

**YWCA Westfield Before and After School Program Registration Form 2020-2021**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher(s): \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Other: \_\_\_\_\_

Please check the days of the week you would like your child to attend the Before School Program:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

What time will your child be dropped off at program each day? \_\_\_\_\_ Does your child currently have any allergies/medical conditions /dietary restrictions/special needs? Please explain:

Do you permit the YWCA Before/After School Program a part of any planning meetings regarding your child's needs to enable us to support your child? [ ]Yes [ ]No

Do you give permission to RCS Faculty/Staff and YWCA Program staff to share pertinent information about your child so that each can be aware of areas in which your child may need support?  
[ ]Yes [ ]No

Do you give permission to RCS Faculty/Staff and YWCA Program staff to share progress reports/reports cards in order to provide information to our grant funders? [ ]Yes [ ]No

Do you give permission for your child to have his/her photograph taken and name used in publicity related to the YWCA Before/After School Program? [ ]Yes [ ]No

Due to the nature of some activities offered, I understand that potentially severe injuries can occur in any activity that may take place during the YWCA Before/After School Program. I hereby forever release the agencies providing programs and their officers, employees, teachers, volunteers, and coaches from all liability for any and all damages suffered by my child while in any way under the supervision of the agencies in the YWCA Before/After School Program at Ripley Central School, their officers, employees, teachers, volunteers, and coaches. I hereby agree to protect the agencies in the YWCA Before/After School Program from any future medical expenses which may be incurred by my child as a result sustained while under the direction of the YWCA Before/After School Program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this to:**

**YWCA Westfield: Nicole Gollhardt, 58 South Portage Street, Westfield, NY 14787**

**Please do not send your child to program until you have heard from the YWCA that your child has been accepted. If you have any questions, please call Nicole Gollhardt at 326-4012 or ngollhardt@ywcawestfield.org**

***It is strongly advised that you return your paperwork as soon as possible to reserve a place for your child as waiting lists will be created and new applications will be dealt with on a first come, first served basis.***