



## Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

## Health Record

Child's physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State Oklahoma ZIP \_\_\_\_\_

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?  Yes  No

When yes, list:

Does the known allergy require special precautions, actions, or medications?  Yes  No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?  Yes  No

When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?  Yes  No

## Transportation

- I do not give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- Other, specify:

### Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

**Billing Information**

BILLING INFORMATION			
Method Bank	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card	Monthly draft date <input type="checkbox"/> 5 <sup>th</sup>
Name on card/account		Billing address	
Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing #	Account #
Card type	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Card #	Expiration

I/we hereby authorize the YMCA of Greater Tulsa to initiate debit entries to my/our checking/savings/credit account indicated above, and the institution named above to deposit the same amount into the account of the YMCA of Greater Tulsa. A valid check or credit/debit card must be presented when joining. This authority is to remain effective until written request for termination is received a minimum of 30 days prior to the draft. I understand that bank drafts will be initiated on the 5th, and that a \$25 return fee will be charged for each declined payment, including those made by check or credit card. I understand that membership dues are subject to change with a minimum 20-day notice, and that refunds may not be issued for charges older than 60 days.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

All payments for GO Club services are due by the 5<sup>th</sup> day of each month in full, all payments not received by the 5<sup>th</sup> day of month are subject to a \$25.00 late fee and termination of services. Special payment arrangements can be made by contacting the Director of Education Initiatives. Payments will **NOT** be accepted at Go Club locations, payments can be made at the Daily Family YMCA, online, over the phone. Go Club services are offered during days when school is out, there is an additional \$28.00 fee per day the child attends. Go Club fees are not prorated during the days.

Signature \_\_\_\_\_  
Date \_\_\_\_\_