



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KANSAS EMERGENCY INFORMATION PACKET

SITES WITH Y CLUB, PRE-K AND/OR PRESCHOOL PROGRAMS

All of our programs are licensed by the Kansas Department of Health and Environment.
This is a set of documents which is required by state law.

INSTRUCTIONS

- 1. Do not return this packet to the Youth Development Services office.**
- 2. Complete all the forms in this packet.**
- 3. Parent/Guardian is responsible for making copies.**
- 4. Take a copy to your child's site.**
- 5. Always take a copy any time your child attends a No School Day, Snow Day or Summer Day Camp. A completed copy of this packet must accompany your child at all times. YMCA staff will not transfer this file between sites.**
- 6. Notify your site supervisor of any changes.**

If you have any questions about this packet, please contact your site supervisor or Youth Development Services.

YMCA OF GREATER KANSAS CITY YOUTH DEVELOPMENT SERVICES

6901 Shawnee Mission Parkway, Suite #300
Overland Park, KS 66202
P816.360.3390 F 816.931.1847
KansasCityYMCA.org

OUR MISSION

The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY



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YMCA of Greater Kansas City Family Information

CHILD'S INFORMATION

Child's Name _____ Sex _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Carrier _____

Work Phone _____ Email Address _____

Employer _____ Hours _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Carrier _____

Work Phone _____ Email Address _____

Employer _____ Hours _____

ENROLLMENT POLICIES

- A Family Handbook has been received regarding YMCA Child Care policy pertaining to admission, care and discharge of children. I understand I need to read the Family Handbook to become familiar with YMCA policies.
- I give permission to receive texts.
- I give permission for pictures and/or videos to be taken of my child during YMCA Child Care activities for publicity purposes.
- I agree to indemnify and hold harmless the YMCA, their officials and employees affiliated with the program from and against any and all liability for any injury, which may be suffered by my child out of or any way connected with the participation in the YMCA School Age or Early Learning programs. I agree not to hold the YMCA responsible for lost or stolen personal items.
- I UNDERSTAND AND AGREE TO THE POLICIES INDICATED ABOVE AND THE POLICIES DESCRIBED IN THE FAMILY HANDBOOK. I AM HEREBY ENROLLING MY CHILD INTO THE YMCA CHILD CARE PROGRAM, FOR THE DAYS AND HOURS INDICATED.

Parent/Guardian Signature _____ Date _____

ENROLLMENT INFORMATION (to be completed by YMCA employee):

Session(s)/Hours & Days _____

Admission Date _____ Discharge Date _____



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

- | | | |
|-------------------------|-----------------------------------|-----------------|
| _____ Allergies | _____ Frequent sore throats/colds | _____ Ear Aches |
| _____ Asthma | _____ Speech, Visual, Hearing | _____ Diabetes |
| _____ Epilepsy/Seizures | _____ Other _____ | |

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? No Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. _____

Parent/Guardian Signature: _____ **Date:** _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

(A) Certification from licensed physician stating that immunization would endanger child's life:

Exempt from following immunizations:

____DTaP/DT ____Tdap/TD ____Pertussis Only ____Polio ____MMR ____HepA ____HepB ____Hib
 ____PCV ____Varicella ____Other

Physician's Signature (required): _____ **Date:** _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ **Date:** _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name _____ **Date of Birth** _____
First Last

<p>Health history and medical information pertinent to routine child care and emergencies (describe, if any):</p> <input type="checkbox"/> None	<p>Do you see this child for regular health supervision:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Allergies to food or medicine (describe, if any):</p> <input type="checkbox"/> None	
<p>List current medications (if any):</p> <input type="checkbox"/> None	

Length/Height: _____ IN/CM %ILE _____	Weight: _____ LB/KB %ILE _____
Physical Examination	✓ If Normal
Head/Ears/Eyes/Nose/Throat	If Abnormal - Comments
Teeth	
Cardio/Respiratory	
Abdomen/GI	
Genitalia/Breasts	
Extremities/Joints/Back/Chest	
Skin/Lymph Nodes	
Neurologic & Developmental	
Screening Tests	Screening Date
Lead	Note Here if Results are Pending or Abnormal
Anemia (HGB/HCT)	
Urinalysis (UA)	
Hearing	
Vision	

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)

 None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number

Address	City	Zip Code
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
--	-----------

I hereby authorize _____ (Name of individual/staff member) and/or
_____ (Name of individual/staff member) who is (are) representative(s) of the
above named facility to give consent for any and all necessary emergency medical care for my child or youth _____
_____ (First and Last Name of Child or Youth) while said child or youth is in said facility's
custody between the dates of _____ and _____.
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
---------------------------------	-------------

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas	
County of _____	
Signed or attested before me on _____ MM/DD/YYYY	by _____ Name of Person
(Seal, if any.)	_____ Signature of notarial officer _____ Title (and Rank) My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
 Medical Assistance Program _____ Card Number _____
 Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.



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YMCA of Greater Kansas City Emergency/Authorization Information

EMERGENCY INFORMATION/AUTHORIZATION FOR PICKUP

Person(s) authorized to take child from YMCA program facility (other than parent or doctor). Provide a minimum of three contacts:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian Signature _____ Date _____



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**YMCA of Greater Kansas City
Exchange of Information**

Child's Name _____ Date of Birth _____

I authorize the exchange of current and prior school records, educational, medical, psychological, physical therapy, occupational therapy, speech therapy or behavior information regarding my child between the YMCA Early Learning Center and the parties/agencies listed below. A photocopy of the authorization shall be considered valid. I understand that my child's records are protected by Federal Law and cannot be disclosed without written consent unless otherwise provided by law. I also understand that I may revoke consent in writing at any time except to the extent that records may already have been requested or received.

Parent/Guardian Signature _____

Address _____

City _____ State _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Center _____

Address _____

City _____ State _____

Phone _____ Fax _____

Contact _____

Agency/Person _____

Address _____

City _____ State _____

Phone _____ Fax _____

Contact _____

There are no prior records or documents that will assist the YMCA in offering services for my child.

Parent Signature _____ Date _____



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YMCA of Greater Kansas City Child Questionnaire

Child's Name _____ Date _____

Date of Birth _____ Sex: F _____ M _____

Guardian _____ Relationship _____

1. What language(s) is/are spoken in your home? English _____ Other _____

2. How much of the day is English spoken?
All of the time _____ Some _____ Not Often _____

3. Please list the names and relationships of family members that are special to your child (e.g. sister, brother, grandma, auntie, etc.)

_____	_____
_____	_____
_____	_____

4. Please share about your family traditions, including home language, culture, family structure, religion, race, etc. _____

6. Has your child previously been in a child care program? Yes _____ No _____

7. Does your child have an IEP or Behavior Plan? Yes _____ No _____
If yes, please describe. _____

8. Does your child make friends easily? Yes _____ No _____

9. Which best describes your child's overall personality?
Shy _____ Quiet _____ Outgoing _____

Comments _____

10. In What areas could staff aid in your child's development?

Independence _____	Mental Response _____	Criticism _____
Dependability _____	Physical Condition _____	Sharing _____
Temperament _____	Patience _____	

11. Is your child taking medication on a daily basis? Yes _____ No _____
If yes, please list medication and reason for prescription _____

12. Has your child ever been diagnosed as having Allergies, ADHD, or any type of "Special Need" disorder? Yes _____ No _____
If yes, please describe _____

13. Does your child have a dentist? Yes _____ No _____
Dentist's name _____

Child's Name _____

14. In what way does your child communicate?

- _____ Gestures (points to desired object)
- _____ Single words
- _____ Puts two or more words together
- _____ Follows direction
- _____ Answers questions

15. How well does your child understand what is said to him/her?

- _____ Clearly understands everything said to him/her
- _____ Understands simple statements and commands
- _____ Understands what is said when speaker gestures
- _____ Understands very little of what is said to him/her

16. Does your child point to pictures you name in a book?

Yes No

17. If your child has favorite books, please list. _____

18. What activities does your child enjoy doing? Please describe. _____

19. Does your child eat most foods offered? Yes No

20. Does your child avoid any foods? Please list. _____

21. Does your child dislike or crave foods that are any of these textures or tastes: spicy, crunchy, hot, cold, sweet, mushy? _____

22. Does your child have difficulty chewing or swallowing any foods? Yes No

23. Does your child enjoy tooth brushing? Yes No

24. What are three specific goals for your child's education? _____

25. How can we support your family's involvement in our program? _____

26. Would you be willing to work together with us in carrying over new skills at home? Yes No

27. Will you take responsibility to read the daily notes/journal that are written by his/her teachers and write us back your thoughts, comments or questions? Yes No

28. Please list any additional comments or information you would like to give about your child or family. _____

Thank You!



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AGREEMENT AND DISCLAIMER

Child's Name _____

1. All applicable registration fees, deposits, and/or tuitions must be paid at the time of registration. All fees, deposits, and tuition are non-refundable and non-transferable, including No School Day services.
2. Payments are due every Monday for the following week of care for Y Club and every Friday for the following week of care for Summer Camp. Payments made after closing time of the payment due date will result in a \$20 late fee. Payments more than one week late for Y Club and more than two days for Summer Camp will result in suspension until all tuition and late fees are paid.
3. There are no credits for absences, vacations, or lack of use. Tuition is not prorated for any reason. I understand that my child will be excluded from participation when ill. No refunds will be issued for fees paid. Fees based on enrollment not attendance.
4. All changes to your child's enrollment must be made with one week's notice in writing on the YMCA Change/Drop form. If you choose to withdraw your child from the program, please complete the YMCA Change/Drop form. You may return the form to the Youth Development Services office in person or by fax to 816.931.1847.
5. A late pick up fee of \$1.00 per minute will be assessed to any child picked up after closing time. Fees are payable upon arrival. After 30 minutes past closing time, emergency procedures will be followed.
6. I understand that I must notify the site supervisor or camp director if my child is absent.
7. The YMCA shall provide at least 30 calendar days written notice to the parent or guardian of any basic rate change.
8. I will complete all required forms, including the forms in this packet, prior to my child beginning in the program.
9. I give permission for pictures and/or videos to be taken of my child during YMCA Youth Development Services program activities for promotional purposes.
10. State, county, and local regulatory and protective agencies have, by law, the authority to interview children or staff, and to inspect and audit child, staff, and facility records without prior consent. I understand copies of state and local regulatory mandates are available at the program location for my review.
11. I agree to indemnify and hold harmless the YMCA, its officials, agents, and employees affiliated with the program from and against any and all liability for any injury, which may be suffered by any child or me out of or anyway connected with the participation in the YMCA Youth Development Services programs. I agree to not hold the YMCA responsible for lost or stolen personal items.
12. In the event of an emergency, I give the YMCA permission to take the necessary measures to keep my child free from harm.
13. I agree to have continuing communication with the YMCA in my child's development, behavior, individual needs, attendance, and accounting issues.
14. In order to facilitate participation of those with special assistance reasonable accommodations will be made on an individual basis. I agree to notify YMCA upon registration of any special assistance my child may need so an individual success plan can be developed to support my child.
15. I agree to abide by any reasonable rules, regulations and policies which the YMCA and/or school district may specify.
16. This agreement may be terminated with one day written notice by the YMCA.

I UNDERSTAND AND AGREE TO THE POLICIES ABOVE. I HAVE COMPLETED ALL THE REQUIRED STEPS TO COMPLETE REGISTRATION OF MY CHILD INTO THE YMCA YOUTH DEVELOPMENT SERVICES PROGRAM, FOR THE DAYS AND HOURS INDICATED.

Signature _____

Date _____

OUR MISSION

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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name _____

I am signing this Agreement because I want my child(ren), if any, as named below, and me to use the facilities, services, or programs of the Young Men's Christian Association of Greater Kansas City (the "YMCA") or because I want the opportunity to provide services to or for the YMCA as a volunteer. If my spouse has also signed, all references to "I," "me," "my," or other uses of the first person include and apply to my spouse to the same extent as to me, and my spouse intends and desires to be fully bound by this Agreement.

In consideration for being permitted to utilize the facilities, services, or programs of the YMCA, or provide services to or for the YMCA as a volunteer, for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, I, for myself, my child(ren) named below, and any personal representatives, heirs, and next of kin, hereby acknowledge, agree and represent that I have or, immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. I warrant that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that I find and accept same as being safe and reasonably suited for the purpose of such observation, use, or participation.

In further consideration of the opportunity for myself or my child(ren), if any, named below, to participate in programs or activities of the YMCA, or for me to provide services to or for the YMCA as a volunteer, whether on YMCA premises or elsewhere:

I HEREBY RELEASE, WAIVE, AND DISCHARGE, both for myself and my child(ren), any and all claims or demands against **AND COVENANT NOT TO SUE the YMCA**, its directors, officers, and employees ("**RELEASEES**") for claims of injury to me or my child(ren), damage to my or my child(ren)'s property, or loss of companionship or affection that arises or results from my or my child(ren)'s use of facilities, services or programs of the YMCA or my volunteer service to or for the YMCA.

I fully understand the risk to me or my child(ren) or that of others and of damage to property—mine, my child(ren)'s, or others—that might result from my or my child(ren)'s use of the facilities, services, or programs of the YMCA or my volunteer services to or for the YMCA. Nonetheless, I **ASSUME FULL RESPONSIBILITY FOR THAT RISK**. My child(ren) and I are in good health, and I know of no reason why my child(ren) or I are not capable of using the YMCA's facilities, services, or programs or I am not capable of providing volunteer services to or for the YMCA.

I ALSO AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the RELEASEES from and against any claim for injury to persons, damage to property, or other loss, including without limitation claims asserted by other participants in YMCA programs or activities and members of the public, that the **RELEASEES** may incur due to my or my child(ren)'s use of YMCA facilities, services or programs, or my volunteer service to or for the YMCA. This indemnity shall survive my and my child(ren)'s use of any or all YMCA facilities, services or programs and the completion of any volunteer services I may provide the YMCA.

I/WE INTEND THAT THIS AGREEMENT BE AS BROAD AND INCLUSIVE AS APPLICABLE LAW PERMITS. IF ANY PORTION IS HELD INVALID, I/WE INTEND FOR THE BALANCE TO CONTINUE AND REMAIN IN FULL LEGAL EFFECT.

Printed Name(s) of child(ren) [If none, write "None"]

Signature of Member, Program Participant, or Volunteer

Date

Signature of Member's or Participant's Spouse

Date

Printed Name of Member, Program Participant, or Volunteer

Printed Name of Member's or Participant's Spouse

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