



LEAD Academy VACATION CAMP

909 Washington Blvd
Stamford, CT 06901

Registration Form

Registration Information:

Today's Date: _____

Student's Last Name _____ First _____

Male or Female _____
Circle One _____ Name of School _____

Student's Date of Birth _____

Grade _____

Street Address _____ City _____ State _____ Zip Code _____

Mother's/Guardian's Name _____ Home Phone Number _____ /
Work # & Extension / Cell # _____

Mother's work address _____ City _____ State _____ Zip Code _____

Mother's e-mail address _____

Father's/Guardian's Name _____ Home Phone Number _____ /
Work # & Extension / Cell # _____

Father's work address _____ City _____ State _____ Zip Code _____

Father's e-mail address _____

** Does your child have any special health or food requirements? _____ Explain if yes: _____



Payment Method:

All members must pay \$40.00 per day.
 All non-members must pay \$50.00 per day.

_____Cash _____Check (Payable to the Stamford YMCA) check #:_____

_____ Credit Card # _____ Expiration Date _____

Credit Card (Check One) _____ Visa _____ Master Card _____ American Express _____ Discover

Name On Credit Card _____

Signature _____

*******A \$28 Fee will be charged for NSF *******



**STAMFORD YMCA
LEAD ACADEMY
EMERGENCY CONTACT INFORMATION**

PLEASE LIST BELOW TWO EMERGENCY CONTACTS OTHER THAN YOURSELF OR YOUR SPOUSE THAT WE COULD CALL IF IT BECOMES NECESSARY FOR AN EMERGENCY OR ILLNESS AND YOU CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____
CELL PHONE _____ WORK PHONE _____



PLEASE INDICATE INDIVIDUALS WHO ARE NOT AUTHORIZED TO REMOVE YOUR CHILD FROM THE AFTER SCHOOL PROGRAM. IF THIS PERSON IS THE CHILD'S FATHER OR MOTHER THE AFTER SCHOOL DIRECTOR MUST HAVE A COPY OF THE COURT ORDER.

NAME _____ RELATIONSHIP _____ CELL# _____

NAME _____ RELATIONSHIP _____ CELL# _____

NAME _____ RELATIONSHIP _____ CELL# _____



**STAMFORD YMCA
LEAD ACADEMY
EMERGENCY MEDICAL INFORMATION**

MEDICATION POLICY

THE STAMFORD YMCA DOES NOT GIVE OUT ANY MEDICATION TO THE CHILDREN IN OUR AFTERSCHOOL PROGRAM.

LAST NAME FIRST NAME BIRTH DATE

PHYSICIAN INFORMATION

NAME _____ TELEPHONE _____
ADDRESS _____ CITY _____
STATE _____

MEDICAL INSURANCE COMPANY _____

TELEPHONE _____

EMPLOYER GROUP NAME _____

SUBSCRIBER NUMBER _____

**PLEASE LIST ANY MEDICATION YOUR CHILD IS TAKING AND ANY HEALTH PROBLEMS WE SHOULD BE AWARE OF _____



**STAMFORD YMCA
LEAD ACADEMY
AUTHORIZATION / PERMISSION FORM**

PARENT CONTRACT

I, _____, WILL ATTEND PARENT MEETINGS TO HELP ENRICH MY CHILD'S AFTER SCHOOL EXPERIENCE

I GIVE PERMISSION FOR MY CHILD, _____, TO ATTEND THE AFTERSCHOOL PROGRAM AND TO PARTICIPATE IN ALL ACTIVITIES AND USE PHOTOGRAPHS OF MY CHILD (REN) FOR THE PURPOSE OF TELLING THE PROGRAM STORY AND PROMOTING THE MESSAGE OF THE PROGRAM. I ALSO UNDERSTAND THAT THE PROGRAM IS NOT RESPONSIBLE FOR THE PERSONAL PROPERTY OF MY CHILD. IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH THE PARENT (S) OR GUARDIAN (S) OF THE PARTICIPANT (S). IN CASE I CANNOT BE REACHED, I GIVE PERMISSION TO THE YMCA STAFF TO USE THEIR DISCRETION WHEN TRANSPORTING MY CHILD (REN) TO THE HOSPITAL AND/OR EMERGENCY MEDICAL CENTER. I UNDERSTAND THAT TRANSPORTATION CAN BE MADE THROUGH AN AMBULATORY SERVICE, 911, OR VIA STAFF VEHICLE OR YMCA VEHICLE. I GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CENTER TO HOSPITALIZE, SECURE PROPER TREATMENT FOR (INJECTIONS, ANSTHESIA, OR SURGERY) FOR MY CHILD AS NAMED ABOVE AND WILL BE RESPONSIBLE FOR ALL THE MEDICAL EXPENSES. I ALSO GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL FIELD TRIPS/PROGRAM TRIPS ORGANIZED BY THE AFTER SCHOOL PROGRAM VIA TRANSPORTATION BY BUS/VAN TO/FROM SCHOOL OR THE STAMFORD YMCA MONDAY THROUGH FRIDAY.

I, _____ PARENT OF _____ AGREE TO UPHOLD THE YMCA CODE OF CONDUCT AND UNDERSTAND THAT MY CHILD'S PARTICIPATION IN THE LEAD PROGRAM WILL BE TERMINATED IF I OR MY CHILD DO NOT COMPLY WITH YMCA VALUES: CARING, HONESTT, RESPECT AND RESPONSIBILITY