

CAMP HOPE PARTICIPATION FORM 2020

Medical Information

Please indicate if your child has or is subject to any of the following:

asthma - ___yes ___No If yes, is an inhaler required? Yes No

Please indicate if your child is allergic to any of the following. Write "NA" if not applicable:

insect toxin foods medication Other (Please list) _____

Is Epipen required: ___Yes ___No

Please indicate what type of reaction child has to the allergens and what action should be taken if reaction occurs. Also list any other pertinent medical information about child.

Personality is..... shy quiet aggressive bullying a leader

Health robust normal below average

Appetite..... above average average below average

Regarding child care, my child is..... excited apprehensive nervous upset

Health History (please check if your child has/had any of the following): Asthma Chicken Pox

Convulsions Diabetes Frequent Ear Trouble Fainting Spells Mumps

Frequent Colds Heart Trouble Frequent Sore Throats Measles Polio

Meningitis Sinusitis Tuberculosis German Measles Kidney Trouble

The code of Virginia requires licensed child care centers to verify children's identity and date of birth, and to identify previous child care providers. Please list previous child care providers below:

If no other child care providers have been used, indicate here: ___None

If no concurrent child care services are being used, indicate here: ___None or list: _____

Weekly Care

Days Needed for the Week of: _____

Place ✓ the box you need

Option 1: My child will be enrolled (**5 Days**) Monday through Friday.

Option 2: My child will be enrolled (**4 days**) a week.

Monday Tuesday Wednesday Thursday Friday

Option 3: My child will be enrolled (**3 days**) a week.

Monday Tuesday Wednesday Thursday Friday

Option 4: My child will be enrolled (**2 days**) a week.

Monday Tuesday Wednesday Thursday Friday

COST: \$26.00 per day

*Children must be picked-up on time. A \$1.00 late fee per minute charged from the time of closing until child is picked up.

YMCA STAFF:

I have checked and 100% of all requested information is listed.

Birth Certificate # _____

Copies of Physical Exam & Immunization Form are attached dated within 12 mos.

Completed Payment Form is attached for first week attending which will be week:

I have given parent _____ security cards.

Received by _____ **on** _____