

# Youth Development Company Program Registration Form



Thank you for Registering your child(ren) with us!

All information is required for registration. If unknown or does not apply, write Unknown or None.

Todays Date: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ KidTrax Date: \_\_\_\_\_  
Office Use Only

<b>Program Selection</b>	<b>After School</b>	<input type="checkbox"/> Bangor After School	<input type="checkbox"/> Covert After School	<input type="checkbox"/> South Haven After School	wkly : \$ _____
	<b>Early Bird</b>	<input type="checkbox"/> North Shore Elementary	<input type="checkbox"/> Lincoln Elementary	<input type="checkbox"/> Maple Grove Elementary	wkly : \$ _____
	<b>Summer</b>	<input type="checkbox"/> Bangor	<input type="checkbox"/> Covert	<input type="checkbox"/> South Haven	wkly : \$ _____
	<b>Summer Sunrise</b>	<input type="checkbox"/> South Haven			wkly : \$ _____
	Shirt size ( <b>Summer only</b> ) <b>Youth</b> - XS__ S__ M__ L__ XL__ <b>Adult</b> - S__ M__ L__ XL__				

\_\_\_\_\_ Reg. Fee Pd.

<b>Youth Information</b>	First, Middle, Last Name _____ Nick Name _____
	Date of Birth: _____ Age: _____ Grade: _____ Gender: ___M___F School: _____
	Address: _____ Street _____ City _____ State _____ Zip _____
	Primary Physician/Clinic: _____ Phone #: _____
	Preferred Hospital for Emergency treatment: _____ if not indicated treatment will be sought from closest hospital

Allergies, Special Needs (attach necessary information): \_\_\_\_\_

<b>Parent / Guardian Information</b>	Legal Name _____ Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
	Address: _____ (if different from child) Street _____ City _____ State _____ Zip _____
	Email Address: _____ Cell # _____ Home # _____
	Employer: _____ Work Phone# _____ <b>Primary Emergency Contact</b> <input type="checkbox"/>

<b>Parent / Guardian Information</b>	Legal Name _____ Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
	Address: _____ (if different from child) Street _____ City _____ State _____ Zip _____
	Email Address: _____ Cell # _____ Home # _____
	Employer: _____ Work Phone# _____ <b>Primary Emergency Contact</b> <input type="checkbox"/>

**Emergency Contact & Release Permission of Child:** List in order of preference to be contacted:

1. _____	Phone: _____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release
2. _____	Phone: _____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release
3. _____	Phone: _____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release
4. _____	Phone: _____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release

**CONFIDENTIAL: This information is necessary for our records and funding for our organization and kept confidential.**

**THANK YOU!**

**Receiving:**  Child Care Asst.  Food Asst.  Housing Asst.  Medicaid  Free Lunch  Reduced Lunch  TANF  SSI-SSDI  WIC  VA Compensation

**Annual Household Income :**  0-4,999  5,000-9,999  10,000-24,900  25,000-49,000  50,000 & over

**Total Number of people living in household** \_\_\_\_\_ # of Sisters \_\_\_\_\_ # of Brothers \_\_\_\_\_

**Does the child have a parent who is :**  In school  Veteran  Serving in Military  Deceased  Disabled  Incarcerated

**Residence:**  City of SH  Casco Twp  Geneva Twp  South Haven Twp  City of Bangor  Bangor Twp  Covert  Other

**Relationship of guardians:** (Select all that apply)  Mother  Father  Aunt/Uncle  Foster Parent  Sister/Brother  Grandparent  Step Parent  Other \_\_\_\_\_

**Ethnicity:** (Please select all that apply)  Caucasian/White  African American  Hispanic  Native Alaskan  Asian  
 American Indian  Asian Hawaiian / Other Pacific Islander  Other Please specify: \_\_\_\_\_

### Policy Agreement, Acknowledgement, and Medical Consent for Treatment

I have received and agree to adhere to the policies and procedures of the Youth Development Program Parent Handbook. I, the undersigned parent (s) or guardian of this minor, hereby consent to an x-ray examination, anesthetic, medical or surgical treatment, diagnostic procedure or service that may be rendered to said minor under the general or specific instruction of emergency department physician from emergency medical facility or other physician rendering emergency care. It is understood that this consent is given in advance of any specific diagnosis or treatment being rendered, but is giving total consent to emergency treatment as may be needed. I hereby release and agree to hold harmless Youth Development Company/PAL, their employees, agents an/or affiliates from and against any claim for injuries or damage that might arise out of our child's participation in the program including any field trips or outside activities that I give my child permission to attend as part of the program. This consent will continue in effect for all who may rely upon it including, but not limited to, the medical facility and physician on it's medical staff and Youth Development Company/PAL, until expiration date, unless they have received written notice of revocation. I give permission to Youth Development Company/PAL, licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the minor child while in care.

- **Policy Contents included** (but not limited to): •Program philosophy. •Criteria for admission and withdrawal. •Discipline policy. •Fee policy •Typical daily routine. •Schedule of operation, denoting hours, days, and holidays. •Exclusion policy for child illnesses. •Food Service •Parent notification plan for accidents, injuries, incidents, illnesses. •Notice of the availability of the center's licensing notebook (see below) •Opt-out procedures
- **Photography:** Youth Development Company/PAL has my authorization to use photographs, reproductions, and any sound recording of my child. Such use may include advertisements and publicity notices. Please see parent handbook for opt-out procedures for this provision.
- **Mentoring:** I consent to my child participating in National PAL mentoring activities including being paired up with a screened community mentor, participating in weekly group activities, and attending special events. I understand that the mentor is **not** allowed to take or meet with my child beyond the place designated by YDC/PAL and that mentoring activities only take place during supervised programming hours. Please see parent handbook for opt-out procedures for this provision.
- **Homework Asst.:** I give permission for YDC/PAL collect information regarding my child's grades, behavior, attendance and academic performance from their respective schools; including but not limited to pinnacle access, MEAP & DIBELS scores, teacher interviews, grades and progress reports. I also give permission for my child's school district to release this information to staff at YDC/PAL. I understand that this information will be kept confidential and anonymous in any reporting done by YDC/PAL. Access to my child's information will expire one year after I have signed this form. Please see parent handbook for opt-out procedures for this provision.
- **Playground:** South Haven & Covert: I give my child permission to play on the playground equipment located at the program location (public school or park). I understand that YDC/PAL has not conducted or obtained an inspection of this equipment.
- **Bangor only:** YDC/PAL has had a safety inspection of the playground equipment located at 12 N. Walnut St, Bangor, MI and has been advised that it does not meet current standards and that children will not be allowed to play on it.
- **Summer Activities:** I give permission for my child to attend field trips, participate in swimming and water activities, walk to local; parks, library, high school, and athletic fields with YDC/PAL staff.
- **Age:** My child will be at least 57 months old and eligible for kindergarten when this program begins. I give permission for my child to attend the program and understand that the ratio of staff to child is for school-age children, not for 4 year olds.
- **Payments:** I agree to the payment and fee schedule in effect at the time I have signed this form. If I have indicated above that I am eligible for reduced rates based on my child qualifying for free or reduced lunch, I authorize YDC/PAL to contact my child's school district to verify the accuracy of this information.
- **Health Record:** I certify that the following statements apply to the minor child listed on this application:
  - This child is in good health overall and I have noted his/her activity restrictions on his/her registration form
  - This child's immunizations are up to date, or I have obtained the appropriate exemption
  - This child's immunization record or appropriate waiver is on file with his/her school
- **Parent Notification of the Licensing Notebook**—All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAP's developed on and after May 28, 2010 until the license is closed.
  - This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
  - The notebook will be available to parents for review during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)

I acknowledge receipt of the Parent Handbook and do hereby agree to adhere to policies and procedures contained. I also agree to make payment according to the payment and fee schedule for each child registering for the Youth Development Company programming. The E-signature and date will be your acceptance that all information given is accurate to the best of your knowledge.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_