



GCSC in Community Partnership with the YWCA



Afterschool Program Application 2022-2023

Registration Date _____

***Please complete each field below.**

1. Child's Name _____ DOB _____ Age _____

Home School _____ Grade _____

2. Child's Name _____ DOB _____ Age _____

Home School _____ Grade _____

Ethnicity (Please Check One) Hispanic Non-Hispanic

Race (Please Check One)

Black of African-American American Indian or Alaskan Native Asian

Native Hawaiian or Other Pacific Islander White

American Indian or Alaskan Native and White Asian and White

Black or African American and White Other Multi-Racial

I would like my child to attend the Afterschool Program at

Their Home School The YWCA Their Home School and The YWCA

(Please Note: Spots are not guaranteed until confirmed by GCSC or YWCA Staff.)

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Home Phone # _____

Cellphone # _____ Work Phone # _____

Special Needs Information: Does your child(ren) have any food restrictions or food allergies?

Yes No If Yes, Please Explain. _____

Does your child(ren) have any special educational needs or identified learning challenges?

Yes No If Yes, please list them. _____

Is your child(ren) on any medications? Yes No

If Yes, please list them. _____

Will the child(ren) need to take any of the prescribed medications during the afterschool program?

Yes No If Yes, which ones? _____

Please Note: It is the policy of the YWCA of Northwest Indiana that staff NOT administer any form of medication to members, volunteers, and/or participants.

Does your child(ren) have any special medical needs or disabilities? (Prosthetics, etc.) Yes No

If Yes, please list them. _____

Emergency Contact Information: Other Than Listed Parent/Guardian

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Home Phone # _____

Cellphone # _____ Work Phone # _____

Authorized Persons for Pick Up: *Parents, please ensure that your child is picked up on time. Failure to do so may result in eliminating your child from the Program.

I Authorize the following person(s) to pick up my child from the GCSC/YWCA Afterschool Program.

Name _____ Phone # _____

Name _____ Phone # _____



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AFTERSCHOOL PROGRAM MEDICAL RELEASE and WAIVER

Medical Release

Dear Parent/Guardian:

The Gary Community School Corporation and the YWCA of Northwest Indiana will ensure that all applicable polices and procedures are in place and followed to facilitate a safe and incident free program. However, despite the best intentions and safeguards, accidents can, and do occur. In the event of an incident, the GCSC and YWCA will attempt to reach the listed contact in the following order: Home, Wok, Alternative Phone. By signing this form, you:

- Understand that there is a risk of accidental injury to your child.
- Are authorizing appropriate medical treatment, in the event that you cannot be contacted. (You will not be contacted for minor injuries, such as scrapes and cuts.)

Parent/Guardian Name _____ Home Phone # _____

Work # _____ Alternative Phone # _____

Afterschool Program Release Waiver

I, _____ the Parent/Legal Guardian of _____, hereby release the GCSC, the YWCA of Northwest Indiana, their agents, representatives, and assigns from any responsibility or liability for any damages arising from personal injuries or property damage or loss relating to his/her participation in, use or operation of, equipment related to the activities of said report.

I verify that the above minor has no physical handicaps or impairments that might inhibit his/her participation in sports activities. I also verify that he/she will abide by all GCSC, and YWCA polices and applicable sports regulation.

Parent/Legal Guardian Signature: _____ **Date:** _____