



YMCA Afterschool Program

Returning Participant Information Verification Form

2025–2026 School Year

GUIDELINES

- This form is only for families who were registered for the YMCA Afterschool Program for the 2024–2025 school year and are returning for the 2025–2026 school year.
- The child's 2024–2025 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

First Name: _____ Participant Last Name: _____

Birth Date: ____/____/____

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

CONFIRMATION OF REGISTRATION PACKET REVIEW, UPDATE, AND POLICY AGREEMENT

I, (legal guardian, print name) _____, have reviewed the 2024–2025 Afterschool Program registration packet for (child's name) _____. I affirm my agreement with the contents under PAYMENT + POLICIES AGREEMENT. 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 2025–2026 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 Afterschool Director/Site Director Signature: _____

Date: _____

REGISTRATION PACKET REVIEW

Please review each section and either mark that the information included in the 2024–2025 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 2024–2025 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: _____ |
|---|--|

LEGAL GUARDIANS

| | |
|---|--|
| <input type="checkbox"/> SECTION IS CORRECT | <input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: PRIMARY LEGAL GUARDIAN: Name as shown on ID: _____ Relation to Child: _____ Guardian Date of Birth: _____ Phone: _____ Guardian Address (if different from child's): _____ Work Address: _____ Email: _____ SECONDARY LEGAL GUARDIAN: Name as shown on ID: _____ Relation to Child: _____ Guardian Date of Birth: _____ Phone: _____ Guardian Address (if different from child's): _____ Work Address: _____ Email: _____ |
|---|--|

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 2023–2024 LISTS: (1) Name as shown on ID: _____ Relation to Child: _____ Phone: _____ Address: _____ Please check each that apply: ____ Authorized Pickup ____ Emergency Contact (2) Name as shown on ID: _____ Relation to Child: _____ Phone: _____ Address: _____ Please check each that apply: ____ Authorized Pickup ____ Emergency Contact (3) Name as shown on 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. I understand that I am responsible for adding/changing any authorized/unauthorized pickups through my YMCA membership portal or my local branch membership team. Initial here if crossing names out: |
|--|---|

NOT AUTHORIZED TO PICK UP

| | |
|---|--|
| <input type="checkbox"/> SECTION IS CORRECT | <input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING ADDITIONS TO THE 2023–2024 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. |
|---|--|

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? <input type="checkbox"/> 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 & 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

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

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 the previous year.

Child's Name: _____ **Date of Birth:** _____

TRANSPORTATION AGREEMENT

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

VEHICLE EMERGENCY MEDICAL INFORMATION

| | |
|--|--|
| <input type="checkbox"/> SECTION IS CORRECT <input type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> THIS SECTION REQUIRES THE FOLLOWING CHANGES ONLY: |
| | Address: _____ |
| | Primary Legal Guardian Name: _____ |
| | Home Phone: _____ Work Phone: _____ |
| | Secondary Legal Guardian 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: _____ | |
| Parent Signature if changes made: _____ Date: _____ | |

SWIMMING PERMISSION FORM — must be completed if applicable

| | |
|---|--|
| <input type="checkbox"/> NOT APPLICABLE | I give (child's name) _____, (date of birth) _____, permission to participate in swimming activities at the YMCA. |
| | Parent Signature if changes made: _____ Date: _____ |
| | To be completed by swim instructor: |
| | The above named child has successfully completed a swimming test which required the child to swim a distance of fifteen (15) yards unassisted. |
| | _____ (lifeguard) has current evidence of having completed successfully a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross, YMCA, or other recognized standard-setting agency for water safety instruction. Center must maintain a copy of certification on file. |
| | Signature of Lifeguard or Instructor _____ Date _____ |