



Kings Bay YM-YWHA
3495 Nostrand Avenue Brooklyn N.Y. 11229
718-648-7703

SUNDAY FUNDAY

CHILD'S NAME: _____ GENDER: (circle one) **M** or **F**

DATE OF BIRTH: ___/___/___ AGE: _____ SCHOOL: _____ GRADE: _____

HOME ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE _____

MOTHER'S NAME: _____ NUMBER: (_____) _____

FATHER'S NAME: _____ NUMBER: (_____) _____

EMERGENCY CONTACT: NAME: _____

NUMBER: NUMBER: (_____) _____ RELATIONSHIP TO CHILD: _____

PROGRAM DATES: October 5th, 2008 – April 26th, 2009
 (please check the correct number of days and fee listed below)

PROGRAM FEES: \$5.00 a class

PROGRAM HOURS: Sunday 10:00 am – 12:00 pm

OCTOBER: 10/5/08 10/12/08 10/19/08

RELATED INFORMATION

1. Is the child verbal? Yes No Limited
2. Can the child take care of all basic needs?
 Toileting Yes No Limited Eating Yes No Limited Clothing Yes No Limited
3. Allergies: _____
4. Medications: _____
5. Seizures: (Type) _____
6. Medication: _____ 7. Date of last seizure: _____
8. Any physical disabilities (Hearing, vision, ambulation): _____
9. Precautions and special procedures: _____
10. Is medication prescribed regularly? Yes No 11. Name of medication and dosage: _____

DESCRIPTION OF BEHAVIORAL DIFFICULTIES

1. Ability to relate to others:
2. Ability to communicate and express needs
3. Does the child engage in inappropriate/ or disrespecting behavior
4. Fears/ Phobias
5. How does the child spend his/her free time? (home, neighborhood relationship, engage in solitary types of activities, favorite toy...)
6. Problems in school:

PREVIOUS INVOLVEMENT WITH OTHER ORGANIZATIONS

Please list any other previous organizations involved with:

PHOTOGRAPHS

I give permission to the Kings Bay Y to take photographs to be used on promotional materials and I release the Kings Bay Y from any claims that may result from the pictures taken on or after this date.

Signature: _____ Relationship: _____ Date: _____

AQUATICS RELEASE STATEMENT

I _____ hereby allow my child to participate in any aquatics related event at the **Sunday Funday Program**. Participation in a youth program involves certain risks. **Sunday Funday Program** will not assume any responsibility for any injury or accident incurred while participating in any youth swim event. Nor will **Sunday Funday Program** be liable for lost or stolen items while swimmers are participating in their program. I permit emergency treatment in the event of injury or illness while participating in the event. I do hereby release **Sunday Funday Program**, employees, instructors, coaches, and all staff from any and all claims for injury, death, loss or damage that may suffer as a result of my participation. I certify that I have read this waiver/release and understand its intent.

Signature: _____ Relationship: _____ Date: _____

HEALTH RECORDS

I give permission for full participation in **Sunday Funday Program**, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Signature: _____ Relationship: _____ Date: _____

TERMS OF ENROLLMENT

1. No Refunds: Deposits/ Memberships will not be refunded or transferred to any other program, department or member after a contract is signed.
2. Registration is for the months of October 5th, 2008 – April 26th, 2009. Payments are due on the first day of every month.
3. Medical forms are due prior to the child's admission to the program.
4. The Kings Bay Y will not be responsible for damage to or loss of personal property.
5. I give permission for my child to be photographed/videotaped, for in house promotional material.
6. Program Hours: Sunday 10:00 am – 12:00 pm. If the child is picked up after the scheduled time the parents will be charged an additional fee of \$5.00 for every ten minutes.
7. We reserve the right to suspend or expel any child who does not comply with our Behavior Code.

Date: _____ Parent Signature: _____

Sunday Funday Coordinator: _____

FOR OFFICE USE ONLY:

DATE: _____ **RECEIPT #:** _____

AMOUNT PAID: \$ _____