



**YMCA Afterschool Program  
Returning Participant Information Verification Form  
2023-2024 School Year**

**GUIDELINES**

- This form is only for families who were registered for the YMCA Afterschool Program for the 2022-2023 school year and are returning for the 2023-2024 school year.
- The child's 2022-2023 packet will need to be reviewed by a legal guardian with the YMCA Site Director to assure accuracy of information prior to signing this verification form.
- In addition to completing this form, families must complete the online registration process in order to be officially enrolled in the program.

**PARTICIPANT INFORMATION**

School: \_\_\_\_\_ Grade (circle): K 1 2 3 4 5 6 7 8

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**CONFIRMATION OF REGISTRATION PACKET REVIEW, UPDATE, AND POLICY AGREEMENT**

I (legal guardian, print name) \_\_\_\_\_, have reviewed the 2022-2023 Afterschool Program registration packet for (child's name) \_\_\_\_\_. Using the attached worksheets, I have marked each section as correct or I have included any new or different information on the back of this form.

I acknowledge that I have received the 2023-2024 Parent Handbook, I understand the policies and guidelines of the program, and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines, and procedures in order for the program to be a successful experience for all.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Printed Name: \_\_\_\_\_

YMCA Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## REGISTRATION PACKET REVIEW

Please review each section and either mark that the information included in the 2022-2023 packet is still correct or enter new or different information below. The information included below will take the place of information included in your child's 2022-2023 Afterschool Registration Packet.

### CHILD'S CONTACT INFORMATION

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: Home Phone: _____ Preferred Phone: _____ Address: _____ City: _____ Zip: _____ Child lives with: _____
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### LEGAL GUARDIANS

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: <b>GUARDIAN ONE:</b> Guardian Name: _____ Relation to Child: _____ Guardian Date of Birth: _____ Phone: _____ Address (if different from child's): _____ Email: _____ <b>GUARDIAN TWO:</b> Guardian Name: _____ Relation to Child: _____ Guardian Date of Birth: _____ Phone: _____ Address (if different from child's): _____ Email: _____
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**ADDITIONAL AUTHORIZED ADULTS:** Please indicate whether adults listed below are to be added to the Authorized Pickup List, Emergency Contact List, or both.

<input type="checkbox"/> Authorized Pickup and Emergency Contact sections are correct.	<input type="checkbox"/> THE FOLLOWING ADULTS ARE ADDITIONS TO THE 2022-2023 LISTS: (1) Name (as shown on photo ID): _____ Relation to Child: _____ Phone: _____ Address: _____ Please check each that apply: ___ Authorized Pickup ___ Emergency Contact (2) Name (as shown on photo ID): _____ Relation to Child: _____ Phone: _____ Address: _____ Please check each that apply: ___ Authorized Pickup ___ Emergency Contact (3) Name (as shown on photo ID): _____ Relation to Child: _____ Phone: _____ Address: _____ Please check each that apply: ___ Authorized Pickup ___ Emergency Contact ***NOTE: Anyone who should be removed from the pickup list should be crossed out, initialed, and dated on the original packet. Initial here if crossing names out: _____
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### NOT AUTHORIZED TO PICK UP

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING ADDITIONS TO THE 2022-2023 LIST: (1) Name: _____ Relation to Child: _____ (2) Name: _____ Relation to Child: _____ (3) Name: _____ Relation to Child: _____ ***NOTE: If a biological parent is on this list, supporting court documentation must be provided and kept on file at the YMCA.
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### EMERGENCY INFORMATION

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: The answer has changed to "yes" this year for the following question(s): <input type="checkbox"/> Has the child been hospitalized or had operations, serious injuries, or fractures, in the past year? <input type="checkbox"/> Does the child have a disability, special need, chronic or recurring illness or condition? <input type="checkbox"/> Does the child have any conditions requiring medical treatment or special considerations? <input type="checkbox"/> Does your child have any needs that require special support services during school? <input type="checkbox"/> Are there any activities from which your child should be exempted for health reasons? If you checked any boxes above, please provide details: _____									
<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: Current Medications* (prescribed and over the counter) <table><thead><tr><th>Medication Name</th><th>Dose &amp; Frequency/Day</th><th>Times Administered</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> *If medication will need to be administered during Afterschool, parent/guardian must provide Program Director with official Bright from the Start Medication Authorization form. Please contact Program Director for details.	Medication Name	Dose & Frequency/Day	Times Administered	_____	_____	_____	_____	_____	_____
Medication Name	Dose & Frequency/Day	Times Administered								
_____	_____	_____								
_____	_____	_____								
<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING ADDITIONS TO MY CHILD'S ALLERGIES AND DIET RESTRICTIONS: _____									

### HEALTH PROVIDER & INSURANCE INFORMATION

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: Physician: _____ Phone: _____ Hospital/Clinic/Office Name: _____ Medical Insurance Carrier: _____ Policy Number: _____ Group Number: _____
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### HOSPITAL CONSENT

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES: The following hospital has permission to treat my child: _____
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## TRANSPORTATION FORMS

Only needs to be completed if Afterschool site uses bus transportation for program participants.  
Note to Director: A copy of this page must be kept on the bus with the child's form from previous year.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### TRANSPORTATION AGREEMENT

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: Name of School: _____ Time: _____ Days: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
<input type="checkbox"/> NOT APPLICABLE	Parent Signature if changes made: _____ Date: _____

### VEHICLE EMERGENCY MEDICAL INFORMATION

<input type="checkbox"/> SECTION IS CORRECT	<input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: Address: _____ Guardian 1 Name: _____ Home Phone: _____ Work Phone: _____ Guardian 2 Name: _____ Home Phone: _____ Work Phone: _____ Person to notify in an emergency if parents cannot be reached: Name: _____ Phone: _____ Child's Doctor: _____ Phone: _____ Medical Facility to be Used: _____ Address: _____ Child's Allergies: _____ Current Prescribed Medication: _____ Child's Special Needs and Conditions: _____
<input type="checkbox"/> NOT APPLICABLE	Parent Signature if changes made: _____ Date: _____