

Child Care Services Branch Youth Information Form

This youth information is effective for the 2010-2011 Summer Camp and Afterschool Programs.

Child's Information

Child's name _____ Nickname _____

Address _____ City _____ Zip _____

Male Female Birth date _____ Age (as of June 2010) _____ Ethnicity _____

School child attends during school year _____ Grade (as of Aug. 2010) _____

If the **Afterschool Program** closes due to inclement weather, my child will: (**Afterschool program use ONLY.**)

Ride the school bus home Picked up by a parent at school Attend YMCA Afterschool

Allergies (please be specific and note level of severity, etc.): _____

Current Medications (please note all medications AND complete the Individualized Care Plan if meds will need to be administered at the Y program):

Special Needs/Disabilities (please complete the attached Individualized Care Plan Form): _____

What are activities that your child would enjoy while at Afterschool/Summer Camp: _____

What are your expectations for the Afterschool/Summer Camp program? _____

_____ Names
and Ages of Siblings: _____

Swimming Ability (check one): Non-Swimmer Beginner Intermediate Advanced

Family Information (List both parents/guardians AND check the one parent/guardian completing this form to contact for payments and questions.)

Parent/guardian's name _____ Employer _____ E-mail address _____
_____ (please provide the email address that we may use for contacting you) Home address _____
_____ City _____ Zip _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

Parent/guardian's name _____ Employer _____ E-mail address _____
_____ (please provide the email address that we may use for contacting you) Home address _____
_____ City _____ Zip _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

Emergency Information (If you do not have a doctor/dentist, please list Buncombe County Health Department or another provider of your choice. All information is REQUIRED, including hospital name.)

In case of emergency, please contact the following first: Mother/Guardian Father/Guardian

Child's doctor _____ Doctor's phone # _____

Child's dentist _____ Dentist's phone # _____

Hospital preference _____

Insurance company _____ Policy # _____

Emergency Contact Information

When a parent/guardian is not available, I authorize these individuals to pick-up my child:

1. Name _____ Relationship to child _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

2. Name _____ Relationship to child _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

3. Name _____ Relationship to child _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

4. Name _____ Relationship to child _____ Home # _____

