

Parent/Guardian Consent Form

Directions: Very Important – Please read carefully, initial parental consent section listed below.

1. **REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires an unusual amount of one to one attention, whether due to special needs, circumstances or behavior, my child may be removed from the program.

_____(Parent/Guardian Initials)

2. **PARENT/GUARDIAN MEDICAL RELEASE:** I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the emergency persons listed. In the event they cannot be reached, I give my consent for YMCA staff to act on my behalf in granting permission for my child to receive emergency treatment. In case of emergency, I understand an ambulance may be called to ensure my child's safety.

_____(Parent/Guardian Initials)

3. **MEDIA RELEASE:** I DO/DO NOT (circle one) give my permission for my child to appear in media coverage approved by the YMCA. _____(Parent/Guardian Initials)

4. **PARENT PRYME TIME INFORMATION:** I have access to the YMCA's School Age Child Care parent pamphlet, which includes necessary program information for my child and me. I have read the information and agree to abide by the policies and procedures herein.

_____(Parent/Guardian Initials)

5. **SUNTAN LOTION/BUG REPELLENT:** I give the YMCA permission to apply suntan lotion and bug repellent to my child when staff feels it is necessary. _____(Parent/Guardian Initials)

6. **REFUND POLICY:** There will be **no** refunds issued for change in plans or sick days. The only exception will be in the case of severe illness or emergencies. A doctor's note will be required. _____(Parent/Guardian Initials)

7. **MOVIE RELEASE:** I give my consent for my child to view movies rated G or PG (Approved by the YMCA staff) for special events while attending YMCA Day Camp.

_____(Parent/Guardian Initials)

8. **COUNTY ASSISTANCE:** Do you receive assistance from the county? YES / NO
I understand that if a current "notice of decision" is not submitted to the YMCA upon registration, I will be responsible for any payments not covered by Wood County or my child will not be accepted into the program. _____(Parent/Guardian Initials)

9. **CALL IN:** I understand that if my child will NOT attend on a scheduled day for any reason I MUST call the YMCA in order to let the staff know. _____(Parent/Guardian Initials)