Lolie Eccles
Early Education Center
AT THE ywca

YWCA Lolie Eccles Early Education Center - 344 E. 300 S, SLC, UT 84111 p. 801-537-5502 f. 801-355-2826 ywcautah.org

DAY CAMP & SUMMER CAMP ADMISSIONS APPLICATION

Date of Enrollment ______________________________

STUDENT INFORMATION

Student Name ____
First Middle Last Preferred Name

Address ____

Birthdate ______________________ ☐ F ☐ M Current Age __________ Can your child swim? __________

PARENT/GUARDIAN

Name ______________________________________

Address ______________________________________

City ______________ State ________ Zip ________

Phone ______________________________________

Email ______________________________________

Employer ______________________________________

Work Phone ______________________________________

Emergency Contact ______________________________________

PARENT/GUARDIAN

Name ______________________________________

Address ______________________________________

City ______________ State ________ Zip ________

Phone ______________________________________

Email ______________________________________

Employer ______________________________________

Work Phone ______________________________________

Emergency Contact ______________________________________

Medical Consent Agreement: In case of emergency or illness, when parents cannot be reached, I hereby authorize the YWCA staff to obtain care and/or provide emergency medical transportation for my child. I understand that the YWCA does not cover medical related expenses, and that I or my insurance, if applicable, will be responsible for such emergency treatment.

Activity and Transportation Consent Agreement: I give consent for my child's participation in YWCA sponsored activities including field trips, and authorize transportation in a YWCA operated vehicle, bus, TRAX train, or other mode of transportation to those activities. I also consent to the possibility of having child's artwork or photos used to promote and educate the public about programs at the YWCA (identities are confidential).

Liability Waiver: In consideration of YWCA accepting my child's participation, I hereby for myself, my child, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I or my child might have against the YWCA and its representatives successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups. In addition, I understand that I will take full of making myself familiar with activity calendars made available by the YWCA and by doing so fully consent to the participation of my child. I also agree to take full responsibility to notify the Director of Lolie Eccles Early Education Center in advance, if I choose not to allow my child to participate in order that alternate arrangements can be made.

______________________________________ ______________________

Signature of Parent or Guardian Date

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Annual Child Health Assessment

Name of Child ______________________________ Birthdate ____/____/____

Child's Insurance Carrier ______________________________

Policy Number ____________________ Name of Insured ____________________

Check All That Apply:
Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, please list:
Medications	☐	☐	____________________
Food	☐	☐	____________________
Other	☐	☐	____________________

Illnesses or Medical Conditions:
Does your child have any of the following:

	No	Yes		No	Yes
Asthma	☐	☐	Visual Impairment	☐	☐
Diabetes	☐	☐	Developmental Delays	☐	☐
Seizures	☐	☐	Physical Impairment	☐	☐
Heart Problems	☐	☐	Behavioral or Emotional Problems	☐	☐
Other	☐	☐	Hearing Impairment	☐	☐

Other (please explain): ______________________________

List any additional health information or special instructions you feel we need to be aware of:

____
____
____
____

List any regular medications your child takes: ______________________________

Name of Child's Medical Provider: ______________________________

Infants Only: I understand that LOLIE ECCLES CHILD CARE CENTER provides Similac as the house formula, however, I choose to provide my own ______.
(initials)
Please list the formula that you will be providing for your child: ____________________

Parent/Guardian Signature ______________________________ Date ____________________

Annual Update Signatures:
Year 1 ______________________________ Date____________
Year 2 ______________________________ Date____________
Year 3 ______________________________ Date____________
Year 4 ______________________________ Date____________
Year 5 ______________________________ Date____________