



# Admission Agreements

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	<b>ADMISSION AGREEMENT CONSENT</b> – I agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.
	<b>AUTHORIZED FOR MEDICAL TREATMENT</b> – I authorize the YMCA of Greater Michiana staff who are trained in first aid and CPR to give my child First Aid or CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I am unable to be reached, I hereby authorize the YMCA of Greater Michiana to transport my child to the nearest medical facility and/or Spectrum Lakeland Health Hospital and secure necessary medical treatment for any child.
	<b>HEALTH APPRAISAL</b> – I understand immunization records must be sent back to the YMCA before camp begins. I further understand that my child will not be able to attend camp without this form.
	<b>BOUNCE HOUSE/INFLATABLE USE</b> – I give permission for my child to participate in activities related to the Bounce House/Water Slide while in care of the YMCA Camp Programs.
	<b>CUSTODY</b> – YMCA requires a legal document or court decree; otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
	<b>SWIM RELEASE</b> – I give permission to the YMCA to release my child to the Aquatics department on my child's scheduled swim day and time.
	<b>MEDICATIONS</b> – I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I agree to allow topical antibiotic cream, sunscreen, and insect repellent to be applied to my child if needed. I further understand that we allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
	<b>PHOTO RELEASE</b> – I hereby grant permission for photographs or videos taken during the class or program represented by this registration to be used for the YMCA of Greater Michiana advertising or promotional efforts. *If permission is not granted, please put this in writing to a Member Service Manager. I have read and understood this agreement and sign it freely and voluntarily.
	<b>PESTICIDE POLICY</b> – I have read and understand the pest management policy in the Parent Handbook.
	<b>YMCA PROGRAM CLOSURES</b> – I understand, during inclement weather or states of emergency, the YMCA will not refund or pro-rate the fee.
	<b>POLICIES &amp; PROCEDURES</b> – I have reviewed or will access the Parent Handbook online, including the discipline policy, and understand all policies and procedures therein. I further understand that the center maintains a licensing notebook of all licensing inspection reports, special investigation reports, and all related corrective action plans. The notebook will be available to parents for review during regular business hours. Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at <a href="http://www.michigan.gov/michildcare">www.michigan.gov/michildcare</a> .

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the Policies and Procedures listed in the parent handbook and stated within this agreement. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Parent/Legal Guardian's Name			Primary Phone (    )	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			2 <sup>nd</sup> Phone (if applicable) (    )	Primary Phone (    )
City			State	Zip Code
Email Address (optional)			Email Address (optional)	
Employer Name			Work Phone (    )	Employer Name
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (    )	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

**See Reverse Side**

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	(    )	(    )
2.	(    )	(    )
3.	(    )	(    )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	(    )	2.	(    )
3.	(    )	4.	(    )

**Parent/Legal Guardian Initials:**

\_\_\_\_\_ I give permission to \_YMCA of Greater Michiana\_\_\_\_\_, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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# MEDICATION PERMISSION AND INSTRUCTIONS

## CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

### TO BE COMPLETED BY PARENT

I give my permission for \_\_\_\_\_ to give or apply the medication

(Caregiver, Facility)

\_\_\_\_\_, to my child \_\_\_\_\_, as follows:

(Specify, prescribed medication/over the counter product)

(Child's Name)

### DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

### TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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