA of Greater Boston  
Emergency Contacts and Pick-up Authorization**

**EMERGENCY CONTACTS\***

Please list yourself and three additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program unless otherwise noted.				
Parent/Guardian		Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #

**PICK-UP AUTHORIZATION**

Please list below individuals who are authorized to pick up your child from the program, but would not be contacted in case of emergency. (Example: coach, neighbor, etc.)				
Name	Relationship	Address	Day Phone #	Evening Phone #
Name	Relationship	Address	Day Phone #	Evening Phone #

*\* Biological parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. A license or other positive proof of identification must be shown at pick-up time if the person is not known by staff members as an authorized pick-up person. If you wish to change, add, or delete any of these authorizations, you must do so in writing. Please note below any special instructions regarding these individuals.*

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

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**YMCA of Greater Boston  
Authorization and Consent Form**

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

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

**PROMOTIONAL RELEASE**

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote YMCA programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.

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

**SUPPORT STAFF CONSENT**

YMCA programs have support staff that consist of resource advisors, family support specialists, and social service staff. In addition, student interns and/or volunteers may work within the program. I give permission for my child to interact with these support staff.

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

**OFF-SITE ACTIVITIES**

I hereby grant consent for my child to:

- utilize local YMCA facilities
- take walks in local neighborhoods and to parks within a mile radius of the center
- visit the following designated off-site activities/locations:

\_\_\_\_\_

I understand that all other activity destinations or field trips will require my written permission.

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

**WADING/SWIMMING CONSENT**

I hereby grant consent for my child to participate in wading/swimming activities in life guarded locations, including at the YMCA. My child may also engage in sprinkler play under YMCA staff supervision.

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

**PERSONAL SAFETY CURRICULUM**

Our educators are trained to use the *Talking About Touching: A Personal Safety Curriculum* in our programs. This curriculum teaches children skills that will help keep them safe from dangerous or abusive situations. Children also learn to ask for help when they need it. Any questions or concerns about the program can be addressed with the Site Director/Coordinator.

I hereby grant consent for my child to participate in the Personal Safety Curriculum.

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



**YMCA of Greater Boston  
Arrival and Departure  
Verification Form**

<b>BEFORE SCHOOL - ARRIVAL</b>	<b>BEFORE SCHOOL - DEPARTURE</b>
My child will arrive at the YMCA program by: <input type="checkbox"/> Parent/Authorized Release Drop-Off <input type="checkbox"/> Other Please Specify: _____ <input type="checkbox"/> N/A	My child will depart the YMCA program by: <input type="checkbox"/> Walking (check one) <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> N/A
Arrival Time: _____	Departure Time: _____

<b>AFTER SCHOOL - ARRIVAL</b>	<b>AFTER SCHOOL - DEPARTURE</b>
My child will arrive at the YMCA program by: <input type="checkbox"/> Public School Bus (check one) <input type="checkbox"/> Supervised walk into program <input type="checkbox"/> Unsupervised walk into program _____ <input type="checkbox"/> YMCA Bus or Van (check one) <input type="checkbox"/> Supervised walk into program <input type="checkbox"/> Unsupervised walk into program <input type="checkbox"/> Public Transportation- Describe: _____ <input type="checkbox"/> Walking (check one) <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Parent/Authorized Release Drop-Off <input type="checkbox"/> Other Please Specify: _____ <input type="checkbox"/> N/A	My child will depart the YMCA program by: <input type="checkbox"/> YMCA Bus or Van (need prior approval) <input type="checkbox"/> Supervised walk into home <input type="checkbox"/> Unsupervised walk into home <input type="checkbox"/> Public Transportation- Describe: _____ <input type="checkbox"/> Walking (check one) <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Parent/Authorized Release Pick-Up <input type="checkbox"/> Other Please Specify: _____ <input type="checkbox"/> N/A
Arrival Time: _____	Departure Time: _____

<b>FULL DAY - ARRIVAL</b>	<b>FULL DAY - DEPARTURE</b>
My child will arrive at the YMCA program by: <input type="checkbox"/> YMCA Bus or Van (check one) <input type="checkbox"/> Supervised walk into program <input type="checkbox"/> Unsupervised walk into program <input type="checkbox"/> Public Transportation- Describe: _____ <input type="checkbox"/> Parent/Authorized Release Drop-Off <input type="checkbox"/> Other- Please Specify: _____ <input type="checkbox"/> N/A	My child will depart the YMCA program by: <input type="checkbox"/> YMCA Bus or Van (need prior approval) <input type="checkbox"/> Supervised walk into home <input type="checkbox"/> Unsupervised walk into home <input type="checkbox"/> Public Transportation- Describe: _____ <input type="checkbox"/> Parent/Authorized Release Pick-Up <input type="checkbox"/> Other- Please Specify: _____ <input type="checkbox"/> N/A
Arrival Time: _____	Departure Time: _____

**Parents are reminded to contact the program in case of absence or late arrival.**

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

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**YMCA of Greater Boston  
Hand Sanitizer/Topical Ointment  
Permission**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I give permission for my child to use hand sanitizer. I understand that they will still be required to wash hands with soap and water before eating, after using the bathroom, and if they sneeze into their hands, and they will not be required to use hand sanitizer at the program.

I understand that by signing below, I absolve the YMCA of Greater Boston of any responsibility, should a reaction occur from said product.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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I give permission for the YMCA to apply sunscreen, bug spray, and other topical lotions/ointments to my child provided by me according to application instructions. I also understand that I will need to provide the above product in its original container.

If the sunscreen or bug spray I provide to the Y runs out, I give permission for the program to apply products purchased by the YMCA that meet Department of Public Health Guidelines. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Application Instructions: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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I give my child (**7 or older**) \_\_\_\_\_ permission to walk unattended to the non-public restroom as necessary. (For example: a rest room located in the school age area that is not used by any other groups or persons)

I understand that it is the policy of the YMCA to escort all children to the restroom when the possibility exists that a person not connected to the before/after school program may utilize that area. (For example: a rest room located in a public school basement)

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Acknowledgment of Risk and Waiver:

I understand and acknowledge my child may participate in a variety of activities that may include; swimming, boating, outdoor games, sports, rope course, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless the YMCA of Greater Boston and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof. \_\_\_\_\_ (Parent Initials)

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

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**YMCA of Greater Boston  
Release of Information**

I hereby authorize the staff from \_\_\_\_\_ and the staff professionals of the YMCA of Greater Boston to release and share information on my child, including, but not limited to attendance, report cards, IEPs, 504 Plans, progress reports and behavior charts. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance and overall afterschool/summer experience. No school records may be released to any other person or agency without my full permission.

Also, I will have the option of inviting YMCA of Greater Boston Educators to attend in-school conferences and to meet with school teachers and/or staff members to discuss my child's progress per my request.

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

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Please Note - Only to be filled out if your child is attending the upcoming school year YMCA program.*





**CONSENT FOR CHILD TO LEAVE**  
**THE SCHOOL NAME \_\_\_\_\_ AFTER SCHOOL PROGRAM**  
**102 CMR 7.09(3)(b)**

My child has permission to arrive late or to leave the School Name: \_\_\_\_\_ YMCA Afterschool Program for the following reasons/activities:

- ◇ To work with or receive extra help/tutoring from School Name: \_\_\_\_\_ teachers or staff **as needed** Monday through Friday.
- ◇ To participate in school-run clubs and activities with School Name: \_\_\_\_\_ teachers, staff, volunteers and community partners such as chess club, drama, music, art, etc. on the days that they are offered.
- ◇ Stay after school with classroom teachers or School Name: \_\_\_\_\_ staff any time/day to “help” with special projects and activities.
- ◇ Other Activity/Supervisor/Location (include start/end dates and times: \_\_\_\_\_

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All of the above activities will take place within the school building or outside on school property.

I understand that it is the responsibility of the School Name: \_\_\_\_\_ Staff, classroom teachers, or specific activity coordinators, to sign my child in and/or out of the after school program when participating in the above activities

I recognize that YMCA staff will not be supervising my child while s/he is participating in the above activities.

I understand that the YMCA is not responsible for my child when s/he is participating in the above activities.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**YMCA of Greater Boston  
MEDICATION CONSENT FORM**

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please ✓ one of the following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (**applied to open wound/ broken skin**) \_\_\_\_\_

My child has previously taken this medication \_\_\_\_\_

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner:  
\_\_\_\_\_

**Child's Health Care Practitioner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) gives permission  
(print name)

**to authorize educator(s) to administer medication to my child as indicated above.**

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

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)



# Individual Health Care Plan Form

**Plan must be renewed annually or when child's condition changes**

Check all that apply....

**Plan was created by:**

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other: \_\_\_\_\_

**Plan is maintained by:**

- Director
- Assistant Director
- Child's Educator
- Other: \_\_\_\_\_

Name of child:	Date:
Any change to the child's Health Care Plan? <div style="display: flex; justify-content: space-between;"> <span><b>YES</b> (indicate changes below)</span> <span><b>NO</b> (updated physician/parental signatures required)</span> </div>	
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at the program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name of educators that received training addressing the medical condition: <b>Any staff that is trained in the 5 Rights of Medication and by a person circled below.</b>	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant): <b>Circle which one is applicable:</b> 1:Name of trainer _____ 2. YMCA 1 <sup>st</sup> Aid/CPR trainer 3. Parent	

Name of Licensed Health Care Practitioner (please print): \_\_\_\_\_

Licensed Health Care Practitioner authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Parental/Guardian consent: \_\_\_\_\_ Date: \_\_\_\_\_

***For Older Children ONLY (9+ years of age)***

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Back-up medication received? YES NO

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_