



Oak Cliff Child Care Program

6701 S. Hampton • Dallas, Texas 75232 • (214) 330-6321

| | | | | | |
|--|-------------------|---------------------------------|-------------------------------------|----------------------------|-------|
| Name of Child | Date of Birth | T-shirt Size (if applicable) | Home Phone | Age | Grade |
| Hours & Days in Care M T W Th F ___ am to ___ pm All Day Outs ___ am to ___ pm | Entry Day | School | | School # | |
| Child's Home Address | City | State | Zip Code | Gender | |
| Parent or Guardian Name | Work Phone () | Employer Name | | Emergency Number () | |
| Are your child's immunization records on file at your child's School? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Mother's Driver License / ID.Number | | | Father's Driver License / ID.Number | | |

I hereby authorize the YMCA to allow my child to leave the facility ONLY with the following persons (emergency contacts):

| | | |
|--|--|---|
| Name Driver License / ID. No. Phone Number () | Name Driver License / ID .No. Phone Number () | Name Driver License /ID. No. Phone Number () |
| Parent's Marital Status: __Married __Separated __Divorced __Widowed __Single If separated, who has custody of the child _____ May YMCA release child to non-custodial parent? _____ | | |
| Transportation: I hereby __give __do not give my consent for my child to be transported to and from the YMCA. | | |
| Water Activities : I hereby __give __do not give my consent for my child to participate in water activities. | | |
| Field Trips : I hereby __give __do not give my consent for my child to participate in field trips. | | |
| I certify that my child has been examined by a licensed physician in the past year. I have attached a Health Care Professional's Statement from his/her doctor to verify that he/she is able to participate in YMCA programs:_____ | | |
| List dietary restrictions: | List all medical conditions, allergies and/or daily medications: | |
| __ I have received and agree to abide by YMCA's policies. __ I have attached my child's shot records __ I have attached a copy of his/her Dr's Statement __ Picture release form | By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Young Men's Christitna Association from any and all or claims or demands, cost or expense arising out of any injuries or damage sustained by me or any party I am responsible to or for | |
| Signature of YMCA Staff Verifying Info | Signature - Parent/Legal Guardian | Date |

List any special problems that your child may have, such as previous serious illness, injuries during the past 12 months and any pertinent information. _____

- Does your child have:
- Convulsions
 - Epilepsy
 - Diabetes
 - Asthma
 - Hayfever
 - Hyperactivity

- Does your child have allergic reactions to:
- Penicillin
 - Foods (specify)
 - Insect Bites

List any medications your child is taking _____

Parent's Comments: _____



Oak Cliff

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Hearing and Vision Screening Shot Records

I certify that _____ hearing and vision screening test and shot records
Childs Name

are on file at _____ Elementary School, located at
School Name

Address City/State Zip Phone

Parent/Guardian Name _____
Print

Parent/Guardian Signature _____
Sign

Date: _____, 2009

We build strong kids, strong families, strong communities



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Doctors Health Statement

I certify that I have examined _____ and he/she may participate in the child care program.

Special instructions or limitations _____

Date of examination: _____ Printed/typed name
of Physician _____

Physician's address: _____ Signature of Physician: _____
(stamp)

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224-330-6222

Swim Registration Form and Waiver of Liability

Name _____

Birth date _____ Sex _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Parent's Name (if applicable) _____ Birth date _____

Daytime Phone _____ Evening Phone _____

List any special problems your child may have such as, allergies, tubes in ears, medications, injuries or illnesses, fear of water, past pool or boating accidents:

Please list or describe any previous swimming instruction or water experiences you/your child has had: _____

I hereby give permission for _____ to participate in water activities sponsored and supervised by Lakewest YMCA Aquatic Staff.

I hereby authorize the Lakewest YMCA or its representative to take me/my child: _____ to the nearest medical facility or _____ if parents cannot be reached in an emergency.

By my signature and of my free will, I do hereby indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, costs or expenses arising out of any injuries, damages or other losses whether personal or property, sustained by me or any party to whom I am responsible.

Signature of Parent or Guardian: _____ Date _____



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PHOTO RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the **YMCA of Metropolitan Dallas**, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use, and publish photographs of or concerning _____, in
Name

whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

I agree that the photograph becomes the exclusive property of the YMCA of the USA and I waive all rights thereto.

I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

Date

Signature (if minor child, parent or guardian signs)

Name

Address

Phone Number

YMCA Mission:

To put Christian values into practice through programs that build healthy spirit mind and body for all