



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# FOX HOLLOW

**2011-12  
entering K - 5th**

## YOUTH INFORMATION

First Name	Last Name	Preferred Name	Gender M F	Birthdate	Age
Home Address	City	State	Zipcode	Custody Paperwork? Y N	Carseat? Y N

Program	Schedule (circle days)
Before School (7:00-school starts)	M T W Th F
After School (after school-6:00)	M T W Th F
Drop In (\$50 for 10 hours)	M T W Th F varies

Start Date	
Receipt #	
<b>\$65.00 Registration Fee Paid</b>	

## PARENT OR GUARDIAN

First Name	Last Name	Email Address			
Home Address (if different than child)		City	State	Zipcode	
Home Number	Cell Number	Work Number		Does child live with you?	
Employer	Work Hours		Birthdate		

## PARENT OR GUARDIAN

First Name	Last Name	Email Address			
Home Address (if different than child)		City	State	Zipcode	
Home Number	Cell Number	Work Number		Does child live with you?	
Employer	Work Hours		Birthdate		

### EUGENE FAMILY YMCA

2055 Patterson Street, Eugene, OR 97405

P 541 686 9622 F 541 342 4451 [www.eugeneymca.org](http://www.eugeneymca.org)

**SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS**

Dietary Modifications/Allergies		Physical/Behavioral/Developmental Information to Share	
Current Medications (medication authorization may be required)			
Chronic/Recurring Illness			
Doctor Name	Doctor Number	Dentist Name	Dentist Number

**EMERGENCY AND PICK UP AUTHORIZATIONS**

Name	Relationship	Phone	Contact in Emergency?
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**YMCA POLICIES**

I will pay my tuition when it is due. If I don't, a late fee will be assessed.

I know my child will have fun at the Y. This may mean they come home wearing glitter, paint, grass stains, or any number of fun substances.

**AUTHORIZATIONS**

**Participation:** I give permission for my child to participate in all activities, including field trips and swimming, and to be transported as authorized by the Y. I give permission for the Y to use any pictures of my child for future promotional purposes.

**Medical Treatment:** I hereby give permission for my child to be given CPR and first aid treatment by a qualified staff member of the Y. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the Y staff when deemed necessary or advisable by the physician to safeguard my child's health.

**Property Loss:** I understand that the Y is not responsible for personal property lost, damaged or stolen while participating in these activities.

**Insurance:** I understand it is my responsibility to provide for my child's accident and health coverage while participating in these programs and I further understand that the Y does not provide this coverage.

**Release from Liability and Indemnification:** Recognizing that the Y will do its best to ensure a safe experience, I understand that accidents may occur from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Eugene Family Y, its employees, volunteers, independent contractors and directors from all liability based on damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in Y programs. I further agree to indemnify and hold the Y harmless from all claims which are in any way connected with my child's participation in this program.

**I have read and understood the above and have completed this form to the best of my ability.**

Signature of Parent/Guardian

Date

Staff Name

Receipt #

**Child and Adult Care Food Program Child Enrollment Form  
Child Care Centers**

Annual enrollment in the Child and Adult Care Food Program (CACFP) is required by federal regulation.

Complete the following information for each child enrolled at the center. Attach additional pages if necessary. Sign, date and return this form to the Child Care Center.

**Eugene Family YMCA**

CACFP Sponsor Name

**FOX HOLLOW**

Name of center where child is in care (if different than CACFP Sponsor)

**CHILD INFORMATION**

Last Name	First Name	Last Name	First Name
Normal Meals Received in Care		Normal Meals Received in Care	
<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper
<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack

Last Name	First Name	Last Name	First Name
Normal Meals Received in Care		Normal Meals Received in Care	
<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper
<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

Date Signed:  

Month	Day	Year

USDA and the State of Oregon are equal opportunity providers and employers