

Discovery
YDC at Newport Recreation Center
225 SW Avery Street, Newport, OR 97365
541-961-6123

Registration Fall Program 2024 - 2025

Date. _____ Cell Phone _____

Youth name: _____

Date of birth _____ Gender _____ School grade _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Address _____

Ethnic group (please check one)

_____ Native American _____ Caucasian

_____ Asian/ Indian _____ Hispano/Latino

_____ Afro-American _____ Other

_____ Hawaiian/Pacific Island

School name _____ Phone _____

Address _____ Teacher name _____

My child will attend regularly on the following days: (please circle attendance days)

Monday Tuesday Wednesday Thursday Friday

How does your child leave the program at end of day_____

Walking home _____ Parent pick-up_____ Friend pick-up_____

MEDICAL ALERT! Does your child have allergies or medical conditions?

_____ Yes _____No

If yes, write it down _____

Food Allergies: _____

In consideration of the YDC's Discovery Program accepting my child's registration, I agree to assume all risk of accident or injury sustained from any cause in connection therewith and to release the Youth Development Coalition of Lincoln County Inc. their officers, agents and employees from any and all liability for that mentioned accident or injury. I understand that the Youth Development Coalition of Lincoln County, Inc. does not make any provision for medical/accident insurance for anyone participating in any class or program sponsored by the Youth Development Coalition of Lincoln County. I further declare that I am aware of the risks and dangers associated with the class or program previous one I have registered for.

Parent/Guardian signature

Date

Parents are responsible for any and all medical costs associated with medical treatment associated with the Program. Insurance will be required for ambulance, hospitalization, etc.

MEDICAL CONTACTS AND OTHER INFORMATION

Child's name _____

Date of birth _____

Date the child entered the program: _____

Nickname: _____

Age when the child enters the program: _____

Parent or guardian contact information

Name _____ Relationship _____

Address _____ Phone _____

Workplace _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Workplace _____ Phone _____

We always try to contact our parents first. The program ends at 5:30 pm. We are required to have other contacts on file to call for an emergency or late pick-up. Please list the people who are also authorized to pick up your child from the program.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____

Medical provider _____ Phone _____

Dental provider _____ Phone _____

Medical insurance provider _____ Phone _____

My initials and signature gives permission for the following:

_____ In case of emergency Youth Development Coalition has permission to call an ambulance and to obtain medical treatment for my child in their care. Parents/Guardians will be notified as soon as possible.

_____ My child will not be administered any medications. If the child has a fever or is medically uncomfortable, we will notify the parent.

_____ My child must have a signed field trip form in order to participate in trips outside of the childcare facility. Failure to submit a form, will tell the program your child will be not participating that day.

_____ My child may be photographed for advertising or news purposes.

Parent/Guardian signature _____ Date _____

General information

Has your child had previous experience in childcare? ____ Yes ____ No

In Newport? _____ Where: _____

For how long? _____

Information about your child helps us provide better care:

Games: _____

Eating habits/Schedules: _____

Nap habits/Schedules: _____

Fears: _____

What he/she likes and doesn't like: _____

Special words and their meaning: _____

Special behaviors: _____

Health problems, medical conditions, or
restrictions: _____

Other minors in home:

Name/nickname: _____ Age: _____ Gender: _____

Name/nickname: _____ Age: _____ Gender: _____

Name/nickname: _____ Age: _____ Gender: _____

Special transportation arrangements

School year transportation to program must be arranged with school district. Parents should plan to drop off students after on non-school days 7:30 am and pick them up no later than 5:30. If other arrangements are made, please provide the name of the person below so they can pick up your child.

Alternative person name: _____

Parent/guardian signature: _____ Date _____

Details about allergies; details about medical conditions; details on transportation; special circumstances; and other comments or considerations affecting your child's participation: (write them down)
