

# West M Latchkey Student Information Form

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

Grade \_\_\_\_\_ Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: BOY GIRL

Address \_\_\_\_\_  
Street Number and Address City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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## List Attendance Days

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*Please check the boxes/days your child will attend. We understand that schedules may vary from week to week but please list the mornings or afternoons your child will typically attend.*

What days will your child attend AM Latchkey? (6:30 AM until school begins)

Monday  Tuesday  Wednesday  Thursday  Friday

What time would you be arriving to drop off your child each morning? \_\_\_\_\_AM

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What days will your child attend PM Latchkey? (after school until 6:00 PM)

Monday  Tuesday  Wednesday  Thursday  Friday

What time would you arrive to pick up your child each evening? \_\_\_\_\_PM



Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Parent/Guardian Name			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
<b>Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you <u>cannot be reached</u>. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</b>				
Name		Name		
City	State	City	State	
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City	State	Telephone Number		

Child's Name

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No  
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No  
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Diapering Statement**

Is your child toilet trained? <input checked="" type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>	<b><u>Do Not Give Permission</u> to Transport</b>
Program or Home Name YMCA		Program or Home Name
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.
Parent/Guardian Signature(s) _____ Date _____
Administrator/Designee Signature _____ Date _____

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

## Muskingum Family YMCA Latchkey Emergency Medical Authorization

The purpose of this form is to enable parents to authorize emergency treatment for children who become ill or injured while under the care of Muskingum Family YMCA when parents cannot be contacted.

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Work/Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Work/Phone \_\_\_\_\_

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**Please list 3 other emergency contacts:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
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**Medical History:**

Date of Last Measles/Mumps/Rubella (MMR) \_\_\_\_\_ Tetanus \_\_\_\_\_

Current Medications \_\_\_\_\_

Medical Problems \_\_\_\_\_  
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**I hereby give consent for the following medical care providers to be called:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me or other designated persons are unsuccessful, I hereby give the YMCA consent for (1) the administration of any medical treatment deemed necessary by the above medical care providers, or in the event the designated preferred provider is not available, by another licensed provider. (2) The transfer of the child to a preferred hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for surgery are obtained prior to the performance of such surgery.

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

**Do Not Complete Unless Refusing Authorization**

I DO NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment I wish for the Muskingum Family YMCA to take no action or the following action:

\_\_\_\_\_  
\_\_\_\_\_

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

# Policy for the Release of Children

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The Muskingum Family YMCA will NOT release a child to anyone other than the designated adults listed below. All children must be signed in and out daily on the sign in and out sheet.

We must have written authorization for the release of \_\_\_\_\_  
to anyone other than these adults listed below. Child's Name

If the parent/guardian needs to change the designated adults for the release of their child, it must be done in writing.

Please list all authorized adults who have permission to pick up your child below.

Adult Name's- Authorization (Including Parent/Guardian Names)	Address	Relationship	Phone Number

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

Date \_\_\_\_\_

\*If there's an emergency and someone other than the persons on this list must pick up your child, you MUST inform us. Your emergency pick up person will need to have a driver's license with them in order to pick up your child. If you neglect to call us concerning this change, your child will NOT be released until we can verify your authorization.

# Statement of Understanding

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Please check each box after reading...

- 1. I have read the Parent Handbook from the YMCA staff and I acknowledge that the YMCA has met its obligation to inform me of its policies by providing me with a handbook. I understand that if I have a question regarding a specific area of content in the handbook, a YMCA staff member will clarify the area for me. **Parent Handbook can be downloaded off our website at [www.mcmfy.org](http://www.mcmfy.org). A hard copy of the parent handbook is available upon request.**
- 2. I agree to follow all program policies as stated in the YMCA Parent Handbook, with special attention to the following areas: Guidance Policy, Fees and Collection Policies and Supervision and Safety Policies.
- 3. I understand that my child may not be released to anyone without prior written documentation and presentation of valid photo identification.
- 4. I understand that the YMCA staff cannot withhold a child from a biological or custodial parent without legal documentation (i.e. court orders, custody papers, etc.)
- 5. I understand and will follow the YMCA's Fee Policy as outlined in the Parent Handbook. **Fees are to be paid on a weekly basis.**
- 6. I understand that if my child is ill, or will not be attending the program for any reason, the YMCA must be notified prior to my child's scheduled attendance.
- 7. I understand that credits will not be issued for any absences, except in extreme medical circumstances that result in multiple day absences, with a note from the physician.
- 8. I understand that if my child does not attend the program for 2 consecutive weeks, without notification, my child's spot will be forfeited. In the event that I lose my spot, the YMCA will notify me.
- 9. I understand that to be enrolled into the YMCA program that my child must attend 2 days (sessions) a week.
- 10. The information given in the registration and medical information paperwork is correct and complete to the best of your knowledge and the person herein described has permission to engage in all activities in the program, except as noted. (All necessary and important medical information regarding my child has been documented on the medical forms provided in the registration paperwork).
- 11. I agree to hold harmless the YMCA, its agents and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described as a participant at the a YMCA sponsored activity on or off the YMCA premises. I will not hold harmless the YMCA from the liability arising out of negligence of the YMCA.

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

Date \_\_\_\_\_

## Photography and Media Release

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Please check the appropriate box in regards to YMCA staff photography or video-taping your child for YMCA promotional purposes (i.e. ads, brochures, newspaper, recruitment, videos, social media, etc.)

- I DO give the YMCA staff permission to take my child's picture for promotional purposes
- I DO NOT give the YMCA staff permission to take my child's picture for promotional purposes





# YMCA Latchkey Program

## Before and After School Care

West Muskingum Schools, Grades K-4<sup>th</sup>  
2019-2020, School -Year

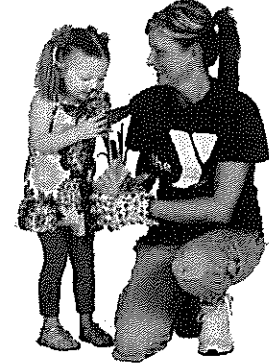
FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Download Paperwork and  
Parent Handbook at  
[www.mcmfy.org](http://www.mcmfy.org)

Contact Jeff Radde  
Executive Director for more  
information at 740-453-9622

### Activities Include:

- \*Afternoon Snack*
- \*Homework Help*
- \*Playground*
- \*Board Games*
- \*Gym Games*
- \*Crafts*



### Latchkey (Before & After School Care)

#### **Runs:**

Monday-Friday

6:30 AM until school begins & when  
school ends until 6:00 PM

#### **Offered:**

During the school year, 2019-2020

#### **Location of Before & After Care:**

West Muskingum Elementary

### **Muskingum Family YMCA Latchkey (Before & After School Care)**

\*For children entering grades K-4<sup>th</sup>

\*2019-2020 School Year

\*Please contact the YMCA at 740-453-9622 for more information and registration

	<u>AM Session (6:30 AM until school begins)</u>	<u>PM Session (school ends until 6:00 PM)</u>
<b>Cost:</b>	\$6.00 (per session/per-day)	\$6.00 (per session/per day)

Attending Both Sessions (AM & PM)  
\$12.00 per day

Muskingum Family YMCA, 1861 Adams Lane, Zanesville, OH 43701 740-453-9622

[www.mcmfy.org](http://www.mcmfy.org)