



YWCA Summer Food Program 2024

Registration Form

June 10-July 26, 8:00am-12:00pm (No program June 19 or July 4)

Open to children entering grades PreK-6th

(all children must be at least 5 years old to attend)

Name of Child _____ Date of Birth _____ Age _____ M/F

Address _____ City _____ County _____

School _____ Grade Entering _____

Preferred method of contact: (circle one) Call /Text *(Please ensure that all phone numbers provided are in service and can be answered should a program staff member need to get ahold of someone)*

Parent/Guardian Name _____ Daytime Phone _____

Parent/Guardian Name _____ Daytime Phone _____

Emergency Contact _____ Daytime Phone _____

Please list all additional individuals authorized to pick up child (if not already listed above)

Please list anyone who is NOT to have contact with the child

(a copy of official paperwork must be on file with registration form)

Allergies _____

Dietary Restrictions _____

Medical Conditions _____

Medications _____

(The YWCA Summer Food Program staff will not administer medication to any child. Exceptions are inhalers and epi-pens)

Child's family level of income, annually. Please check one: (Information is required for grant/funding purposes only. No child will be denied participation in the Summer Food Program based on family level of income.)

Less than \$20,000 \$20,000-\$29,999 \$30,000-39,999 \$40,000 or more

Child qualifies for free/reduced lunch at school- please check one: Yes No

NOTE: This year's program will be held at the S.F. Goedde Building. 205 W. Crawford St

*Please complete the back side of this form

******The YWCA Summer Food Program will be utilizing the **Remind App** to communicate with families throughout the summer. We encourage all families to download the **RemindApp** (free) on their device so that you can be made aware of program updates as they arise. If you would like to be included on these updates, please indicate the phone number(s) that will receive updates through the app.

Phone number(s) for Remind App: _____

I give permission to the YWCA of Van Wert County to submit pictures of my child to any publication agency or YWCA Social Media site

I do **NOT** give permission to the YWCA of Van Wert County to submit pictures of my child to any publication agency or YWCA social media site

I give my child permission to participate in walking field trips offered by the YWCA Summer Food Program

I do **NOT** give my child permission to participate in walking field trips offered by the YWCA Summer Food Program

I give my child permission to be transported by bus to field trips offered by the YWCA Summer Food Program

I do **NOT** give my child permission to be transported by bus to field trips offered by the YWCA Summer Food Program

I give permission to the YWCA Summer Food Program staff to apply sunscreen (provided by parent/guardian) to my child when necessary and to sun exposed parts of the body.

I do **NOT** give permission to the YWCA Summer Food Program staff to apply sunscreen (provided by parent/guardian) to my child when necessary and to sun exposed parts of the body.

___ In the event of a medical emergency, I give consent to have my child transported, by ambulance, to Ohio Health Van Wert

___ In the event of a medical emergency, I do ***NOT*** give consent to have my child transported, by ambulance, to Ohio Health Van Wert

___ My child uses an emergency inhaler. I will provide written and signed documentation and instructions on how my child is to use their inhaler. I will provide the inhaler in its original packaging, and in a clear plastic baggie to my child's mentor daily.

___ My child uses an emergency epi-pen for the following allergy _____

I will provide written and signed documentation and instructions to the Summer Food Program supervisor and/or Director of Youth Development on how to use the epi-pen. I will provide the device in its original packaging, in a clear plastic baggie to the director/supervisor daily.