



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

FIT N' FUN Registration Form 2016-2017

Please select child's school

Discovery Elementary School	Kelly Elementary School	
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STUDENT INFORMATION

Student's Name:	Gender: M F	Grade:
Home Address:		DOB <small>(Month/Day/Year)</small> :

HOUSEHOLD INFORMATION

Mother: Father: Other:

Parent/Guardian Name:	Home Phone:
Home Address <small>(if different from child)</small> :	Cell Phone:
	Work Phone:
Email:	Employer:

Mother: Father: Other:

Parent/Guardian Name:	Home Phone:
Home Address <small>(if different from child)</small> :	Cell Phone:
	Work Phone:
Email:	Employer:

EMERGENCY CONTACTS (please list two)

Name:	Home Phone:
Relationship to Student:	Cell Phone:
	Work Phone:

Name:	Home Phone:
Relationship to Student:	Cell Phone:
	Work Phone:



PICK-UP AUTHORITY

I authorize the following individuals are allowed to pick up my child from Fit N' Fun.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

MEDICAL, BEHAVIORAL, SPECIAL NEEDS

Some medical conditions or special needs may require additional paperwork. Please check when turning in registration if additional paperwork is required.

Is your child on an IFSP/IEP?	Yes	No	<i>A copy is required upon registration</i>
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Does your child have any allergies?	No	
	Yes	

Please List:

Please check if any of the following conditions relate to your child:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Behavior/Social emotional management
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Seizure disorder	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Medication allergy (please list below)	<input type="checkbox"/>	Other physical impairment
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>	Frequent ear infections

SPECIAL CONSIDERATIONS/NEEDS – Please list any MEDICAL CONDITIONS or SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use and any other information which we should be aware of:

Insurance Provider:	Policy Number:
Primary Care Physician:	Phone Number:



Please initial each point showing you agree and understand each policy/release/waiver.

Initial	MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Fit N' Fun staff to hospitalize, secure proper treatment, and to order injection, anesthetic, or surgery for my child named on the registration form.
Initial	PROGRAM WAIVER: I hereby release the Altru Family YMCA from any liability due to injury of my child during Fit N' Fun. I the parent/guardian take responsibility for the costs of any injury to my child during Fit N' Fun.
Initial	PERMISSION- I authorize my child _____ to walk home after the Fit N' Fun Program. I understand he/she will be released at 3:00pm.
Initial	HOURS OF CARE- I understand I will be charged \$1.00 per minute I am late for pick-up. Fit N' Fun hours of operation are 1:30-3:00pm
Initial	ABSENCES: I understand that it is my responsibility to notify the YMCA by 1pm daily if my child will be absent. Failure to communicate absences will result in removal from the program. I understand I must call the YMCA site Director
Initial	PHOTO RELEASE: The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
Initial	BEHAVIOR POLICY: I have read and understand the YMCA Zero Tolerance behavior policy included in the registration packet.

I certify the information above is accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Behavior Guidelines & Discipline Policy

General Behavior Rules

Be Kind - keep hands, feet, and objects to yourself

Be Respectful - to staff, others, yourself and environment

Be Safe - stay with a staff member and your group

Unacceptable Behavior

- Refusing to follow the behavior guidelines or rules
- Profanity, vulgar, or obscene language/gestures
- Stealing or damaging property (personal or school/YMCA property)
- Refusal to participate in activities or cooperate with staff
- Disrupting the program
- Leaving the program without permission
- Endangering the health and safety of children and/or staff
- Physical violence or bullying/teasing toward another student or staff will not be tolerated.

When Rules are Broken

- Staff will redirect the student to more appropriate behavior.
- If inappropriate behavior continues, a reminder will be given. Student will be asked to decide on action steps will be discussed to correct his/her behavior.
- Staff will document the situation. Parents will be notified.
- If the situation is not resolved and inappropriate behavior continues, as a final action step, the student will be dismissed from Fit N' Fun.

Levels of Discipline

1. Verbal Warning(s)
2. Written Warning(s)
3. Next day suspension
4. Immediate suspension
5. Permanent expulsion