## **YWCA Summer Food Program Registration 2021**

Name of Child	Date of Birth	Age	M/F
Addresss			
Parent/Guardian Name	Daytime Pl	none	
Parent/Guardian Name			
Emergency Contact	Daytime Pl	none	
Please list all additional individuals authorized to pick u	p child (not already	v listed above)	
		*	
Please list anyone who is NOT to have contact with the (a copy of official paperwork must be on file with registration form)		,	.*
Allergies	7.21		
Dietary Restrictions			
Medical Conditions			
Medications			
The YWCA Summer Food Program staff will not administer medication to a			
Child's family level of income, annually- please check one: (In only. No child will be denied participation in the Summer Foo			purposes
Less than \$20,000\$20,000-\$29,999	\$30,000-39	,999\$40	,000 or more
Child qualifies for free/reduced lunch at school			

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

NOTE: All participants must wear tennis shoes to the program for their own safety.

NOTE: Masks will be required indoors and on busses for children ages 6 and older. This is subject to change based on Ohio's mask mandate

\*Please complete the back side of this from

I give my child permission to participate in walking field trips offered by the YWCA Summer Food
Program
I do <u>NOT</u> 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 <u>NOT</u> 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 of Van Wert County to submit pictures of my child to any
publication agency when press releases are completed for this program
I do <u>NOT</u> give permission to the YWCA of Van Wert County to submit pictures of my child to any
publication agency when press releases are completed for this 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 <u>NOT</u> 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.
To the second of
In the event of a medical emergency, I give consent to have my child transported, by ambulance, to
Van Wert Health
In the event of a medical emergency, I do <u>NOT</u> give consent to have my child transported, by
ambulance, to Van Wert Health
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.
The state of the s
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 Enrichment 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.

## YWCA of Van Wert County Summer Food Program 2021

- Monday-Friday 8:00am-1:00pm
- June 7<sup>th</sup>- July 30<sup>th</sup> (No program on June 18 or July 5)
- The program will be held at the SF Goedde Building. 205 West Crawford St. Van Wert
- Meals are open to all children under the age of 18
- Recreation program is open to all children ages 4-12

Free nutritious breakfast and lunch



Crafts Games Field Trips



Library events and programs

eliminating racism empowering women

vwca



Fun with friends!

Please contact Betsy Hamman at <u>bhamman@ywcavanwertcounty.org</u> or 419-238-6639 ext. 106 with questions Registration forms are due to your child's school by May 18